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Form 990

A - For the 2011 calendar year, or tax year beginning

BAA For Paperwork Reduction Act Notice, see the separate instructions.

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)

, 2011, and ending

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

OMB No 1545-0047 2011

Open to Public Inspection

Form 990 (2011)

TEEA0113L 08/18/11

D Employer Identification Number Check if applicable THE R. H. BOYD COMPANY 62-1784244 Address change 6717 CENTENNIAL BLVD E Telephone number Name change NASHVILLE, TN 37209 615-350-8000 Initial return Terminated 8,731,710. G Gross receipts \$ Amended return DR. T.B. BOYD III H(a) Is this a group return for affiliates? F Name and address of principal officer Application pending X No H(b) Are all affiliates included? SAME AS C ABOVE Nο If 'No,' attach a list (see instructions) X 501(c)(3) 527 501(c) (4947(a)(1) or Tax-exempt status) < (insert no.) WWW.RHBOYD.COM Website: ► H(c) Group exemption number 1999 X Corporation L Year of Formation Form of organization Association Part I Summary 1 Briefly describe the organization's mission or most significant activities <u>THE R.H. BOYD COMPANY'S MISSION IS TO</u> PROVIDE BIBLICALLY SOUND LITERATURE THAT IS RELEVANT TO THE AFRICAN-AMERICAN Activities & Governance COMMUNITY, THE COMPANY PUBLISHES CHRISTIAN LITERATURE THAT IS WRITTEN, DEVELOPED, AND INTERPRETED BY AFRICAN-AMERICANS TO REFLECT THEIR EXPERIENCES. Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 18 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a b Net unrelated business taxable income from Form 990 THINE 34 ECEIVED 7b **Prior Year Current Year** め Contributions and grants (Part VIII, line 1h) Ó Revenue Program service revenue (Part VIII, line 2g) JUL 1 1 2012 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 101,734 86,656. 5,412,052. 6,372,583. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,459,239. 5,513,786 Total revenue - add lines 8 through 11 (must equal Part VIII, COLORD) (A) Nine 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 939,549. 1,029,882. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,794,641 2,527,883. 16a Professional fundraising fees (Part IX, column (A), line 11e) The second secon **b** Total fundraising expenses (Part IX, column (D), line 25) 1,114,074 2,274,705. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,848,264. 5,832,470. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 626,769. Revenue less expenses Subtract line 18 from line 12 1,665,522. Beginning of Current Year **End of Year** Total assets (Part X, line 16) 20,849,865. 21,578,853. 21 Total liabilities (Part X, line 26) 130,657. 220,664. 20,719,208. Net assets or fund balances. Subtract line 21 from line 20. 21,358,189 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here DR. T.B. BOYD III PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature R. BARRY DEAN P00734520 Paid self-employed FRASIER, DEAN & HOWARD, Preparer Firm's name Use Only ► 3310 WEST END AVENUE Firm's EIN - 62-1073578 Firm's address STE. 550 NASHVILLE, TN 37203 Phone no (615) 383-6592 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

	n 990 (2011) THE R. H. BOYD COMPANY	62-1784244	Page 2
Pa	Statement of Program Service Accomplishments		
•	Check if Schedule O contains a response to any question in this Part III	,	. X
1	Briefly describe the organization's mission:		
-	CER COURNIT R A		
	PEF 2CHFDOTF O		
			
		11	
Z	Did the organization undertake any significant program services during the year which were not listed	· —	(F)
	Form 990 or 990-EZ?	🔛 Yes	X No
	If 'Yes,' describe these new services on Schedule O.	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	ervices, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the others, the total expenses, and revenue, if any, for each program service reported.	amount of grants and al	locations to
	others, the total expenses, and revenue, if any, for each program service reported.		
4 8	a (Code:) (Expenses \$ 4,167,136. including grants of \$ 1,029,882.)		8,452.)
	THE COMPANY PUBLISHES LITERATURE RELEVANT TO BAPTISTS AND OTHER		ALL
	DENOMINATIONS. THE CHRISTIAN LITERATURE CREATED IS WRITTEN, DE	·	
	INTERPRETED BY AFRICAN-AMERICANS TO REFLECT THEIR OWN EXPERIENC	ES AND EXPERIENCE	CES_OF_
	THEIR PEOPLE. THE COMPANY SERVES OVER 39,000 AFRICAN AMERICAN	CHURCH CONGREGA'	rions
	THROUGH THE DISTRIBUTION OF AUTHORED LIETERATURE AND SUPPLEMENT	AL PUBLICATIONS	•
		· · · · · · · · · · · · · · · · · · ·	
4 t	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
40	c (Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
40	Other program services. (Describe in Schedule O.)		<del></del>
	(Expenses \$ including grants of \$ ) (Revenue S	Š	)
4.	Total program service expenses ► 4,167,136.	•	<del></del>

# Form 990 (2011) THE R. H. BOYD COMPANY Part Va Checklist of Required Schedules

,,,,,,,,	TOTAL OF REQUIRED SCHEDULES			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	_5_		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		<u>x</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, 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	Х	
١	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		<u>x</u>
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		<u>X</u>
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	х	
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part $X \dots$	11 e		<u>X</u>
1	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	11 f		X
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X
	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, XII, and XIII is optional	12b		<u>x</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Χ_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>X</u>
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
ŀ	of If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Page 4 Part V Checklist of Required Schedules (continued) Yes No 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 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete* Х 23 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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 . . . 25 a 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 25b Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.... 26 X 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a Х 28b Х 28c Х X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M......... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. . . . 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II ...... 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 X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 line 1..... .... X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?........ 35a 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 X 37 X

