**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)

OMB No 1545-0047

Open to Public

Inter	nal Revenue	Service	► Th	e organization may	have to use a copy o	f this return to sat	isfy state report	ing requirem	ents	, .	Inspection	
A	For the 2	010 calend	lar year, or tax y	ear beginning	Jun 1	, 201	0, and endi	ng May	31		2011	
_	Check if app				ed & Black				D Employ	er Identific	ation Number	
	Addres	s change	Doing Business				5	<b>.</b>		141038	39	
	Ħ	change			nail is not delivered to	street addr)	Room	/suite	E Telepho			
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	$\vdash$		Athens			GA	30605	Turas ta thia			2,058,105	
	Applica	ation pending	F Name and addre	,				1 ' '	a group retur I affiliates incl		₩ '**	X No
	<del></del>				er St. Athe		GA 30605		attach a list		uctions) Yes	∐ No
<u></u>		npt status	X 501(c)(3)	501(c) (	)◀ (insert no )	4947(a)(1)	or 527	_				
<u>1</u>	Websit	e: N/.		<del>, , , , , , , , , , , , , , , , , , , </del>					exemption ni		<del></del>	
K		organization	X Corporation	Trust As	sociation Other	· [1	L Year of Forma	ation 198	0 M s	State of leg	al domicile GA	
Pa		<u>Summar</u>										
	1 Bri	efly descrit	e the organizati	on's mission o	r most significan	t activities: _1	Produces	Free	Newspa	per_t	o_Student	ts
ě		. <b>_</b>	. <b></b>									
auc												
Activities & Governance												
30					scontinued its op		posed of mo	re than 25	% of its n		3	
ಪ	1			, ,	body (Part VI, II	•	113			3		16
9				•	he governing boo	-	-			4		15
ξ			of individuals er of volunteers (e		endar year 2010	(Part V, line 2	а)			6		0
Act					vill, column (C),	line 12				7a		0.
-					Form 990-T, line					7b		
_	<b>13</b> 140	t universited	Dusiness taxabl	e income irom	1 01111 330-1, 11110	<del> </del>			Prior Year	1 7 5	Current Yo	
-	8 Co	ntributions	and grants (Par	t VIII line 1h)				<u>'</u>	noi icai		- Ourient it	<u> </u>
- 9 - 9			ice revenue (Pa			•			1,196,8	365	1,113	453
, E		-			nes 3, 4, and 7d)	•		ļ	315,(			,211.
Revenue					5, 6d, 8c, 9c, 10c				<u> </u>	,,,,	103	, , , , , , ,
-7					st egu <b>al-</b> Rart VIII		ine 12)	<u> </u>	1,511,8	372.	1,598	.664.
5					(Umn (A), lines					000.		,
<b>.</b> '					Jumn (A) Jine 4)							
					nefits (PartDIX, co		s 5.10)		648,6	569	596	,407.
Expenses					10 (A), Ingent (e)	olullili (A), lille	3 3-10)			305.		, 407.
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× X			ing expenses (F				0.	-			·· · · · · · · · · · · · · · · · · · ·	
<u>Э</u> ш	17 Oth	ner expens	es (Part IX,∖col∖	mn (A), lines	ya-Vid 114-241)				483,2	212.	446	<u>,508.</u>
1					Part IX, column				1,134,8	381.	1,042	<u>,915.</u>
	19 Re	venue less	expenses Subt	ract line 18 fro	m line 12				376,9	991.	555	,749.
98								Beginni	ng of Currer	nt Year	End of Ye	ar
Not Assets or Fund Balancos	<b>20</b> Tot	tal assets (	Part X, line 16)						4,922,	738.	5,502	,627.
A B	<b>21</b> Tot	tal liabilitie:	s (Part X, line 2	6)			,		334,6	537.	358	,777.
55	<b>22</b> Ne	t assets or	fund balances	Subtract line 2	1 from line 20				4,588,3	101.	5,143	.850.
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				mined this return in		n schedules and st	atements and to	the hest of	my knowledge	and helief	f it is true correct	t. and
comp	olete Declar	ation of prepa	rer (other than office	) is based on all in	ncluding accompanyin formation of which pre	parer has any know	wledge	o the best of	my knowicage	and bono.	.,	.,
Sig	ın	Signatu	e of officer		1			D	ate 1	/ .		
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			print name and title	1111					<del>,                                    </del>	<del>/ //</del>		
		Print/Type p	reparer's name	Pre	parer's signature		Date		Check	ıf P	TIN	
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	,	Firm's addre			ill Road,				Firm's EIN		E 40 010	
		dia aver = 11	Bogart			GA 306	044		Phone no	(706)		
May	the IRS	aiscuss thi	s return with the	preparer show	vn above? (see i	nstructions)					X Yes	No

