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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

AS AME

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

Inspection

A F	or the	2011 calendar year, or tax year beginning 06/01, 2011, an	nd ending	05	/31, 20 12
		C Name of organization		D Employer identific	ation number
Вс	heck if applica	THE RED & BLACK PUBLISHING COMPANY, INC.		58-1410389	9
	Address change	Doing Business As			
	Name cha	Number and street (or P O box if mail is not delivered to street address)	oom/suite	E Telephone number	,
	Initial retu	540 BAXTER STREET		(706) 433-3	000
	Terminate	City or town, state or country, and ZIP + 4			
Х	Amended	ATHENS, GA 30605		G Gross receipts \$	2,048,722.
	Applicatio	F Name and address of principal officer HARRY MONTEVIDEO		H(a) Is this a group retur	rn for Yes X No
	penang	540 BAXTER STREET ATHENS, GA 30605		affiliates? H(b) Are all affiliates incl	uded? Yes X No
ī	Tax-exem	ot status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	527	If "No," attach a list	(see instructions)
J	Website	▶ N/A		H(c) Group exemption no	umber >
ĸ		rganization X Corporation Trust Association Other	L Year of format	tion 1980 M State	
		Summary		2.5 0 0 1 11 0 1110	
		efly describe the organization's mission or most significant activities			
	TO	O PRODUCE FREE NEWSPAPER TO STUDENTS AND PREPARE S	STUDENTS F	OR CAREERS	
J.C	A	S JOURNALISTS AND MEDIA PROFESSIONALS.		or crimbbio	
na.					
Governance	2	eck this box I if the organization discontinued its operations or disposed o	of more than 25%	of its not spects	
ŏ	2 CF			1 1	16.
ctivities &		imber of voting members of the governing body (Part VI, line 1a)			15.
te		imber of independent voting members of the governing body (Part VI, line 1b)			190.
ŧ	1	tal number of individuals employed in calendar year 2011 (Part V, line 2a)			
Ă		tal number of volunteers (estimate if necessary)	\ بسبي	6	
		tal unrelated business revenue from Part VIII, column (C), line 12	O ~··/···		
	b Ne	tal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34 entributions and grants (Part VIII, line 1h) ogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d)	···		
			94 / <u>13/</u>	Prior Year	Current Year
e		ontributions and grants (Part VIII, line 1h)	٠٠٠ / <u>/ع/</u>	0	(
Revenue		ogram service revenue (Part VIII, line 2g)		1,113,453.	950,437.
Re.	10 Inv	restment income (Part VIII, column (A), lines 3, 4, and 7d).	728.	55,182.	81,968.
_	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, ard le)		0	C
	12 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), (in 6-12)		1,168,635.	1,032,405.
	13 Gr	her revenue (Part VIII, column (A), lines 3, 4, and 7d). her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e). tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1 and similar amounts paid (Part IX, column (A), lines 1-3).		0	3,000.
	14 Be	nefits paid to or for members (Part IX, column (A), line 4)		0	(
S	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		596,407.	566,962.
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)		0	C
ă	b To	tal fundraising expenses (Part IX, column (D), line 25) ▶0			
ш	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		446,508.	423,856.
	18 To	tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,042,915.	993,818.
		evenue less expenses Subtract line 18 from line 12		125,720.	38,587.
es es			Begin	ning of Current Year	End of Year
Assets or Balances	20 To	tal assets (Part X, line 16)		5,502,627.	5,427,056.
Ass	21 To	tal liabilities (Part X, line 26)		358,777.	350,557.
Net /	22 Ne	et assets or fund balances Subtract line 21 from line 20		5,143,850.	5,076,499.
	rt II	Signature Block	· · <u>· · · </u>	-,,,	0,0,0,0
Un	der nenatti	es of periury. I declare that I have examined this return, including accompanying schedules and	d statements, and to	o the best of my knowle	doe and belief, it is true.
cor	rect, and c	omplete DeClaration of preparer (other than officer) is based on all information of which prepa	arer has any knowle	edge	- -
		· Wala LXIVI (////			
Sig	ın 📗	Signature of officer	· · · · · · · · · · · · · · · · · · ·	I Date	
He		Notalie Mcline Chief Operations	DAB: ca	4/14	1111
		Type or print name and title	UID CEZ	7/17/	117
		rint/Type preparer's name Preparer's signature	Date	<u> </u>	PTIN
Paid	- I		MAR 2 0 20		
	parer M	ARC AZAR	PIAN Z U ZL		P00746804
Use	e Univ ⊨	rm's name ► SMITH & HOWARD, P.C.	2025		1250486
	F	rm's address ► 271 17TH STREET, SUITE 1600 ATLANTA, GA	30363	Phone no 404	-874-6244
May	the IRS	discuss this return with the preparer shown above? (see instructions)	<u></u>	<u>,</u>	. X Yes No
For	Paperwo	ork Reduction Act Notice, see the separate instructions			Form 990 (2011)

THE RED & BLACK PUBLISHING COMPANY, INC.

	1 990 (2011)	Page 2
Pa	rt III 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	
	ATTACHMENT 1	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	X No
	If "Yes," describe these changes on Schedule O	
	Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the angrants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4 a	(Code) (Expenses \$	
	ATTACHMENT 2	
•		
		
•		
4b	(Code) (Expenses \$including grants of \$) (Revenue \$	_)
•		
-		
-		
•		
•		
4c ((Code) (Expenses \$ including grants of \$) (Revenue \$	_)
•		
-		_
	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 177,055.	