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Form 990 (2011)

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 36 0 1Ь b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ... c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1cl (gambling) winnings to prize winners?... 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-18 ments, filed for the calendar year ending with or within the year covered by this return. 2b X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3Ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ... 4a b If 'Yes,' enter the name of the foreign country: > See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... 5a 5Ь X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?. . c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?...... 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . 6a X .. ... ........ ..... ...... ..... b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?....... 6b .. .. Organizations that may receive deductible contributions under section 170(c). 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?. . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... 7с 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.... 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?................ 9a b Did the organization make a distribution to a donor, donor advisor, or related person?. . . . . . . . 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). . 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a is the organization licensed to issue qualified health plans in more than one state?.. Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14b

Form **990** (2011)

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Pa	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b being a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	low, a ges i	and t	for
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
	a Enter the number of voting members of the governing body at the end of the tax year 1a 5  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	b Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	officer, director, trustee or key employee?	2		Х
3	of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
	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?	7a		Х
	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?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a	_X_	
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	_X_	ļ
9	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q	9		х
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	<u> X</u>	
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12c	X	
	Did the organization have a written whistleblower policy?	13	X	
14		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official SEE SCHEDULE. O	15a	Х	
	b Other officers of key employees of the organization	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16	a 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?	16b		
	ction C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed >TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection. Indicate how you make these available. Check all that apply.  Own website.  X Another's website.  X Upon request	vallabl	e for	public
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available public during the tax year.  SEE SCHEDULE O			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organized MILLS 6717 CENTENNIAL BLVD NASHVILLE TN 37209 (615) 350-8000	anızatı – – –	on.	

TEEA0106L 01/23/12

# 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	n nor any	relate	d or	gan	ızat	on co	mpe	nsated any current of	fficer, director, or trus	tee
			(C) Position (do not check more than one box,							
(A) Name and title	(B) Average hours per week	unles	s per	son is direc	s both tor/tr	an one n an offi ustee)	box, cer	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	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
DIRECTOR	0	х						4,000.	0.	0.
(2) DR. A. CHARLES BOWIE DIRECTOR	0	Х						4,000.	0.	0.
(3) DR. NEHEMIAH DAVIS DIRECTOR	0	Х						4,000.	0.	0.
(4) DR. MATTHEW ALIX DIRECTOR	0	Х						1,000.	0.	0.
(5) DR. G. THOMAS TURNER DIRECTOR	0	Х						4,000.	0.	0.
(6)_DRT.BBOYD_III PRESIDENT	40	Х		Х				0.	578,900.	146,893.
(7) DAVID GROVES DIR OF PUBLICATION	40					Х	-	118,100.	0.	6,605.
				_						· · · · ·
_(9)										
(10)										<u> </u>
(11)										
(12)						-				
(13)										
(14)		-								<u> </u>
<del></del>				_					<u> </u>	

Pant VIII Section A. Officers, Directors, Trust	<u>ees, i</u>	<u> </u>	Em	ıplo	oye	es,	and	d Highest Con	pensated Emp	loyees (cont)
•				•	C)					
(A) Name and title	(B) Average hours	box	, unle	ss pe	rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week Key employee Key employee Officer Institutional trustee or director related organications						<del>-</del>	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	(describ e hours	drec	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	İ		organization and related organizations
	for related	5   Ø 5	onal (		płoye	e com		•		organizations
	organı- zations	stee	ruste		řő	Densa				
	Sch O)		ä			曹				
(15)						-				
(16)										
(7)										
(18)	<u> </u>						<u> </u>		·	
<u></u>							<del></del>			
(29)										
(21)										
(22)										
(23)							-			
(24)										
(25)										
1 b Sub-total				·		<del>'</del>	<b>&gt;</b>	135,100.	578,900.	153,498.
c Total from continuation sheets to Part VII, Section	Α.						<b>&gt;</b>	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	135,100.	578,900.	153,498.
2 Total number of individuals (including but not limited	d to the	ose I	ısted	d ab	ove)	) wh	o re	ceived more than	\$100,000 of reporta	able compensation
from the organization   1								<del></del>		Yes No
2. Did the assessmention but any formar officer diseases	ar tr		leas e		مامد		a- b	about company	ad ampleuse	ies No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trus Idividu	itee, al.		em _l	pioy	ee, (	or ni	ignest compensati	ea employee 	. з Х
4 For any individual listed on line 1a, is the sum of re	portabl	е со	mpe	ensa	tion	and	l oth	er compensation	from	
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the such individual.	han \$1	50,0	00,5	If 'Y	'es'	com	plet	e Schedule J for		. 4 X
			n fr	om .	anv	Hore	elate	ed organization or		
for services rendered to the organization? If 'Yes,' or	omple	te S	chec	lule	J fo	r su	ch p	erson		. 5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensat	ad inde	2000	don	1 000	ntro.	otoro	tho	t saccused mare th	non \$100 000 of	
compensation from the organization. Report compensation	nsation	for	the	cale	nda	r yea	ar e	nding with or with	n the organization's	s tax year.
(A) Name and business address	s							(B) Description of	of services	(C) Compensation
								-	<del>-</del>	
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		t lım	ited	to t	hose	e list	ed a	above) who receive	ed more than	
\$100,000 in compensation norm the organization	<u> </u>									