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Form 990 (2010) 58-1410389 The Red & Black Publishing Company, Inc Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 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 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 provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III Х 8 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 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 10 Х Yes,' complete Schedule D, Part V 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 a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule 11a Х D, Part Vi b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total 11b Х assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VII c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total 11 c Х assets reported in Part X, line 169 If 'Yes,' complete Schedule D, Part VIII 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 Х in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 12a Schedule D. Parts XI, XII, and XIII **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 12b Х 13 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes' complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Х 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 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 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes.' 19 complete Schedule G, Part III 20 Х 20 aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H

20 b

**b** If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990

filers that operate one or more hospitals must attach audited financial statements (see instructions)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŧ	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 a grant selection committee member, or to a person related to such an individual? 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)			,
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		X
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	ļ	X
ć	a 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  Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	_ x _	
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	990 (2010) The Red & Black Publishing Company, Inc	58-1410363	<u>'</u>		age 3
Par	<del></del> -				
	Check if Schedule O contains a response to any question in this Part V	·			للے
	·			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	<b>1a</b> 0	į,	2.3	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 210			٠ ،
C	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		_		
	ments, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	tructions)			1
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a		Х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	1	_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a ancial account)?	4a		х_
b	If 'Yes,' enter the name of the foreign country			-	٠,
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fir	nancial Accounts		,	ر
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5b		Х
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible?	d did the organization	——— 6а		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	ntributions or gifts were	6b		
	Organizations that may receive deductible contributions under section 170(c).		0.5		
	· ·				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and pa services provided to the payor?	rtly for goods and	7a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for white Form 8282?		7с		х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	~ .		-
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	fit contract?	7 f		X
9	If the organization received a contribution of qualified intellectual property, did the organization as required?	n file Form 8899	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the $\sigma$ Form 1098-C?	organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, haloldings at any time during the year?	g organizations. Did the ve excess business	8		x
9	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		9a		х
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		Х
	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1
	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11 Б			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	<del></del>	12a		1
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	<del></del>		1
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note. See the instructions for additional information the organization must report on Schedule	· O		T	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	136			
_	Enter the amount of reserves on hand	13c	†		
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	<del>                                     </del>	Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in So	rhedule O	14a	+	+ <u>^</u>
0	in 103, has it lied at offit 720 to report these payments. It two, provide an explanation in St	J. 100010 O		<u> </u>	1

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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 1 b 15 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 Х 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 Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Х Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х b Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director or 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a 10 a Does the organization have local chapters, branches, or affiliates? Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Х 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Х 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 Schedule O how this is done 13 Х 13 Does the organization have a written whistleblower policy? 14 Х 14 Does the organization have a written document retention and destruction policy? 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? 15a Х a The organization's CEO, Executive Director, or top management official **b** Other officers of key employees of the organization 15<sub>b</sub> Х If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions ) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Georgia Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Harry Montevideo \_\_\_\_540 Baxter St , Athens, Athens \_\_\_\_GA \_30605 \_\_\_ (706) 543-1791

_	_	_					
Form <b>990</b> (2010)	The	Red	₽.	Black	Publishina	Company.	Inc

58-1410389

age 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 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