	THE RED & BLACK PUBLISHING COMPANY, INC. AS AN 58-141	0389	IU	⊏l
Form 9	90 (2011) Checklist of Required Schedules			Page 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
2	complete Schedule A		X	Х
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		_	^
3	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		X
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	_		Х
7	"Yes," complete Schedule D, Part I	6		Λ
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	<u> </u>		
	complete Schedule D, Part III	8		Х
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	X	ļ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	١	٠,,	
	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, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
-	Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			,,
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
'	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional			Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
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		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.0		х
20 -	If "Yes," complete Schedule G, Part III			X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		-	- ` -
	The state of the s		000	

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	l		
	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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ł	
	through 24d and complete Schedule K If "No," go to line 25	24a		Х
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	(1), (1), (1), (1)			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	l i	- 1	
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		<u>X</u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	ا ا		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R		İ	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		,,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	(2011)



THE RED & BLACK PUBLISHING COMPANY, INC. Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V......... 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable. L1b c Did the organization comply with backup withholding rules for reportable payments to vendors and Х 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)...... Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 4a Χ **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 Χ 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х 7 a 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Х 7с Χ 7 e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . Х 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 as required? . . 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Х organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? Χ Х b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter 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 b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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 which

JSA 1E1040 1 000

Х

the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O



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

Check if Schedule O contains a response to any question in this Part VI	x
one of the second of the secon	1 (2)

Sec	tion A. Governing Body and Management			التنا.
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are			
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7 a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	_14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_GA/			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	finter	est p	olicy,
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie		
JSA	organization ▶ HARRY MONTEVIDEO 540 BAXTER STREET ATHENS, GA 30605 706-543-1791		900	(2011)
JUM		гom	220	(2011)



	<u></u>						,			
Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Con	tractors			-		_	-		

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

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

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

compensated emp	loyees, and former	such persons					
Check this bo	x if neither the org	janization nor	any related	organization compensate	ed any current offic	er, director, or trus	stee
•		-,					

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unle	Pos heck ss pe	erson	e than of Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						8				
(1) ELLIOT BRACK PRESIDENT	1.00	X						0	0	0
(2) DON E. CARTER										
DIRECTOR	1.00	Х						0	0	0
(3) CARROL DADISMAN								_		
DIRECTOR	1.00	X			_			0	0	0
	1 00	,,								_
DIRECTOR (5) CHARLES RUSSELL	1.00	Х	-					<u> </u>	0	0
VICE PRESIDENT	1.00	X							0	0
(6) MELITA EASTERS	1.00	<u> </u>						<u> </u>		
DIRECTOR	1.00	X						0	О	0
(7) BILL KRUEGER										
DIRECTOR	1.00	Х						0	О	0
(8) RONALD LANE										
DIRECTOR	1.00	Х		<u></u>				0	0	0
(9) KENT MIDDLETON		1								
DIRECTOR	1.00	X						0	0	0
(10) HARRY MONTEVIDEO		ŀ								
DIR/GEN MGR	40.00	X		Х	ļ		<u> </u>	161,540.	0	9,079.
(11) ALEXIS SCOTT DIRECTOR	1.00	X						d	0	0
(12) ED STAMPER										
SECRETARY	1.00	Х							o	0
(13) BURGETT MOONEY								-		
DIRECTOR	1.00	Х							0	0
(14) HOPE DLUGOZIMA	ļ									
DIRECTOR	1.00	Х						0	0	0

Name and talle Name and talle Name	Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and l	Hig	hest Compensat	ed Employ	ees (c	ontınue	d)	
151 CHRIS STONE		Average hours per week	box	unles er and	Pos heck ss pe	more rson lirect	ıs both or/trust	an lee)	Reportable compensation from	Reportal compensation related	n from	am com	(F) timated ount of other pensation	ì
15. CHRIS STONE DIRECTOR 1.00 X 0 0 0 15. PARRICIA TEMPLETON 1.00 X 0 0 0 15. PARRICIA TEMPLETON 1.00 X 0 0 0 16. PARRICIA TEMPLETON 1.00 X 0 0 0 17. PARRICIA TEMPLETON 0 0 0 0 18. PARRICIA TEMPLETON 0 0 0 0 19. PARRICIA TEMPLETON 0 0 0 0 19. PARRICIA TEMPLETON 0 0 0 0 10. PARRICIA TEMPLETON 0 0 0 0 0 0 10. PARRICIA TEMPLETON 0 0 0 0 0 0 10. PARRICIA TEMPLETON 0 0 0 0 0 0 10. PARRICIA TEMPLETON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	_	(W-2/1099-	MISC)	orga and	om the anization related nizations	
16) PATRICTA TEMPLETON DIRECTOR 1.00 x 0 0 0 1b Sub-total 1 to Sub-total 1 to Total from continuation sheets to Part VII, Section A 1 to Total (add lines 1b and 1c) 2 Total (add lines 1b and 1c) 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such many unrelated organization from the organization greater than \$150,000? If "Yes," complete Schedule J for such person 4 Xi 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Dection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year (A) Name and business address Description of services Compensation of services Compensation of services Compensation of services	15) CHRIS STONE													_
DIRECTOR 1.00 X C C C DIRECTOR 1.00 X C C C C C C C C C C C C C		1.00	Х						С		0			
c Total from continuation sheets to Part VII, Section A		1.00	Х						C		. 0			
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Compensation (B) CC) Compensation														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Compensation (B) CC) Compensation														
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Compensation (B) CC) Compensation														
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c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A	1b Sub-total								161,540.		0		9,07	9
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Description of services Compensation								>					9,07	_
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2 Total number of individuals (including but not	limited to t								\$100,000 o			9,01	_
employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) Description of services Compensation Compensation Compensation	roportable compensation from the organization			-									Yes	V
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3		X
Individual	4 For any individual listed on line 1a, is the	sum of rep	ortab	le d	om	pen	satioi	n ar	nd other compens	sation from	the			_
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person												4	х	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation C	5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on f	ron	any	uni	related organization	on or individ	dual			_
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation of services Compensation of services Compensation of services Compensation of services		es," comple	te Sch	edu	le J	for	such	per	son	· · · · · · ·	••	5		X
Name and business address Description of services Compensation	Complete this table for your five highest com- compensation from the organization. Report com-													_
2 Total number of independent contractors (including but not limited to those listed above) who received		Iress								rvices	C		ation	_
2 Total number of independent contractors (including but not limited to those listed above) who received								1						_
Total number of independent contractors (including but not limited to those listed above) who received								1						
2 Total number of independent contractors (including but not limited to those listed above) who received								+						_
more than \$100,000 in compensation from the organization ▶ 0					ite	d to	thos	e li	sted above) who	received			<u>, </u>	_