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a   b Membership dues 1b   c Fundraising events 1c   d Related organizations 1d   e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f  g Noncash contributions included in lns 1a-1f: \$  h Total. Add lines 1a-1f				
PROGRAM SERVICE REVENUE	2a b c d e f All other program service revenue. g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts)	86,656.			86,656.
	(i) Real (ii) Personal  391, 983.  b Less: rental expenses c Rental income or (loss) 384, 131. d Net rental income or (loss) ▶  7a Gross amount from sales of	384,131.			384,131.
	b Less: cost or other basis and sales expenses				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
	9a Gross income from gaming activities. See Part IV, line 19		•		
	10a Gross sales of inventory, less returns and allowances				
	C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a	5,988,452.	5,988,452.		
	11 a b c				
	d All other revenue	6,459,239.	5,988,452.	0.	470,787.

Page 10

# PartiX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	esponse to any question	n in this Part IX		
Do l	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments				
•	and organizations in the United States. See Part IV, line 21	1,009,316.	1,009,316.	<u> </u>	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	20,566.	20,566.	;; ;;	
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	135,100.	123,603.	11,497.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,990,648.	1,352,057.	638,591.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).	6,985.	4,744.	2,241.	
9	Other employee benefits	249,057.	169,161.	79,896.	
10	Payroll taxes	146,093.	99,227.	46,866.	
	Fees for services (non-employees):		,	7	
	Management				
	Legal	10,695.		10,695.	
	Accounting	23,997.		23,997.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
	g Other				
12	Advertising and promotion	42,652.	9,508.	33,144.	
13	Office expenses	326,054.	153,108.	172,946.	
14	Information technology				
15	Royalties				
16	Occupancy	660,783.	660,783.		
17	Travel	108,443.	55,274.	53,169.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	46,099.	46,099.		
20	Interest				
21	Payments to affiliates	011 566	100 076	12 400	
22	Depreciation, depletion, and amortization.	211,566.	198,076.	13,490.	
23	Insurance	59,004.		59,004.	
24	covered above (List miscellaneous expenses		1		
	of line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	PROFESSIONAL SERVICES	529,206.	104,885.	424,321.	
ı	MANUSCRIPT COST	100,140.	100,140.		
•	EQUIPMENT RENTAL & MAINTENANCE	93,094.		93,094.	
•	PRINTING AND PUBLICATIONS	37,653.	37,653.		
	All other expenses	25,319.	22,936.	2,383.	
25	Total functional expenses. Add lines 1 through 24e	5,832,470.	4,167,136.	1,665,334.	0.
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				
	SOP 98-2 (ASC 958-720)				
					Form <b>990</b> (2011)
BAA					1 UHH 220 (2011)

Form 990 (2011)

BAA

Part X Balance Sheet (A) (B) Beginning of year End of year 105,652 1 921,031. Cash - non-interest-bearing . 2 6,910,969. 7,264,537. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net. .. . 973,312 4 908,838 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L ... 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)..... ASSETS 7 Notes and loans receivable, net . . . 8 R 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis.

Complete Part VI of Schedule D ...... 4.017.245. ... 10b **b** Less: accumulated depreciation . . . . . 732,831. 3,268,786. 10 c 3,284,414. 11 11 Investments - publicly traded securities... 12 12 Investments - other securities. See Part IV, line 11... . . . . 13 424,551. 353,793. 14 14 Other assets. See Part IV, line 11 .... 9,166,595. 15 8,846,240. 15 20,849,865. 16 21,578,853. 130,657. 17 220,664. 17 18 18 Grants payable. ..... . 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 Unsecured notes and loans payable to unrelated third parties ...... 24 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 25 Total liabilities. Add lines 17 through 25... .... 26 130,657. 26 220,664 X and complete lines Organizations that follow SFAS 117, check here F 27 through 29 and lines 33 and 34. 27 20,719,208. 27 21,358,189. Unrestricted net assets... 28 28 29 29 Q R Organizations that do not follow SFAS 117, check here ► and complete FUXD lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . BALANCES Retained earnings, endowment, accumulated income, or other funds . . . . 32 32 20,719,208. 21,358,189. 33 33 Total net assets or fund balances . . 34 Total liabilities and net assets/fund balances. 20,849,865. 21,578,853.

TEEA0111L 07/06/11

Form <b>990</b> (2011) THE R. H. BOYD COMPANY	62-1784244	Pa	age <b>12</b>
Part XIII Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI			. X
1 Total revenue (must equal Part VIII, column (A), line 12)	1	6,459,2	239.
2 Total expenses (must equal Part IX, column (A), line 25)	2	5,832,4	<u> 170.</u>
3 Revenue less expenses Subtract line 2 from line 1	. 3	626,7	769.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2	20,719,2	208.
5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	12,2	212.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6 2	21,358,1	L89.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response to any question in this Part XII	<u> </u>		
	,	Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?		2c	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	1		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both:	re issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	ın the Single	3a	<u>x</u>
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ne required audit	3b	
BAA		Form <b>990</b> (	(2011)

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section

OMB No 1545-0047

Yes

11 g (i)

Schedule A (Form 990 or 990-EZ) 2011

No

section 509(a)(2).