Check this box if neither the organization	nor any r	elated	org	janiz	zatio	n com	npen	sated any current office	cer, director, or trustee	e
(A)	(B)	-		((	C)			(D)	(E)	(F)
Name and title	Average		ition (	checl	k all t	hat appl	ly)	Reportable compensation from	Reportable compensation from	Estimated
	hours per week (describe hours for related organiza- tions in Schedule O)	advicted tracer	anstitutional taustee	Officer	Key employee	High est companiated employee	r drine	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099 MISC)	amount of other compensation from the organization and related organizations
(1) Elliot Brack										
President	0.00	Х		Х				0.	0.	0.
(2) Don E. Carter										
Director	0.00	Х						0.	0.	0.
(3) Carrol Dadisman										
Director	0.00	Х						0.	0.	0.
(4) Amy Glennon										
Director	0.00	Х	<u> </u>					0.	0.	0.
(5) Charles Russell				ŀ						
Vice President	0.00	Х		Х	<u> </u>		<u>.</u>	0.	0.	0.
(6) Melita Easters						ŀ				
Director	0.00	Х	ļ.,		ļ			0.	0.	0.
(7) Bill Krueger				1						
Director	0.00	Х	<u> </u>		<u> </u>		<u> </u>	0.	0.	0.
(8) Ronald Lane			ŀ							
Director	0.00	Х	<u>L</u> .		┖		<u> </u>	0.	0.	0.
_(9) Kent_Middleton					ł	,				
Director	0.00	X			<u> </u>	ļ	<u> </u>	0.	0.	<u>0.</u>
(10) Harry Montevideo			١							
Dir/Gen Mgr	40.00	Х	ļ	X	Х	X		173,278.	0.	16,267.
(11) Alexis Scott								İ		
Director	0.00	X	ļ				ļ.,	0.	0.	0.
(12) Ed Stamper										
Secretary	0.00	Х		Х	<u> </u>		_	0.	0.	0.
(13) Burgett Mooney							ŀ		:	
Director	0.00	Х	_		_			0.	0.	0.
(14) Hope Dlugozima										
Director	0.00	X	_		_	ļ	<u> </u>	0.	0.	0.
(15) Chris Stone										
Director	0.00	X	ļ		▙		igspace	0.	0.	0.
(16) Patricia Templeton										
Director	0.00	Х	<u> </u>	<u> </u>	<u> </u>		ļ	0.	0.	0.
(17)		1								i

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)										
(A)	(B)			((	•			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			Officer		Highest compensated employee		Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
_(18)										· · · · · · · · · · · · · · · · · · ·
(19)	-		_							
(20)	•				-					
		_			$\vdash$					<u> </u>
(22)	-								<del></del>	
(23)	-								`	
(24)	-				_					
(25)	-									
(26)	-		-							
(27)										
	-									
(29)					<u> </u>					
1 b Sub-total		<u> </u>	<u> </u>		<u> </u>	J	<b>&gt;</b>	173,278.	0.	16,267.
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	t to thes	o lic	tod	ahov	· (a)	who	rocc	173,278.	0.	16,267
from the organization 1	1 10 11105	C 113	icu	auu	ve)	**110	1000	erved more than p	100,000 in reportab	ic compensation
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in</li> <li>4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the such individual</li> <li>5 Did any person listed on line 1a receive or accrue or</li> </ul>	odividual oortable nan \$150	com 0,000	iper 02 /i	ısatı f <i>'Ye</i>	on a	and o	othe <i>lete</i>	r compensation fr Schedule J for	om	3 X 4 X
for services rendered to the organization? If 'Yes,' c	omplete	Sch	edu	le J	for	suct	n pei	rson		5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensations.	ed indep	end	ent (	cont	ract	ors 1	that	received more that	an \$100,000 of	· · · · · · · · · · · · · · · · · · ·
compensation from the organization (A)	· · ·							(B		(C)
Name and business addres	ss 		_					Description	of services	Compensation
								1		
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not	ıımıtı	ea to	o the	ose	uste	a ab	oove) who receive	rnore than	3 of of