Pa	rt VII	Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ts,	c	Fundraising events	1c					
ഉ를	d	Related organizations	1d					
Sir.	e	Government grants (contribu	utions) 1e					
ie it	f	All other contributions, gifts, gran	nts,					
£ 5		and similar amounts not included	d above . 1f					
in d	g	Noncash contributions included	ın lines 1a-1f \$					
	h	Total Add lines 1a-1f	<u> </u>		0			
ň				Business Code				
Program Service Revenue	2 a	ADVERTISING INCOME	· · · · · · · · · · · · · · · · · · ·	541800	950,437	950,437		<u> </u>
Se F	b		 		_			
Ž	С							
Š	d							
ran	е				- ·-			
ō	f	All other program service rev						ļ
	<u> </u>	Total Add lines 2a-2f	<u> </u>	<u> ▶</u>	950,437			
	3	Investment income (including	ng dividends, inter	est, and				
		other similar amounts) A		_				81,373
	4	Income from investment of						
	5	Royalties	(ı) Real	(II) Personal	0			
				(ii) Fersoriai				ļ
	6a	Gross rents		-				
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss).	(ı) Securities	(II) Other	0			-
	7 a	Gross amount from sales of		· · · · · · · · · · · · · · · · · · ·				
		assets other than inventory	1,016,912					
	b	Less cost or other basis	1 016 217					
	_	and sales expenses Gain or (loss)						
	c d	Net gain or (loss)			595			
ø.	8a	Gross income from fundra						595
nue	Oa	events (not including \$						
e .		of contributions reported on						
æ		See Part IV, line 18	•					
er	b	Less direct expenses						
Other Reve	c	Net income or (loss) from ful			0			
	9a	Gross income from gaming a	-					
		See Part IV, line 19						
	b	Less direct expenses		1				
	С	Net income or (loss) from ga			0			
	10a	Gross sales of invent	ory, less					
		returns and allowances						
	b	Less cost of goods sold	b			····		
	С	Net income or (loss) from sa	les of inventory	<u>,</u>	0			
		Miscellaneous Reven	nue	Business Code				
	11a							ļ
	b							
	С						<u> </u>	
	d	All other revenue						
	е	Total Add lines 11a-11d .		▶	0			
	12	Total revenue See instruction	ons	.	1,032,405	950,437		81,968



Part IX Statement of Functional Expenses

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

Check if Schedule O contains a respo		(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21.	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	3,000.	3,000.		
3 Grants and other assistance to governments,				··
organizations, and individuals outside the				
United States See Part IV, lines 15 and 16,	0			
Benefits paid to or for members	0			
Compensation of current officers, directors, trustees, and key employees	161,540.		161,540.	
Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	o			
Other salaries and wages	320,572.		320,572.	
Pension plan accruals and contributions (include section				
401(k) and 403(b) employer contributions)	9,079.		9,079.	
Other employee benefits	40,848.		40,848.	
Payroll taxes	34,923.		34,923.	
Fees for services (non-employees)				
a Management	0			
b Legal	30,095.		30,095.	
c Accounting	3,816.		3,816.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			-
f Investment management fees	30,095.		30,095.	
g Other	4,646.		4,646.	
Advertising and promotion	0			
Office expenses	22,047.	423.	21,624.	
Information technology	10,131.		10,131.	
Royalties	0			
Occupancy	56,208.		56,208.	
Travel	10,425.	4,444.	5,981.	
Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0			
Conferences, conventions, and meetings	0			
Interest	0			
Payments to affiliates	0			
Depreciation, depletion, and amortization	48,658.	36,410.	12,248.	
Insurance	13,450.	6,335.	7,115.	·
Other expenses Itemize expenses not covered				
above (List miscellaneous expenses in line 24e If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O)	170 050	124 110	46,000	
a PRINTING	170,952.	124,119.	46,833.	
b DUES & SUBSCRIPTIONS	12,954.	1,724.	11,230.	
c MISC EXPENSE	10,379.	600.	9,779.	
d	· · · · · · · · · · · · · · · · · · ·			
e All other expenses	002 010	177 055	016 762	
Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	993,818.	177,055.	816,763.	
fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)	0			Form 990 (

JSA 1E1052 1 000

Form 990 (2011)

Page 11

Part >	Balance Sheet	-		
		(A) Beginning of year		(B) End of year
1	~ · · · · · · · · · · · · · · · · · · ·	683,282.	1	683,954.
2	Savings and temporary cash investments	0	2	0
3		0	3	
4		31,601.	4	24,127.
5				
ł	employees, and highest compensated employees. Complete Part II of		Į	
6	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)	o o		0
형 7		Q	7	0
Assets 8 4		Q	8	0
~ 9		0	9	0
10	a Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a 2,184,802.			
	b Less accumulated depreciation	1,388,542.	10c	1,376,966.
11		3,379,170.	11	3,334,477.
12		0	12	0
13		0	13	0
14		Q	14	C
15		20,032.	15	7,532.
16		5,502,627.	16	5,427,056.
17		29,615.	17	5,791.
18		0	18	C
19	Deferred revenue	17,705.	19	22,262.
20	Tax-exempt bond liabilities	Q	20	C
໘ 21	Escrow or custodial account liability Complete Part IV of Schedule D	311,457.	21	322,504.
Liabilities 52	Payables to current and former officers, directors, trustees, key			
ig	employees, highest compensated employees, and disqualified persons			
□	Complete Part II of Schedule L	q	22	0
23		0	23	0
24	r	0	24	C
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D	Q	25	0
26	Total liabilities. Add lines 17 through 25	358,777.	26	350,557.
ses	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	4,991,384.	27	4,905,061.
E 28	Temporarily restricted net assets	152,466.	28	171,438.
교 29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances 2 2 2 6 8 2 4 2 6 8 2 4 2 6 8 2 4 2 6 8 2 4 2 6 8 2 4 2 6 8 2 4 2 6 8 2 6	Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
\$ 30	Capital stock or trust principal, or current funds		30	
တ္တို 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
를 33	Total net assets or fund balances	5,143,850.	33	5,076,499.
_ 34	Total liabilities and net assets/fund balances	5,502,627.	34	5,427,056.

THE RED & BLACK PUBLISHING COMPANY, INC.