(i)

			4547(a)(1) nonexempt Chantable trust.				
epartr nterna	nent o I Reve	f the Treasury nue Service	► Attach to Form 990 or Form 990-EZ. ► See separate instructions.		Open to Public Inspection		
ame o	of the o	organization		Employer identificat	ion number		
THE	R.	H. BOY	COMPANY	62-1784244			
Pari		Reason f	or Public Charity Status (All organizations must complete this part.)	See instruct	ons.		
he c	rgan	ization is no	of a private foundation because it is. (For lines 1 through 11, check only one box.)				
1	$\Box$	A church, co	invention of churches or association of churches described in section 170(b)(1)(A)(i).				
2	$\Box$	A school de	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)				
3	$\Box$	A hospital o	r a cooperative hospital service organization described in section 170(b)(1)(A)(iii).				
4		A medical re	search organization operated in conjunction with a hospital described in section 170	<b>(b)(1)(A)(iii)</b> . Er	iter the hospital's		
	1	name, city,	and state:				
5		An organiza I <mark>70(b)(1)(A)</mark>	tion operated for the benefit of a college or university owned or operated by a governiv). (Complete Part II)	nmental unit des	scribed in <b>section</b>		
6			ate, or local government or governmental unit described in section 170(b)(1)(A)(v).				
7		An organiza n <mark>section 1</mark>	tion that normally receives a substantial part of its support from a governmental unit 70(b)(1)(A)(vi). (Complete Part II.)	or from the ger	neral public described		
8	$\sqcup$	A communit	y trust described in section 170(b)(1)(A)(vi). (Complete Part II.)				
9	1	rom activiti nvestment i	tion that normally receives: (1) more than 33-1/3% of its support from contributions, es related to its exempt functions — subject to certain exceptions, and (2) no more to ncome and unrelated business taxable income (less section 511 tax) from businesse 75. See section 509(a)(2). (Complete Part III.)	han 33-1/3% of	its support from gross		
10		An organiza	tion organized and operated exclusively to test for public safety. See section 509(a)(	4).			
11	ш,	more public	tion organized and operated exclusively for the benefit of, to perform the functions o y supported organizations described in section 509(a)(1) or section 509(a)(2). See s e type of supporting organization and complete lines 11e through 11h.	f, or carry out the ection 509(a)(3)	. Check the box that		
		a 🗌 Type I	b ☐ Type II c ☐ Type III — Functionally integrated	d 📙	Type III - Other		
е		By checking other than for	this box, I certify that the organization is not controlled directly or indirectly by one coundation managers and other than one or more publicly supported organizations de	or more disquali scribed in section	fied persons on 509(a)(1) or		

If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization,

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....

check this box ..... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(ii) A family member of a person described in (i) above? . . . . . .

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

	(III) A 35% CONTROLL	ed entity of a person	described in (i) or (ii) a	bove: .					• • • •	
h	Provide the following	information about th	e supported organization	on(s).	, <u>-</u> .					
	(i) Name of supported organization (ii) EIN		(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (	s the ation in () listed in overning ment?	(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)									_	
(E)										
Total										

# Rart 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	tion A. Public Support		,				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.).						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here .					
	tion C. Computation of Pul					<del> </del>	<del></del>
	Public support percentage for 20					<del></del>	<u>%</u>
	Public support percentage from 2					<u> </u>	<u> </u>
	33-1/3% support test — 2011. If the and stop here. The organization	qualifies as a pul	olicly supported o	rganization			▶∐
b	33-1/3% support test — 2010. If t and stop here. The organization	he organization d qualifies as a pub	lid not check a bo plicly supported or	ox on line 13 or 16 or 1	ia, and line 15 is 3	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 Pai	t IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly supporte	e. Explain in Pai ed organization	t IV how the
18 BAA	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a,			
$-\sim$					SCI	icuule A (FOIM )	990 or 990-EZ) 2011

# Partill 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						
Calen	dar year (or fiscal yr beginning ın)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')						0.
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 .	1,827,398.	8,308,240.	8,731,572.	6,612,272.	8,253,071.	33,732,553.
	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	1,827,398.	8,308,240.	8,731,572.	6,612,272.	8,253,071.	33,732,553.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	3,777.	66,461.	56,215.	72,499.	94,348.	293,300.
	Add lines 7a and 7b	3,777.	66,461.	56,215.	72,499.	94,348.	293,300.
	Public support (Subtract line 7c from line 6.)		<u> </u> 	1			33,439,253.
	tion B. Total Support	(-) 2007	(h) 2000	(-) 2000	(d) 2010	(-) 0011	(0 T-1-1
	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2007 1,827,398.	<b>(b)</b> 2008 8, 308, 240.	(c) 2009 8, 731, 572.	(d) 2010 6, 612, 272.	(e) 2011 8, 253, 071.	(f) Total 33, 732, 553.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	555,777.	652,217.	519,104.	469,429.	478,639.	
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.				_		0.
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is	555,777.	652,217.	519,104.	469,429.	478,639.	2,675,166.
12	regularly carried on						0.
12	Part IV.)	2.383 175	8 960 457	9.250 676	7 081 701	8 731 710	0. 36,407,719.
	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor		r fifth tax year as	<del></del>	<del></del>
Sec	tion C. Computation of Pul	olic Support P				<del>-</del>	
15	Public support percentage for 20	11 (line 8, columi	n (f) divided by lin	e 13, column (f))		15	91.85 %
16	Public support percentage from 2	2010 Schedule A,	Part III, line 15.		<u></u>	16	90.16 %
<u>Sec</u>	tion D. Computation of Inv	estment Incor	ne Percentage	<b>:</b>			
	Investment income percentage for			-	mn (f))	17	7.35 %
	Investment income percentage fi					18	9.14 %
	<b>33-1/3% support tests – 2011.</b> If is not more than 33-1/3%, check	this box and stop	<b>here.</b> The organ	ization qualifies a	is a publicly supp	orted organization	ı ► <u>X</u>
	33-1/3% support tests – 2010. If line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported orga	3-1/3%, and nization
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	neck this box and	see instructions	