1 0	• Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
· s	1a Federated campaigns 1a	-	revenue		312, 313, 01 314
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
A G	c Fundraising events 1c	_			
IFI S	d Related organizations 1 d				
S,G	e Government grants (contributions) 1 e				
52	f All other contributions, gifts, grants, and				
	similar amounts not included above 1 f				]
E S	g Noncash contributions included in lns 1a-1f \$				
8₹	h Total. Add lines 1a-1f	>			
ğ	Business Code	_			
E	2a Advertising Income 541800	1,113,453.	1,113,453.	0.	0.
삤	b				
ĕ	c	<del>                                     </del>			<u> </u>
N SE	a	<del> </del>			<del> </del>
₹.	e				
8	f All other program service revenue	1,113,453.			
-		1,113,453.	<u> </u>		
	Investment income (including dividends, interest and other similar amounts)	502,525.	502,525.	0.	0.
	4 Income from investment of tax-exempt bond proceeds	>	, , , , , , , , , , , , , , , , , , , ,		
		<b>&gt;</b>			<u> </u>
	(i) Real (ii) Personal				
	6a Gross Rents				
	<b>b</b> Less rental expenses				
	c Rental income or (loss)		ļ	-	
	d Net rental income or (loss)	>			
	7a Gross amount from sales of (i) Securities (ii) Other	_			
	assets other than inventory 442, 127.	_			
	<b>b</b> Less cost or other basis				
	and sales expenses 459,441.	_			
	<b>c</b> Gain or (loss)	_			
	d Net gain or (loss)	-17,314.	-17,314.	0.	0.
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
Ē	of contributions reported on line 1c).				
2	See Part IV, line 18 a				
F	b Less direct expenses b	_			
_	c Net income or (loss) from fundraising events	<u> </u>			
	9a Gross income from gaming activities See Part IV, line 19				
	<b>b</b> Less: direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities	<u> </u>			
	10a Gross sales of inventory, less returns and allowances	_			
	<b>b</b> Less cost of goods sold <b>b</b>	_			
	c Net income or (loss) from sales of inventory	<b>&gt;</b>			
	Miscellaneous Revenue Business Code		}		
	11a	+		<u> </u>	<u> </u>
	D	<del> </del>			
	C		<del> </del>		<del> </del>
	d All other revenue		ļ		<del> </del>
	e Total. Add lines 11a-11d		1 500 554	-	<del> </del>
	12 Total revenue. See instructions	<b>1</b> ,598,664.	1,598,664.	0.	0.

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)

Do l	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	173,278.	0.	173,278.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	333,075.	0.	333,075.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,489.	0.	10,489.	0.
9	Other employee benefits	43,114.	0.	43,114.	0.
10	Payroll taxes	36,451.	0.	36,451.	0.
	Fees for services (non-employees)	,,			
	a Management	11,963.	0.	11,963.	0.
	Legal	0.	0.	0.	0.
	Accounting	3,090.	0.	3,090.	0.
(	Lobbying	0.	0.	0.	0.
	Professional fundraising services See Part IV, line 17				
	Investment management fees	28,204.	0.	28,204.	0.
(	g Other	7,107.	0.	7,107.	0.
	Advertising and promotion				
13	Office expenses	5,716.	0.	5,716.	0.
14	Information technology	9,519.	0.	9,519.	0.
15	Royalties	0.	0.	0.	0.
16	Occupancy	51,135.	0.	51,135.	0.
17	Travel	9,050.	4,310.	4,740.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	45,432.	36,410.	9,022.	0.
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)	12,528.	5,500.	7,028.	<u> </u>
	Dues & Subscriptions	4,400.	1,690.	2,710.	0.
1	Printing	241,875.	196,006.	45,869.	0.
	Rounding	2.	0.	2.	0.
4	d Promotions	0.	0.	0.	0.
•	Taxes-Other Operational	16,487.	0.	16,487.	0.
1	f All other expenses .				
_25	Total functional expenses Add lines 1 through 24f	1,042,915.	243,916.	798,999.	0.
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	<u> </u>				Form 990 (2010)