For	m 990 (2011)			Pa	ge 12
Pa	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	1,0	32,4	105.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	93,8	318.
3	Revenue less expenses Subtract line 2 from line 1	3			587 <u>.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,1	43,8	350.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1	05,9	938.
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	5.0	76,4	199.
P	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			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," ex Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
þ	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
С		_	1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountar		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	ın		
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar we	e		-
	issued on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis			ļ	
2-	Separate such	forth			!
sа	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorui	'n a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	· · ·			
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ ► See separate instructions

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service Name of the organization

ons	Open to Public Inspection
Employer identifica	ation number

THE RE	ID & BLACK PUBI	LISHING COMPA	NY, INC.						58-	-1410389
Part I	Reason for Pub	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art) Se	e instri	uctions	
The orga	inization is not a priv	ate foundation bed	cause it is (For lines 1 th	rough	11, che	eck only	one bo	x)		
1	A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)((1)(A)(i)	٠.	
2	A school described	In section 170(b)	(1)(A)(ii). (Attach Schedul	еE)						
3	A hospital or a coo	perative hospital s	ervice organization descri	bed in	sectio	n 170(b)(1)(A)	(iii).		
4	A medical researc	h organization op	erated in conjunction wi	th a h	nospita	l descr	ibed in	sectio	n 170(b	o)(1)(A)(iii). Enter the
	hospital's name, cit	y, and state								
5	An organization op	erated for the be	nefit of a college or univ	ersity	owned	ог оре	erated i	by a go	vernme	ntal unit described in
	section 170(b)(1)(/	A)(ıv). (Complete F	Part II)							
6	A federal, state, or	local government	or governmental unit des	cribed	ın seci	tion 170)(b)(1)(.	A)(v).		
7	An organization that	at normally receive	es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	ut or fro	om the general public
	described in section	n 170(b)(1)(A)(vı).	(Complete Part II)							
8 💹	A community trust	described in secti	on 170(b)(1)(A)(vi). (Com	plete F	Part II)					
9 X	An organization that	at normally receive	es (1) more than 331/3%	of its	suppo	rt from	contrib	outions,	membe	ership fees, and gross
	receipts from activ	rities related to its	exempt functions - subj	ect to	certa	ın exce _l	otions,	and (2)	no mo	re than 331/3% of its
	support from gros	s investment inco	ome and unrelated busi	ness t	axable	incom	e (less	section	n 511	tax) from businesses
			e 30, 1975 See section	•		•		,		
10			ted exclusively to test for							
11	-	-	rated exclusively for the							•
			ipported organizations de							
			es the type of supporting	_				lines 1		¬⁻
. 🗀	a Type I	b Type				ally inte			d [J Type III - Other
e []	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section									
			gers and other than one	oi mo	re put	niciy su	pportec	ı organ	izations	described in section
f	509(a)(1) or section		n determination from the	, IDS	that it	ıc a Tı	voo I I	Typo II	or Type	a III supporting
•	organization, check	this have		E 1110	tilat it	15 a 1	ype i, i	ype II,	от тур	s in supporting
g	•			or co.	 ntributi	on from	any of	the		
9	following persons?	ooo, nas the organ	mzation accepted any girt	. 01 001	iiiiibat	011 11 011	any or	tile		
		directly or indire	ectly controls, either alon	e or t	ogethe	er with	person	s desc	ribed in	(II) Yes No
			ly of the supported organ		-					11g(ı)
	(ii) A family memb	•	• •		• •					11g(n)
	•	· · · · · · · · · · · · · · · · · · ·	on described in (i) or (ii) a	bove?						11g(III)
h		•	ut the supported organiza							• • • • • • • • • • • • • • • • • • • •
(i) N	ame of supported	(u) EIN	(iii) Type of organization	(iv)	Is the	(v) Did y	ou notify	(vi) l	s the	(vii) Amount of
	organization		(described on lines 1-9 above or IRC section		zation in listed in		anization (i) of		zation in	support
			(see instructions))		overning ment?		abbouts		rganized US?	
				Yes	No	Yes	No	Yes	No	
(A)										
<u> </u>				<u> </u>						
(B)						-				
					ļ					
(C)										
(D)										
				 				-	_	
(E)						1				
				<u> </u>	 	1				
Total										

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

Schedule A (Form 990 or 990-EZ) 2011

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

Schedule A (Form 990 or 990-EZ) 2011

Part II

	Part III If the organization f						uality urider
Sec	tion A. Public Support					,	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 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)		1				
6	Public support. Subtract line 5 from line 4		1		1		
	tion B. Total Support		1		1 (1) 2010	1	I
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 8	Amounts from line 4						
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	<u>-</u> .					
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2011 (li					14	<u>%</u>
	Public support percentage from 2010					15	%
16a	331/3% support test - 2011. If the o	_					
	this box and stop here. The organization						
b	331/3% support test - 2010. If the c	•			•		
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part IV how the organization meets t			_	•	· · · · · ·	. []
L	organization						
ь	15 is 10% or more, and if the organic		_				
	Explain in Part IV how the organization				•		•
	supported organization				-	•	
18	Private foundation. If the organization	did not check	a box on line 13	, 16a, 16b, 17a	a, or 17b, check	this box and see	e
	instructions	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · ·		Schedule A (Form !	

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	1,177,820	1,216,106	1,196,865	1,113,453	950, 437	5,654,681
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total Add lines 1 through 5	1,177,820	1,216,106	1,196,865	1,113,453	950,437	5,654,681
	Amounts included on lines 1, 2, and 3	1/1///	2/210/100	1/150/000	1/113/103	3307131	370317001
. –	received from disqualified persons					1	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						· · · · · · · · · · · · · · · · · · ·
8	Public support (Subtract line 7c from						
٠	line 6)						E 654 601
Sec	tion B. Total Support						5,654,681
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	1,177,820	1,216,106	1,196,865	1,113,453	950,437	5,654,681
-	Gross income from interest, dividends,	1/1//020	1/210/100	1,130,003	1,113,433	330,437	3,034,001
	payments received on securities loans,					1	
	rents, royalties and income from similar sources	13,428	71,259	315,007	72,496	81,373	553,563
h	Unrelated business taxable income (less	13,420	71,237	313,007	72,490	01,3/3	333,363
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	13,428	71,259	215 007	72 406	01 333	552.562
11	Net income from unrelated business	13,420	71,239	315,007	72,496	81,373	553,563
• •	activities not included in line 10b,					1	
	whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part IV)						
13	• • • • •	1 101 240	1 202 265				
14	and 12)	1,191,248	1,287,365			1,031,810	6,208,244
14	organization, check this box and stop here						
202	tion C. Computation of Public Sur			· · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	····
15	Public support percentage for 2011 (line 8			nn (fl)	- 	15	91.08%
16	Public support percentage from 2010 Sche					16	87.12%
	tion D. Computation of Investmen			<u> </u>	······		07.12 /6
•				3 column (6)		47	8.92%
17	Investment income percentage for 2011 (III					17	
18	Investment income percentage from 2010					18	12.88%
туа	331/3% support tests - 2011 If the org	-					
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2010 If the orga						. —
20	line 18 is not more than 331/3%, check Private foundation If the organization		-	•			⊢ 1
2 U	TITTE TOURS OF THE STATE OF THE	WIND HOLD GIRCON A	4 DOX OH HHE	it. 13a. Ul 190	, GHEGA HIIS DO	a anu aee man	acauna 🚩 l 🚺

THE RED & BLACK PUBLISHING COMPANY, INC.