Schedule A	(Form 990 c	or 990-EZ) 201	II THE	R. H.	BOYD COM	IPANY _			62-17842	244	Page 4
Part IV	Suppleme Part II, lin (See instr	ental Inforn e 17a or 17 uctions).	nation. Co 7b; and Pa	mplete art III, li	this part t ne 12. Als	o provide o complet	the explan e this part	ations req for any ac	uired by Pa Iditional inf	art II, line 1 ormation.	0;
	<u> </u>	<u>-</u>						<u>-</u>	<u> </u>	-	
				<b>-</b>							
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, 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

2011

Open to Rublic this pection

Name of the organization

Employer identification number

тні	E R. H. BOYD COMPANY			62-1784244
	til Organizations Maintaining Dono	r Advised Funds or O	ther Similar Funds of	
	the organization answered 'Yes' to	o Form 990, Part IV, I	ıne 6.	, , , , , , , , , , , , , , , , , , ,
		(a) Donor advis	ed 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 dor funds are the organization's property, subject			
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or	donor advisor, or for any	other
(Da	Conservation Easements. Compl		·	
	Purpose(s) of conservation easements held by			om 990, Fart IV, line 7.
•	Preservation of land for public use (e.g., r	•		historically important land area
	Protection of natural habitat	cereation or education,	<del></del>	ertified historic structure
	Preservation of open space			oranica misterio strattare
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conserv	ation contribution in the f	form of a conservation easement on the
				Held at the End of the Tax Year
a	Total number of conservation easements			2a
Ŀ	Total acreage restricted by conservation easer	ments		2b
C	Number of conservation easements on a certification	fied historic structure includ	ded in (a)	2c
				2d
3	Number of conservation easements modified, tax year ►	transferred, released, extir	nguished, or terminated b	y the organization during the
4	Number of states where property subject to co	onservation easement is loo	cated >	
5	Does the organization have a written policy reand enforcement of the conservation easemer	garding the periodic monitonts it holds?	oring, inspection, handling	g of violations, Yes No
6	Staff and volunteer hours devoted to monitorin			
7	Amount of expenses incurred in monitoring, in ► \$	nspecting, and enforcing co	nservation easements du	iring the year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the	requirements of section	Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.			
(Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historic wered 'Yes' to Form 9	al Treasures, or Oth 90, Part IV, line 8.	er Similar Assets.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finar	s held for public exhibition,	education, or research in	statement and balance sheet works of a furtherance of public service, provide,
b	olf the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	r SFAS 116 (ASC 958), to i ld for public exhibition, edu	eport in its revenue state ication, or research in fur	ement and balance sheet works of art, therance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1		. *\$
	(ii) Assets included in Form 990, Part X			<b>*</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or c 116 (ASC 958) relating to t	ther similar assets for fin hese items:	ancial gain, provide the following
а	Revenues included in Form 990, Part VIII, line			<b>&gt;</b> \$
b	Assets included in Form 990, Part X.			<b>►</b> \$

1,339,585 1,339,585. 2,621,663 681,779 1,939,884. **b** Buildings . . . . c Leasehold improvements . 33,383. 30,181 3,202. **d** Equipment . . . . . . 22,614. 20,871 1,743. 3,284,414. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) Schedule **D** (Form 990) 2011 BAA

Part VII Investments - Other Securities. See	Form 990, Part X,	line 12. N/A	
<ul> <li>(a) Description of security or category         <ul> <li>(including name of security)</li> </ul> </li> </ul>	(b) Book value	(c) Method of valual Cost or end-of-year mark	ion. ket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)	<del></del>		- <del></del>
(B)			
<u>©</u>			
<u>(C)</u>			
(E)			
(F)			
(G) (H)			
(i)			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)			
Part VIII Investments - Program Related. See	Form 990, Part X,	line 13. N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)		Cost of end-of-year main	ver value
(2)			
(3)	-		
(4)			
(5)			
(6)			
(8)			······································
(9)			
(10)			<del></del>
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. See Form 990, Part X, I	ino 16		<del></del>
	scription	T	(b) Book value
(1) 100% OF STOCK IN RH BOYD PUBLISHII			8,373,696.
(2) ACCRUED INTEREST RECEIVABLE			23,067.
(3) CASH SURRENDER VALUE LIFE INS			332,957.
(4) LOAN RECEIVABLE			115,063.
(5) PREPAID EXPENSES			1,457.
(6)			
(7)			
(8)			
(9)			
(10)			,, <del></del> ,
Total. (Column (b) must equal Form 990, Part X, column (b)	<del></del>	··· ·· · · · · · · · · · · · · · · · ·	8,846,240.
Part X Other Liabilities. See Form 990, Part X			
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)		-	
(3)	<del>-                                    </del>	<del></del>	
<u>(4)</u> (5)		<del></del>	
(6)		-	
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. ►		
0.5111.40.4400.7400.5			