	•			(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing		576,704.	1	683,282.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		31,729.	4	31,601
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	, trustees, key employees, I of Schedule L	0.	5	0.
_	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)	buting employers and	0.	6	0 .
A S E T S	7	Notes and loans receivable, net		0.	7	0.
E	8	Inventories for sale or use		0.	8	0.
Š	9	Prepaid expenses and deferred charges		0.	9	0
	10 a	Land, buildings, and equipment cost or other basis				
ĺ		Complete Part VI of Schedule D	10a 2,147,721.			
	b	Less: accumulated depreciation	<b>10b</b> 759,179.	1,425,857.	10 c	1,388,542
	11	Investments – publicly traded securities		2,868,416.	11	3,379,170.
	12	Investments - other securities See Part IV, line 11		0.	12	0.
	13	Investments - program-related. See Part IV, line 11		0.	13	0.
	14	Intangible assets		0.	14	0
	15	Other assets See Part IV, line 11		20,032.	15	20,032
	16	Total assets Add lines 1 through 15 (must equal line	34)	4,922,738.	16	5,502,627
	17	Accounts payable and accrued expenses		47,218.	17	29,615
	18	Grants payable			18	
	19	Deferred revenue		30,525.	19	17,705
<u>۱</u>	20	Tax-exempt bond liabilities			20	
Å B	21	Escrow or custodial account liability Complete Part I	V of Schedule D	256,894.	21	311,457
	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per- of Schedule L	itees, key employees, sons Complete Part II		<u>.</u> 22	
E S	23	Secured mortgages and notes payable to unrelated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		334,637.	26	358,777
Ŋ		Organizations that follow SFAS 117, check here ▶	X and complete lines			
N E		27 through 29 and lines 33 and 34.				
A S	27	Unrestricted net assets		4,439,456.	27	4,991,384
くいろきし	28	Temporarily restricted net assets		148,645.	28	152,466
	29	Permanently restricted net assets			29	
R		Organizations that do not follow SFAS 117, check he	re ► and complete		[ ·	
F.		lines 30 through 34.	<del></del>			
UZC#	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	
î	32	Retained earnings, endowment, accumulated income,			32	
<b>B41420m</b> の	33	Total net assets or fund balances		4,588,101.	33	5,143,850
				4,922,738.	34	5,502,627

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Form 990 (2010) The Red & Black Publishing Company, Inc	58-1410389	,	Pa	ge <b>12</b>
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,5	<u>98,6</u>	<u> 64.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,0	42,9	<u> 15.</u>
3 Revenue less expenses Subtract line 2 from line 1	3	5	55,7	749.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,5	88,1	<u> 101.</u>
5 Other changes in net assets or fund balances (explain in Schedule O)	5			
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	5,1	43,8	350 <u>.</u>
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				$\Box$
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			l	-
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b Were the organization's financial statements audited by an independent accountant?		2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for ove review, or compilation of its financial statements and selection of an independent accountant?	rsight of the audit,	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, $\exp$ in Schedule O	olain			
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year separate basis, consolidated basis, or both	were issued on a			
Separate basis X Consolidated basis Both consolidated and separate basis		-		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set fo Audit Act and OMB Circular A-133?	rth in the Single	3a		X
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergor audits, explain why in Schedule O and describe any steps taken to undergo such audits	o the required audit	3 b		
BAA		Form	1 <b>990</b>	(2010)