Schedule A (Form 990 or 990-EZ) 2011

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

2011

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Inspection

	or are organization			Employer Identification Humber
THE	RED & BLACK PUBLISHING COMPANY, IN	С.		58-1410389
Pa	t I Organizations Maintaining Donor Advi	sed Funds or Othe	r Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 9			
		(a) Donor adv	rised funds	(b) Funds and other accounts
4	Total number at end of year			
1	· ·		• • • • • • • • • • • • • • • • • • • •	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a	_		
	funds are the organization's property, subject to the	organization's exclus	sive legal control? .	Yes No
6	Did the organization inform all grantees, donors, an	d donor advisors in w	riting that grant fun	ds can be used
	only for charitable purposes and not for the benefit	of the donor or dono	or advisor, or for any	y other purpose
	conferring impermissible private benefit?			Yes No
Pa				
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recre		1 1	of an historically important land area
	Protection of natural habitat	ation of education)		
	1 1		□ Preservation (of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conserv	vation contribution in	the form of a conservation
	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified h	nistoric structure inclu	ded in (a)	2c
d	Number of conservation easements included in (c)			
	historic structure listed in the National Register			2 d
3	Number of conservation easements modified, trans			
-	tax year ▶	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		actor by the organization during the
4	Number of states where property subject to conser	rvation easement is lo	nated N	
5				
5	Does the organization have a written policy regards			
_	violations, and enforcement of the conservation eas			
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforci	ng conservation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing co	inservation easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line	e 2(d) above satisfy the	ne requirements of se	ection 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports	conservation easeme	ints in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the text o	f the footnote to the d	organization's financ	ial statements that describes the
	organization's accounting for conservation easemen	nts		
Pai	t III Organizations Maintaining Collections	of Art, Historical T	reasures, or Othe	r Similar Assets.
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 8	
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958)	not to report in its	revenue statement and halance sheet
	works of art, historical treasures, or other similar	r assets held for pu	blic exhibition, edu	ication, or research in furtherance of
	public service, provide, in Part XIV, the text of the fo	otnote to its financial	statements that des	scribes these items
þ	If the organization elected, as permitted under S	SFAS 116 (ASC 958)), to report in its r	evenue statement and balance sheet
	works of art, historical treasures, or other simila		blic exhibition, edu	ication, or research in furtherance of
	public service, provide the following amounts relating	•		
	(i) Revenues included in Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			▶\$
2	If the organization received or held works of an	t, historical treasures	s, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SI			•
а	Revenues included in Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			
_	aperwork Reduction Act Notice, see the Instructions for			Schedule D (Form 990) 2011
JSA				

THE RED & BLACK PUBLISHING COMPANY, INC.

Par	t Organizations Maintaining C	ollections of A	Art, Hi	storical Tr	easure	s, or	Other	Similar As	sets (c	continuea	<u>) </u>
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and o	ther re	cords, chec	k any c	of the	follow	ing that are	e a sigr	nificant us	e of its
а	Public exhibition		d	Los	an or ex	chan	ge prog	rams			
b	Scholarly research		е	Ott	ner						
С	Preservation for future generati	ons									
4	Provide a description of the organization	n's collections	and e	xplain how	they fu	rther	the ord	anization's	exempt	t purpose	ın Part
	XIV				•						
5	During the year, did the organization soli	cit or receive d	onatior	s of art. his	orical tr	easur	es. or o	other similar	r		
	assets to be sold to raise funds rather that									Yes	No
Par	<u> </u>	ements. Con	nplete	if the orga	-						
	Is the organization an agent, trustee, cus included on Form 990, Part X? If "Yes," explain the arrangement in Part								[Yes	X No
						\sqcup		Am	ount		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount	on Form 990, P	art X, I	ine 21?					[X Yes	No
b	If "Yes," explain the arrangement in Part	XIV									
Par	t V Endowment Funds. Complete	e if the organi	zation	answered	"Yes" t	o Fo	rm 990), Part IV, Iı	ne 10		
	(a) Current year	(b)	Prior year	(c) Tw	o year	s back	(d) Three yea	rs back	(e) Four ye	ears back
1a	Beginning of year balance	152,466.		148,645.		148,	645.				
b	Contributions										
С	Net investment earnings, gains,										
	and losses	18,972.		3,821.							
d	Grants or scholarships						.=				
е	Other expenditures for facilities .										
	and programs										
f	Administrative expenses										
g	End of year balance	171,438.		152,466.		148,	645.				
2	Provide the estimated percentage of the	current year er	nd bala	nce (line 1a	column	ı (a)) l	held as				
а	Board designated or quasi-endowment			, ,		. ,,					
b	Permanent endowment ▶	%	_								
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c s	should equal 10	00%								
3 a	Are there endowment funds not in the po			nization that	are hel	d and	l admın	stered for th	ne		
	organization by		ū							Ye	es No
	(i) unrelated organizations									3a(ı)	X
	(ii) related organizations									3a(ıi)	- X
b	If "Yes" to 3a(ii), are the related organizar									3b	+
4	Describe in Part XIV the intended uses o							• • •	- • •	<u> </u>	
Par	t VI Land, Buildings, and Equipme										
	Description of property	(a) Cost or o	other bas	s (b) Cost	or other ba	asis		umulated eciation	(d	l) Book value	
1 a	Land				225,43	38.				225	,438.
b	Buildings			1,	493,48	37.	42	28,995.		1,064	,492.
С	Leasehold improvements				-				-	-	
d	Equipment				465,8	77.	3	78,841.		87	7,036.
е	Other					1	_				
Tota	I. Add lines 1a through 1e (Column (d) n		990, P	art X, colum	n (B), lın	e 10((c))	▶		1,376	,966.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