Schedule D (Form 990) 2011 THE R. H. BOYD COMPANY	52-1784244 Page <b>4</b>
Part-XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A
1` Total revenue (Form 990, Part VIII, column (A), line 12)	
2 Total expenses (Form 990, Part IX, column (A), line 25)	
3 Excess or (deficit) for the year Subtract line 2 from line 1.	
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments.	
8 Other (Describe in Part XIV.).	
9 Total adjustments (net). Add lines 4 through 8	-
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	
Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per F	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts 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 XIV.).	
e Add lines 2a through 2d	. 2e
3 Subtract line 2e from line 1	3
	3
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 XIV.)	—
c Add lines 4a and 4b	4c
	5
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
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	
	-
c Other losses         2c           d Other (Describe in Part XIV.)         2d	-
	20
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b	
a Investment expenses not included on Form 990, Part VIII, line 7b	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete any additional information.	V, lines 1b and 2b; ete this part to provide
	<b></b>

Schedule D (Form 990) 2011 THE R. H. BOYD COMPANY	62-1784244	Page 5
Schedule D (Form 990) 2011 THE R. H. BOYD COMPANY  Park XIV Supplemental Information (continued)		
		. <b></b>
		. <b></b> .
		<b></b>
		. <b></b>
		. – – – –

# SCHEDULE I (Form 990)

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

OMB No 1545-0047

**Employer identification number** 

62-1784244

**%** □

XXes

201

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Partil General Information on Grants and Assistance H. BOYD COMPANY Department of the Treasury Internal Revenue Service Name of the organization ď

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?

	procedures for mon	itoring the use of gr	ant funds in the United	States. SEE PART	RIIV		
Institute Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	<b>ice to Governm</b> for any recipient	ents and Organi that received m	zations in the Unit lore than \$5,000. C	ed states. Complet heck this box if no	e if the organizat	ion answered 'Y e	\$5,000.
Part II can be duplicated if additional space is needed	additional space	s is needed.					▲ : :
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMITTEE ON THE UNIFORM SERI 475 RIVERSIDE DR STE 800 NEW YORK, NY 10115	13-5562417 501 (C)	501(C)(3)	7,500.	0			COMMITTEE
(2) NATIONAL BAPTIST SUNDAY CHURC 6717 CENTENNIAL BLVD NASHVILLE, TN 37209	58-1413015 501 (C)	501(C) (3)	970,187.	0			SUNDAY SCHOOL CONVENTION
(3 <u>)</u>							
(4)							
(5)							
(6)							
ω							
(8)							-
2 Enter total number of section 501(c)(3) and government organization	) and government o		ions listed in the line 1 table			:	2
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	is for Form 990.		TEEA3901L 06/01/11	06/01/11	Schedul	Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) THE R. H. BOYD COMPANY

[Partill 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.

ב מול זון כמון הם מתחווכמופת זו מתחווכוומו אלמכם וא זופפתפת	Ulai space is lice	מממי.			
(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
1 SCHOLARSHIPS	6	20,566.			
2					
3					
4	-				
5					
9					
7					
Partilly   Supplemental Information. Complete this part to provide the information required in Part I	olete this part to p	provide the informat	ion required in Pa	, line 2, and	any other additional information.
PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.	<u>IONITORING USE</u>	E OF GRANTS FUN	DS IN U.S.		
THE R.H. BOYD COMPANY GRANTS FUNDS FOR SPECIFIC PROGRAMS OF THE RECIPIENT	UNDS FOR SPEC	IFIC PROGRAMS O	F THE RECIPIEN	H	
ORGANIZATIONS.	 	 	             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	                 		 	! ! ! ! ! !	
			               	! ! ! ! ! !	
		 	! ! ! ! !		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
ВАА					Schedule I (Form 990) (2011)

#### SCHEDULE J (Form 990)

#### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE R. H. BOYD COMPANY

Employer identification number

62-1784244

Part Questions Regarding Compensation Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain. 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?..... 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?... 4ь X c Participate in, or receive payment from, an equity-based compensation arrangement?............... 4c If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?.. . X 5 b **b** Any related organization? If 'Yes' to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X 6a a The organization? **b** Any related organization? 6b If 'Yes' to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not X described in lines 5 and 6? If 'Yes,' describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III 8 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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section 53.4958-6(c)?