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

Department of the Treasury Internal Revenue Service

**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

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2010

Name	of the	organiza	tion				•			Employer	identificat	tion number		
				lishing Compa							10389			
Par	<u>: I</u>	Reas	on for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ii	nstruct	ions.		
The c	rgai				it is (For lines 1 through	_								
1	Ы	A chur	ch, convention	of churches or associ	iation of churches descr	ibed in s	ection 1	1 <b>70(b)(</b> 1	)(A)(i).					
2	Ц	A scho	ol described in	section 170(b)(1)(A)(	(ii). (Attach Schedule E	)								
3	Ц	A hosp	ital or a coope	rative hospital service	organization described	in secti	on 17 <b>0</b> (	ь)(1)(А)	(iii).					
4	$\sqcup$	A med	cal research o	rganization operated i	in conjunction with a ho	spital de	scribed	ın secti	on 17 <b>0</b> (l	ЬХ1)(А)(	iii) Ente	er the hospi	tal's	
_	_		city, and state		,			- <del></del> -					·	
5		170(b)	( <b>1)(A)(iv).</b> (Co	mplete Part II )	a college or university			-	_	nentai u	nit desci	ribea in <b>sec</b>	tion	
6 7	H	An ora	anization that	normally receives a si	vernmental unit describe ubstantial part of its sup					or from t	he gene	ral public d	escribe	ed
	H	ın sect	ion 170(b)(1)(A	<b>A)(vi).</b> (Complete Part	tll)	•	•				J	, ,		
8 9	A community trust described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II)  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts												-4-	
3	from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)													
10					clusively to test for pub	lic safet	v See s	ection 5	509(a)(4)	).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h													
			ies the type of Type I	<b>b</b> Type II	on and complete lines i c \int Type III		_	ıntoarat	ad		<b></b> □	Type III -	Othou	
е	$\Box$			71.5	nization is not controlle			_		more d	u [] usqualifie	J 1"	Oute	
C	Ш	other t	han foundation 509(a)(2)	managers and other	than one or more public	cly supp	orted or	ganizati	ons des	cribed in	section	509(a)(1)	or	
f		If the c	rganization realthis box	ceived a written deteri	mination from the IRS t	hat is a	Type I, 1	Гуре II с	or Type	III suppo	orting org	ganızatıon,		
g		Since	August 17, 200	06, has the organization	on accepted any gift or	contribu	tion fror	n any of	f the foll	owing p	ersons?			
													Yes	No
		(i) A	person who d	directly or indirectly co erning body of the sup	introls, either alone or to	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
			_	er of a person describ								11 g (ii)		
		• •	•	•	described in (i) or (ii) ab	ove?						11 g (iii)		
h				•	supported organization							( V : 3 X · · Z		
		(i) Name	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(IV)	s the	the organ	ou notify	organiz	s the ation in	(viı) Amou	nt of sup	port
					above or IRC section (see instructions))	your go	i) listed in overning ment?	your si	in (i) of upport?	organize U :	nn (i) ed in the 5 ?			
						Yes	No	Yes	No	Yes	No	<u> </u>		
(A)														
(4)						<u> </u>	<u> </u>							
<u>(B)</u>									ļ					
(C)														
(D)														
	_		<del></del>											
<u>(E)</u>														
Total														

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

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

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

Sec	tion A. Public Support						
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')	0.	0.	0.	0.	0.	0.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
4	Total. Add lines 1 through 3	0.	0.	0.	0.	0.	0.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		-				
6	Public support. Subtract line 5 from line 4						0.
Sec	tion B. Total Support					······	
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
7	Amounts from line 4	0.	0.	0.	0.	0.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	431,910.	13,428.	71,259.	315,007.	485,211.	1,316,815.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,410,141.	1,177,820.	1,216,106.	1,196,865.	1,113,453.	6,114,385.
11	Total support. Add lines 7 through 10	!					7,431,200.
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ition's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20			e 11, column (f))		14	0.00%
15	Public support percentage from 2	2009 Schedule A,	Part II, line 14			15	0.00%_
16 a	33-1/3% support test – 2010. If t and stop here. The organization	the organization di qualifies as a pub	id not check the b licly supported or	ox on line 13, and ganization	the line 14 is 33	1/3% or more, ch	eck this box
t	33-1/3% support test — 2009. If t and stop here. The organization	the organization di qualifies as a pub	id not check a box licly supported or	k on line 13 or 16a ganization	a, and line 15 is 3	3-1/3% or more, c	heck this box ►
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this t	oox and stop here	. Explain in Part I\	/ how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test The organiza	' test, check this t ation qualifies as a	oox and <b>stop here</b> a publicly supporte	. Explain in Part IV ed organization	✓ how the
18 BAA	<del></del>	zation did not che	ck a box on line I	3, 16a, 16b, 1/a,			990 or 990-EZ) 2010
DMA					ن ح	oniculais 🖰 (LOHII) 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