AS AMENDED THE RED & BLACK PUBLISHING COMPANY, INC. Schedule D (Form 990) 2011 Investments - Other Securities, See Form 990, Part X, line 12 (a) Description of security or category (b) Book value (c) Method of valuation (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests . . (3) Other (B) (C) (G) (H) (1)Total (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1)(2)(3)(4) (5)(6)(7)(8) (9)(10)Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1)(2)(3)(4) (5)(6) (7)(8) (9) (10)Total (Column (b) must equal Form 990, Part X, col (B) line 15) . . . Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (1) Federal income taxes (2)(3)(4)(5)(6)(7)(8) (9)

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

JSA 1E1270 1 000

(10)(11)

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

THE RED & BLACK PUBLISHING COMPANY, INC.

	le D (Form 990) 2011			Page 4
Part		nent	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,032,405.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		993,818.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		38,587.
4	Net unrealized gains (losses) on investments	4		-105,938.
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8	-	1.112.1211
9				-105,938.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-		-67,351.
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		L	<u> </u>
1	Total revenue, gains, and other support per audited financial statements		1	926,467.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	··⊦	<u>'</u>	J20, 407.
	1.1 105.00			
a	Net unrealized gains on investments	8.	-	
b	Donated services and use of facilities 2b			
C	Recoveries of prior year grants 2c		1	
d	Other (Describe in Part XIV)	—	i	
е	Add lines 2a through 2d	∟	2e	-105,938.
3	Subtract line 2e from line 1	· • _	3	1,032,405.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ŀ		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV) 4b			
С	Add lines 4a and 4b		4 c	
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)	<u> l</u>	5	1,032,405.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	n	
1	Total expenses and losses per audited financial statements	L	1	993,818.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
С	Other leases			
d	Other losses Other (Describe in Part XIV) 2d			
е	Add lines 2a through 2d Subtract line 2a from line 1		2e	
3	Subtract line 2e from line 1		3	993,818.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	- 1		
b	Other (Decembe in Bert VIV.)	\dashv	-	
	Add lines 4a and 4b	\dashv	4 c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).		5	993,818.
	XIV Supplemental Information		"	
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa , line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp iditional information			
SEE	PAGE 5			



Part XIV Supplemental Information (continued)

PT IV, LINE 2B

DEFERRED COMPENSATION LIABILITY FOR KEY EMPLOYEE

PT V, LINE 4

THE ORGANIZATION'S GOVERNING BOARD HAS DESIGNATED \$171,438 AS OF MAY 31,

2012 FOR FUTURE SCHOLARSHIPS TO STUDENTS

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 2011 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE RED & BLACK PUBLISHING COMPANY, INC.

Employer identification number 58-1410389

Part	Questions Regarding Compensation			
			Yes	No
1a	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			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
_	If any of the haves on line to are shoulded did the accompation follow a written nation reporting narrows.			
D	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	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	1		
4	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	i		
	organization or a related organization			,,
а		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only postion 504/a\/2\ and 504/a\/4\ arganizations must complete lines 5.0			
5	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			
5	compensation contingent on the revenues of	i		
а	The organization?	5a		x
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III	35		- :-
6	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			
а	The organization?	6a		X
	Any related organization?	6b		X
-	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	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			
	ın Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

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 column (D) and (E) amounts for that individual

ındıviduar								
		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
	Ξ	1			9,079.		170,619.	ŀ
1 HARRY MONTEVIDEO	: 3	0	0					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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16	(I)			•				
							Sch	Schedule J (Form 990) 2011

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Page 3

Schedule J (Form 990) 2011 Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

PT 1, LINE 4B

A CONTRIBUTION WAS MADE TO A DEFERRED COMPENSATION FUND ON BEHALF OF

HARRY MONTEVIDEO.

Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
THE RED & BLACK PUBLISHING COMPANY, INC

Employer identification number

58-1410389

THE RED & BLACK PUBLISHING COMPANY, INC.

EXPLANATION FOR AMENDED RETURN

FORM 990 HEADING, ITEM B

PART I

LINE 1 - CORRECTED ORGANIZATION'S MISSION

LINE 4 - CORRECTED NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING

BODY

LINE 8-19 - CHANGED DUE TO CORRECTIONS ON PART VIII

PART III

CHECKED THE BOX FOR SCHEDULE O RESPONSE

LINE 1 - CORRECTED ORGANIZATION'S MISSION

LINE 4A - CORRECTED PROGRAM DESCRIPTION

PART IV

LINE 10 - CHANGED RESPONSE TO "YES"; ORGANIZATION HELD ASSETS IN BOARD

DESIGNATED ENDOWMENTS.

LINE 11F - CHANGED RESPSONSE TO "NO"; ORGANIZATION'S FINANCIALS

STATEMENTS FOR THE TAX YEAR DID NOT INCLUDE A FOOTNOTE THAT ADDRESSES THE

ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN48 (ASC

740)

PART VI

Schedule O (Form 990 or 990-EZ) 2011

Page 2

Name of the organization

THE RED & BLACK PUBLISHING COMPANY, INC.

Employer identification number

58-1410389

CHECKED THE BOX FOR SCHEDULE O RESPONSE

LINE 1B - NUMBER OF VOTING MEMBERS WHO ARE INDEPENDENT CHANGED BECAUSE

HARRY MONTEVIDEO IS COMPENSATED AND THEREFORE NOT INDEPENDENT.

PART VII

LINE 1A - REMOVED HARRY MONTEVIDEO AS KEY EMPLOYEE AND HIGH COMPENSATED

EMPLOYEE; REMOVED ELLIOT BRACK, CHARLES RUSSELL, AND ED STAMPER AS

OFFICERS; PROVIDED AVERAGE HOURS PER WEEK FOR ALL THE DIRECTORS AND

OFFICERS.