Schedule J (Form 990) 2011

Page 2

THE R. H. BOYD COMPANY

Parill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 62-1784244 Schedule J (Form 990) 2011

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation	ISC compensation (C) Retirement and (D) Nontaxable (F) Total of columns (F) Compensation	(D) Nontaxable	(F) Total of columns	(F) Compensation
( <b>A</b> ) Name		(l) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(I)(B)	reported as deferred in prior Form 990
DR. T.B. BOYD III	()	0	0	0	44,			
1	(ii)	503, 900.	00	75,00	88,135.	13,770.	680,805.	0.
	()							
2								
	(3)	         	           	1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1	
8	(ii)							
	()		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
4								
	(I)							
5							 	
	( <u>(</u> )							
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7	(ii) [					 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(1)							
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	) ()		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
11	(E)							
	(5)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		             		             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12	(E)							
	İ	1 1 1 1 1 1	1 1 1	             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	             	             
13	<b>E</b>							
	(i)		             	           		! ! ! ! !	         	
14	(j)							
	(0)	- <del>'</del>         	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1	 
15	(1)							
91	<u> </u>	           	1 1 1 1 1 1					
A				TEEA4102L 01/24/12	124/12		Schec	Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

#### **SCHEDULE L** (Form 990 or 990-EZ)

## **Transactions With Interested Persons**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(10)

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name o	of the organization					Employer i	dentific	ation nu	mber		
THE	R. H. BOYD COMPANY					62-17	8424	4			
Pari	Excess Benefit Transactions Complete if the organization answe								0b.		
	(a) Name of discussified parent				(b) Description of transact	lian	·			(c) Con	rected?
1	(a) Name of disqualified person				(b) Description of transact	11011				Yes	No
(1)											
(2)											
(3)											_
(4)											
(5)	<u> </u>										<b></b>
(6)			<u> </u>	·						لــــا	L
	Enter the amount of tax, if any, on line 2,	 above,	reimbur	sed by the organization		ear under	<b>►</b> \$				
1. CTU	Complete if the organization answere				Form 990.F7 Part \	/ line 38a					
	(a) Name of interested person and purpose	(b) Loan	to or from	(c) Original principal amount	(d) Balance due		efault?	by bo	proved ard or uttee?	(g) W agreer	ritten ment?
		То	From	1		Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)	<u> </u>	L	<u> </u>	<u> </u>							
Total				▶ \$				ļ,		<u></u>	
Park	Grants or Assistance Benefi Complete if the organization answere										
	(a) Name of interested person			ship between interested person the organization	and	(c) Amoun	t and ty	pe of as	sistance	9	
(1)			<del></del>							-	
(2)		<u> </u>								_	
(3)											
(4)		l				•					
(5)		<u> </u>									
(6)											
(7)											
(8)		···									
(9)											

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Schedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 THE F			62-1784244	Р	age 2
RartiV Business Transactions Invol					
Complete if the organization answere	d 'Yes' on Form 990, Part	IV, line 28a, 28b, or 28d			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	reven	
(1) JERRILYN BOYD-HADLEY	SISTER OF PRES	46,080.	THERAPY SVCS FOR EMPLY	Yes	X
(2) EMERALD EVENTS	WIFE OF PRES	58,800.	EVENT PLANNING		X
(3)	WIFE OF TRES	30,000.	EVENT THANNING	-	
(4)					
(5)	-				
(6)					
(7)					
(8)	<del></del>				
(9)					
(10)				!	
Party Supplemental Information	Linformation for recogne	se to augetione on Cahad	lula I (ago instructions)		
Complete this part to provide additional	i information for response	es to questions on sched	ule L (see instructions).		
		<b></b>			
		<b></b>			
		<del>-</del>	<del> </del>		
<del></del>					

#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Employer identification number

THE R. H. BOYD COMPANY	62-1784244
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
THE R.H. BOYD COMPANY ("COMPANY") WAS FORMED IN 1999 AND BEGA	N OPERATIONS IN 2000
AND IS EXEMPT FROM TAXATION UNDER SECTION 501 (C) (3) OF THE CO	DE. THE COMPANY IS
AFFILIATED WITH TWO OTHER 501(C)(3) ENTITIES: THE NATIONAL BA	PTIST_PUBLISHING_BOARD,
WHICH WAS FOUNDED IN 1986, AND THE NATIONAL BAPTIST SUNDAY SO	HOOL TRAINING UNION AND
CONGRESS, WHICH WAS FOUNDED IN 1906. THE COMPANY PUBLISHES L	ITERATURE RELEVANT TO
BAPTISTS AND OTHER CHRISTIANS OF ALL DENOMINATIONS. THE CHRI	STIAN LITERATURE
CREATED IS WRITTEN, DEVELOPED, AND INTERPRETED BY AFRICAN-AME	RICANS_TO_REFLECT_THEIR
OWN EXPERIENCES AND EXPERIENCES OF THEIR PEOPLE. THE COMPANY	'S MISSION IS TO
PROVIDE BIBLICALLY SOUND LITERATURE THAT IS RELEVANT TO THE A	FRICAN-AMERICAN
COMMUNITY. IN ADDITION TO PRINTING AND PUBLISHING, THE COMPA	NY ALSO OFFERS A
COMPLETE RANGE OF PRODUCTS FROM SUNDAY CHURCH SCHOOL LITERATU	RE AND VACATION BIBLE
SCHOOL PROGRAMS TO LEADERSHIP DEVELOPMENT AND SMALL GROUP MIN	ISTRY_AIDSWORKSHOPS
AND_HYMNALS.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND THE DIRECT	OR OF FINANCE FOR THEIR
REVIEW. THE COMPANY ALSO PROVIDES THE 990 TO OUTSIDE COUNSEL	FOR REVIEW.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCE	MENT OF CONFLICTS
BOARD MEMBERS HAVE AN OBLIGATION TO VOLUNTARY DISCLOSE A CONF	LICT OF INTEREST TO THE
BOARD. THE BOARD HAS AN OBLIGATION TO INVESTIGATE ANY CONFLIC	T OF INTEREST THAT
COMES TO ITS ATTENTION.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCE	SS FOR CEO, EXEC. DIR., OR TOP MG
AN INDEPENDENT CONSULTANT IS ENGAGED TO CONDUCT AN ANALYSIS C	F THE APPROPRIATE
COMPENSATION FOR THE PRESIDENT/CEO. THIS REPORT IS REVIEWED	WITH THE VOTING
MEMBERS.	