### 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			<u> </u>			
	dar year (or fiscal yr beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include any unusual grants )	(2) 2000	(4) = 0		ν.γ.=		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	ž			1000	4.7	(2)
	tion B. Total Support						<del></del>
	dar year (or fiscal yr beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business			1			1
	activities not included in line 10b, whether or not the business is regularly carried on						
12	whether or not the business is						
	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in						
13	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12)	is for the organiza	tion's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)	)(3) <b>&gt;</b> [
13 14	whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			d, third, fourth, or	fifth tax year as a	section 501(c)	)(3) <b>&gt;</b> [
13 14 Sec	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	blic Support P	ercentage		fifth tax year as a		y(3) ► □ 5 %
13 14 Sec 15	whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul  Public support percentage for 20	<b>blic Support P</b> 10 (line 8, column	ercentage (f) divided by line		fifth tax year as a	1	
13 14 Sec 15 16	whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul  Public support percentage for 20  Public support percentage from 2	blic Support P 10 (line 8, column 2009 Schedule A,	ercentage (f) divided by line Part III, line 15	e 13, column (f))	fifth tax year as a	1	5 %
13 14 Sec 15 16 Sec	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv	blic Support P 10 (line 8, column 2009 Schedule A, restment Incor	ercentage (f) divided by line Part III, line 15 ne Percentage	e 13, column (f))		1	5 %
13 14 Sec 15 16 Sec	whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul  Public support percentage for 20  Public support percentage from 2  tion D. Computation of Inv	blic Support P 10 (line 8, column 2009 Schedule A, restment Incor or 2010 (line 10c,	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided	e 13, column (f)) e I by line 13, colum		1	5 % 6 %
13 14 Sec 15 16 Sec 17 18 19 a	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 133-1/3% support tests — 2010. If is not more than 33-1/3%, check	blic Support P 10 (line 8, column 2009 Schedule A, estment Incor or 2010 (line 10c, om 2009 Schedule the organization this box and stop	ercentage  (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the here. The organia	e 13, column (f))  by line 13, column  r  box on line 14, ar  zation qualifies as	nn (f)) nd line 15 is more a publicly suppo	1 1 1 than 33-1/3%, rted organization	5
13 14 Sec 15 16 Sec 17 18 19 a	whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul  Public support percentage for 20  Public support percentage from 2 tion D. Computation of Inv  Investment income percentage from 13-1/3% support tests — 2010. If	blic Support P 10 (line 8, column 2009 Schedule A, estment Incor or 2010 (line 10c, om 2009 Schedule the organization this box and stop the organization , check this box a	ercentage  (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the here. The organic did not check a bo nd stop here. The	e 13, column (f))  by line 13, column  for a line 14, are a line as a line 14 or line 14 or line are a line are a line are and a line are and a line are and a line are are and a line are are are a line are are a line are are are are are are are are are ar	nn (f))  Ind line 15 is more In a publicly suppoint In 19a, and line 1 Infies as a publicly	than 33-1/3%, rted organization is more than supported org	5

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	e 4
Part IV 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).	
Other Income Part II, Line 10	_
Description: Advertising	_
2006: 1410141.	_
2007: 1177820.	_
2008: 1216106.	_
2009: 1196865.	_
2010: 1113453.	_
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. 2010