PART VIII

LINE 3 - INTEREST INCOME CHANGED DUE TO REMOVAL OF UNREALIZED LOSSES;

MOVED TO COLUMN (D) TO CORRECTLY CATEGORIZE AS EXCLUDED REVENUE

LINE 12 - TOTAL REVENUE CHANGED DUE TO CORRECTIONS TO LINE 3

PART XI

CHECKED THE BOX FOR SCHEDULE O RESPONSE

LINE 1 - CHANGED DUE TO CORRECTIONS ON PART VIII FOR UNREALIZED LOSSES

LINE 5 - PROVIDED AMOUNT OF OTHER CHANGES FOR UNREALIZED LOSSES

PART XII

LINE 2D - CHANGED TO SEPARATE BASIS; THE FINANCIAL STATEMENTS WERE ON A

SEPARATE BASIS

Page 2

Schedule O (Form 990 or 990-EZ) 2011

Name of the organization

THE RED & BLACK PUBLISHING COMPANY, INC.

Employer identification number

58-1410389

SCHEDULE A

PART I

LINE 9 - ORIGINALLY CLASSIFIED AS ORGANIZATION EXEMPT UNDER IRC SECTION

170(B)(1)(A)(IV) BUT RED & BLACK SHOULD REPORT AS AN ORGANIZATION THAT

MEETS THE TEST UNDER IRC SECTION 509(A)(2)

PART II

NO LONGER REQUIRED TO FILL OUT PART II -SUPPORT SCHEDULE DUE TO CHANGE IN

PART I

PART III

REQUIRED TO FILL OUT PART III - SUPPORT SCHEDULE DUE TO CHANGE IN PART I

LINE 2 - MOVED REVENUE FROM OTHER INCOME DUE TO CHANGE IN SCHEDULE A,

PART I

SCHEDULE D

PART V

REQUIRED TO FILL OUT PART V - THE ORGANIZATION HELD ASSETS IN BOARD

DESIGNATED ENDOWMENTS.

PART XI

LINE 1-10 - CHANGED DUE TO CORRECTIONS ON PARTS VIII

PART XII

LINE 2A - AMOUNT PROVIDED DUE TO FORM 990, PART VIII, LINE 3 CORRECTION

Page 2

Schedule O (Form 990 or 990-EZ) 2011

Name of the organization
THE RED & BLACK PUBLISHING COMPANY, INC.

Employer identification number

58-1410389

SCHEDULE J

PART 1

LINE 4B - CHANGED TO YES; HARRY MONTEVIDEO RECEIVED CONTRIBUTIONS TO A SUPPLEMENTAL NONOUALIFIED RETIREMENT PLAN

SCHEDULE O

NARRATIVES AND OTHER SUPPLEMENTAL DETAIL UPDATED FOR VARIOUS PARTS OF RETURN AS REFERENCED

PART VI-B, LINE 11A

PREPARED BY INDEPENDENT ACCOUNTANT, REVIEWED AT BOARD MEETING

PART VI-C, LINE 19

DOCUMENTS ARE AVAILABLE AT THE CORPORATE OFFICE UPON REQUEST

PART XI, LINE 5

UNREALIZED LOSS: -105,938.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OPERATE A COMPELLING AND FINANCIALLY VIABLE NONPROFIT NEWS AND

INFORMATION ORGANIZATION - THE PRIMARY PROVIDER TO THE UGA COMMUNITY

- THAT IS AT THE FOREFRONT OF PREPARING FUTURE JOURNALISTS AND MEDIA
PROFESSIONALS. PRODUCE TRADITIONAL NEWS MEDIA INCLUDING A WEEKLY
PRINT NEWSPAPER, GLOSSY MAGAZINE SERIES, ALONG WITH PIONEERING NEWS
DELIVERY THROUGH NEW MEDIA INCLUDING INTERNET, MOBILE, AND OTHER

DIGITAL PRODUCTS. MARKET AND PROMOTE THE ORGANIZATION WITH UGA

Schedule O (Form 990 or 990-EZ) 2011

Name of the organization

THE RED & BLACK PUBLISHING COMPANY, INC.

Page **2**

Employer identification number 58-1410389

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

STUDENTS AND THE LOCAL MERCHANT COMMUNITY.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

PUBLISHING. THE OBJECTIVE EACH YEAR IS TO PROVIDE 80-120 UGA STUDENTS WITH A NEWSROOM AND PUBLISHING HOUSE THAT OPERATES IN A FINANCIALLY VIABLE AND COMPELLING WAY, ILLUSTRATING THE REAL WORLD EXPERIENCE THE STUDENTS WOULD RECEIVE AS A PROFESSIONAL JOURNALIST OR ACCOUNT REPRESENTATIVE IN A COMMERCIAL NEWS MEDIA ORGANIZATION. OVER THE CALENDAR YEAR WE PRODUCE 43 TRADITIONAL PRINT NEWSPAPERS, 7 FULL SIZE GLOSSY MAGAZINES, AND 5 SLIM MAGAZINE GUIDES THAT ARE CREATED, ASSIGNED, DESIGNED, AND PUBLISHED BY UGA STUDENTS. THE WEBSITE AND SOCIAL MEDIA NETWORKS ARE MAINTAINED AND UPDATED DAILY BY STUDENTS WITH NEW CONTENT AND GRAPHICS AS WELL. ALL PUBLICATIONS AND WEBSITES ARE FUNDED WITH THE SALE OF ADVERTISING AND ARE FREE TO THE PUBLIC, INCLUDING THE 45,000 STUDENTS, FACULTY AND STAFF AT UGA, AND AVAILABLE IN 88 DISTRIBUTION LOCATIONS AROUND THE UGA CAMPUS. WE OFFER ALL LOCAL MERCHANTS THE OPPORTUNITY TO PURCHASE ADVERTISING SPACE IN ANY OF OUR FREE PUBLICATIONS AND ALL ACCOUNTS ARE MANAGED BY 10-12 UGA STUDENT ADVERTISING REPRESENTATIVES. DISPLAY ADS ARE DESIGNED AND CREATED BY STUDENT PRODUCTION ASSISTANTS WHO ALSO PREPARE THE PUBLICATIONS FOR PRESS. THE LONG-TERM GOAL IS TO BUILD STUDENTS' SKILL-SETS IN EDITING, REPORTING, VISUAL COMPOSITION, PUBLICATION MANAGEMENT, CONTENT CREATION, ADVERTISING, MARKETING, PUBLIC

 Schedule O (Form 990 or 990-EZ) 2011
 Page 2

 Name of the organization
 Employer identification number

 THE RED & BLACK PUBLISHING COMPANY, INC.
 58-1410389

ATTACHMENT 2 (CONT'D)

RELATIONS, SALES, ACCOUNT MANAGEMENT, AND PRODUCTION. STUDENTS

MUST BE ENROLLED AT UGA TO WORK FOR THE RED & BLACK, AND THE

INSTITUTION SERVES AS A HANDS-ON LEARNING LABORATORY, GIVING

STUDENTS A CONTINUING EDUCATIONAL OPPORTUNITY OFF CAMPUS BY

PUTTING THEIR UGA CURRICULUM INTO PRACTICAL APPLICATION.