Schedule <b>Q</b> (Form 990 or 990-EZ) 2011	Page 2
Name of the organization	Employer identification number
THE R. H. BOYD COMPANY	62-1784244
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
UPON REQUEST	
OFON REQUEST	- <b></b>
	<del></del>

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization THE R. H. BOYD COMPANY

Related Organizations and Unrelated Partnerships

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

Partil Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.)

201

OMB No 1545 0047

Employer identification number 62-1784244

	-		•		•		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity		(c) Legal domicile (state Tc or foreign country)	(d) Total income	(e) End-of-year assets	Direct controlling entity	- Bu
(1)							
(2)							
(3)							
Parilia   Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during		if the organization ear.)	answered 'Yes	to Form 990, I	(Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had the tax year.)	ause it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	(f) (1) (i) (ii) (iii) (iii) (iii)	(g) Sec 512(b)(13) controlled entity?	)(13) entrty?
						Yes	No
(1) NATIONAL BAPTIST PUBLISHING BOARD—6717 CENTENNIAL BLVD—NASHVILLE, TN 37209————————————————————————————————————	RELIGIOUS PUBLISHING	TN	501 (C) (3)	6	N/A		×
(2) NATIONAL BAPTIST SUNDAY CHURCH SCH 6717 CENTENNIAL BLVD NASHVILLE, TN 37209 58-1413015	CHURCH TRAINING	IN	501 (C) (3)	6	N/A		×
(3)							

Schedule R (Form 990) 2011

TEEA5001L 09/08/11

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62-1784244

Schedule R (Form 990) 2011 THE R. H. BOYD COMPANY

Schedule R (Form 990) 2011 Percentage ownership (h) Percentage ownership 100.00 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, 34 Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year.) (i) General or managing partner? (g) Share of end-of-year assets 2,887,876. ŝ Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (t) Share of total income 4,636,953 Dispropor-tionate allocations? ŝ ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)  $\epsilon$ Yes Legal domicile Direct Type of entity (state or foreign controlling entity (C corp, S corp, country) (g) Share of end-of-year assets CORP ں (f) Share of total income N/A ਓ TEEA5002L 05/24/11 (e)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) Z (b) Primary activity PUBLISHING RELIGIOUS (d) Direct controlling entity (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization RH BOYD PUBLISHING CORPORATION (b) Primary activity NASHVILLE, TN 37209 62-1784447 (a)
Name, address, and EIN of related organization Per IV Pert III ŀ BAA E 吕 প্র ଷ ପ୍ଟ ଫ୍ର

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990, Part IV
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'Yes' to Form 9
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Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule				Vec	2
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ions listed in Parts II-	١٨٥			2
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a	×	
			1 9	L_	×
(s)		:	<u>-</u>	×	
			-		×
			2		( :
e Loans or loan guarantees by related organization(s)			l e	37.4	× S
				25.55	
f Sale of assets to related organization(s)			1		×
g Purchase of assets from related organization(s)			19		×
h Exchange of assets with related organization(s)			=		×
i lasse of facilities commant or other assets to related organization(s)			-		>
י בפספ טו ומכווווניס, פקעוטווניזון, טו טוויפו מסספנס נט ופומנכט טושמוונמוועס)		:			
j Lease of facilities, equipment, or other assets from related organization(s)			1.		×
k Performance of services or membership or fundraising solicitations for related organization(s)			7		×
l Performance of services or membership or fundraising solicitations by related organization(s).			=		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			E	×	
n Sharino of paid employees with related organization(s)			-		×
				1000	
o Reimbursement paid to related organization(s) for expenses			10		×
p Reimbursement paid by related organization(s) for expenses			, E		×
	•			1	1
q Other transfer of cash or property to related organization(s)			1		×
(s)			<b>-</b>		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	g covered relationship	s and transaction three	splods		
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining	(d) determ	nining Ped
	(d-t)		alliouin alliouin	NOAL II	g
(1) RH BOYD PUBLISHING CORPORATION	A	391,983.	FMV		
(2) RH BOYD PUBLISHING CORPORATION	ບ	37,694.	ACTUAL	CASH	:T:
(3)					
(4)					
(5)					
(9)					
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Park VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

		•			-					
(a) Name, address, and EIN of entity Primary activity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	(i) General or managing partner?	(k) Percentage ownership
			section 512-514)	Yes No	_		Yes No	(6001) 1110 1	Yes No	<del>,</del>
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Part VII安	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
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# **SCHEDULE O - SUPPLEMENTAL INFORMATION**

PAGE 1

THE R. H. BOYD COMPANY

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FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

\$ 19,486. -7,274. TOTAL \$ 12,212.