FORM 990, PART VIII - INVESTMENT INCOME	<u>—</u>		ATTACHMENT 3	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST & DIVIDEND	81,37	3.		81,373.
TOTALS =	81,37	<u>3.</u>	<u> </u>	81,373.

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2011

lame of estate or trust					Employer identification number			
						-1410389		
Note: Form 5227 filers need to complete on	•			.				
Part I Short-Term Capital Gains an	d Losses - Assets	Held One Ye	ar or Less			/D Corp or (loss) for		
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)		
1a								
				ļ. —				
h. Enter the chart term gain or (less) if	any from Schodulo D	1 line 1h			1b			
b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b								
2 Short-term capital gain or (loss) from	Forms 4684, 6252,	6781, and 882	4		2			
3 Net short-term gain or (loss) from par	tnerships, S corpora	tions, and other	estates or trusts		3			
4 Short-term capital loss carryover E	nter the amount, i	f any, from li	ne 9 of the 2010	Capital Loss				
Carryover Worksheet					4	(
5 Net short-term gain or (loss). Com	•	•	` '	· ·	_			
column (3) on the back	d Losses - Assets	Held More T	han One Year	·	5			
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)		(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)		
6a								
				<u> </u>				
b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b						595.		
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824								
Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts								
0.00					9			
9 Capital gain distributions								
Gain from Form 4797, Part I								
1 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet					11	()		
12 Net long-term gain or (loss). Combi				d on line 14a,		/		
column (3) on the back	 	<u> </u>			12	595.		
or Paperwork Reduction Act Notice, see the I	nstructions for Form 1	041		Sc	hedul	e D (Form 1041) 2011		

Sche	dule D (Form 1041) 2011				Page 2		
Pa	rt III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's			
	Caution: Read the instructions before completing this p	art	(see instr)	or trust's	(3) Total		
13	Net short-term gain or (loss)	13					
14	Net long-term gain or (loss):						
а	· · · · · · · · · · · · · · · · · · ·	14a			595.		
	·	14b					
С		14c					
		15			595.		
Note	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (o s, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, cor	r For	m 990-T, Part I, line 48	a) If lines 14a and	15, column (2), are net		
		пртец	e Part IV and the Capita	LOSS Carryover VVC	nksneet, as necessary		
							
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa				,		
a Note	The loss on line 15, column (3) or b \$3,000. If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page	i im	e 22 (or Form 990-T li	ne 34) is a loss of	mnlete the Canital Loss		
Carry	vover Worksheet in the instructions to figure your capital loss carryover	1, 1111	e 22 (OI FOITH 990-1, II	11e 54), 15 a 1055, CC	implete the Capital Loss		
Pa	rt V Tax Computation Using Maximum Capital Gains Rates	;					
Forr	n 1041 filers. Complete this part only if both lines 14a and 15 in colum	nn (2) are gains, or an an	nount is entered	n Part I or Part II and		
there	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more	thar	n zero				
Cau	tion: Skip this part and complete the Schedule D Tax Worksheet in the in	struc	ctions if				
	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or						
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero						
of E	n 990-T trusts. Complete this part only if both lines 14a and 15 are orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part an	gain	s, or qualified divide	ends are include	d in income in Part I		
	her line 14b, col (2) or line 14c, col (2) is more than zero	iu co	implete the Schedule	e D Tax Workshe	et in the instructions		
				 1			
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34	•) .	17				
18	Enter the smaller of line 14a or 15 in column (2)						
	but not less than zero						
19	Enter the estate's or trust's qualified dividends						
	from Form 1041, line 2b(2) (or enter the qualified						
	dividends included in income in Part I of Form 990-T)						
20	Add lines 18 and 19		-				
21	If the estate or trust is filing Form 4952, enter the			i 1			
	amount from line 4g, otherwise, enter -0 ▶ 21		— _				
22	Subtract line 21 from line 20 If zero or less, enter -0-		22				
23	Subtract line 22 from line 17 If zero or less, enter -0		23				
24	Enter the smaller of the amount on line 17 or \$2,300		24				
25	Is the amount on line 23 equal to or more than the amount on line 24?	,					
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box						
	No. Enter the amount from line 23		25				
26	Subtract line 25 from line 24		26				
27	Are the amounts on lines 22 and 26 the same?						
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line	27					
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28				
	0.11 11 00 () 07						
29	Subtract line 28 from line 27						
30	Multiply line 29 by 15% (15)	30					
31		c on the amount on line 23 Use the 2011 Tax Rate Schedule for Estates and Trusts					
	(see the Schedule G instructions in the instructions for Form 1041)			31			
	Addings 20 and 24						
32	Add lines 30 and 31	32					
33	Figure the tax on the amount on line 17 Use the 2011 Tax Rate						
2.4	(see the Schedule Ginstructions in the instructions for Form 1041).				<u> </u>		
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 he		•	l l			
	G, line 1a (or Form 990-T, line 36)	<u></u> .	<u></u>	34			

JSA 1F1220 2 000 Schedule D (Form 1041) 2011

Schedule D-1 (Form 1041) 2011

Page 2

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side						Employer identification number		
	RED & BLACK PUBLISHING COMPANY, INC.			58-1410389				
Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year								
	(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)		
6a SEC	CURITIES		12/31/2011	1,016,912.	1,016,317.	595.		
			12,01,2011	1,010,312.	1,010,317.	333.		
	· · · · · · · · · · · · · · · · · · ·							
						 		
	· · · · · · · · · · · · · · · · · · ·							
					<u></u>			
								
								
Ch T	al Cambina the amounts in actions	(f) Enter have	l on Schodule D. I			595.		
<u>on 10t</u>	al. Combine the amounts in column	(i) Enter here and	z on Schedule D, III	I C OU , , , , , , , , , , ,	Schedule	595. D-1 (Form 1041) 2011		