Opento Public

Employer identification number

	Red & Black Publishing Compa				58-1410389	
Par	the organizations Maintaining Donor the organization answered 'Yes' to			s or Acco	unts. Complete	e if
		(a) Donor advised fu	ınds	(b) F	unds and other acc	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to	or advisors in writing that the as o the organization's exclusive le	ssets held in donor	advised	Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits	ne benefit of the donor or donor	that grant funds of advisor, or for an	an be y other	□Yes	□No
Par	t II Conservation Easements. Compl		swered 'Yes' to	o Form 99		
	Purpose(s) of conservation easements held by			0 1 01111 33	, r art 11, mie	
•	Preservation of land for public use (e.g., re	` ` _	¬'''	an historica	lly important land a	orea
	Protection of natural habitat	cereation or education,	Preservation of		•	
	Preservation of open space	L		a continua n		
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation	contribution in the	form of a c	onservation easem	ent on the
				Н	leld at the End of t	he Tax Year
a	Total number of conservation easements			2a		
t	Total acreage restricted by conservation easen	nents		2b		
(	Number of conservation easements on a certifi	ed historic structure included in	(a)	2 c		
C	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and	not on a historic	2 d		<del></del>
3	Number of conservation easements modified, t tax year ▶	ransferred, released, extinguish	ed, or terminated	by the orga	nization during the	
4	Number of states where property subject to con	nservation easement is located	·			
5	Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monitoring, ts it holds?	inspection, handli	ng of violati	ons, Yes	☐ No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing cor	nservation easeme	ents during t	he year	
7	Amount of expenses incurred in monitoring, in	specting, and enforcing conserv	ation easements of	during the ye	ear	
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$ ?	line 2(d) above satisfy the requ	irements of section	n	. Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in the organization's financial sta	its revenue and e atements that desc	xpense state cribes the or	ement, and balance ganization's accou	e sheet, and nting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical 1 wered 'Yes' to Form 990,	<b>Freasures, or</b> 9 Part IV, line 8	Other Sim	ilar Assets.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	held for public exhibition, educ	ation, or research	statement in furtherar	and balance sheet ace of public servic	works of e, provide,
ŧ	olf the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958), to report d for public exhibition, education	in its revenue stan, or research in f	itement and urtherance o	balance sheet wor of public service, pi	ks of art, rovide the
	(i) Revenues included in Form 990, Part VIII,	line 1		•	<b>►</b> \$	
	(ii) Assets included in Form 990, Part X				<b>►</b> \$	
2	If the organization received or held works of ar amounts required to be reported under SFAS	t, historical treasures, or other s 116 (ASC 958) relating to these	sımılar assets for i items	financial gai	n, provide the follo	wing
ä	Revenues included in Form 990, Part VIII, line	1			<b>-</b> \$	
ŧ	Assets included in Form 990, Part X				▶\$	

Schedule <b>D</b> (Form 990) 2010 The I	Red & Black	Publishing C	Company,	Inc	58-1410			Page 2
Part III Organizations Mainta	ining Collecti	ons of Art, Histo	rical Trea	sures, or	Other Similar Ass	ets (cor	<u>ntinue</u>	ed)
3 Using the organization's acquisitivems (check all that apply)	on, accession, ar	nd other records, chec	ck any of the	e following th	nat are a significant use	of its col	lection	1
a Public exhibition		<b>d</b> Loan o	or exchange	programs				
<b>b</b> Scholarly research		e Other						
c Preservation for future gener								
4 Provide a description of the organ Part XIV		•	•	•		ın		
5 During the year, did the organiza assets to be sold to raise funds r.	tion solicit or receather than to be	eive donations of art, maintained as part of	historical tre the organiz	easures, or o ation's collec	other similar ction?	Yes		No
Part IV   Escrow and Custodia						90, Par	t IV,	line
9, or reported an amo	ount on Form 9	990, Part X, line	21.					
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, o	r other intermediary f	for contributi	ons or other	assets not	Yes	X	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the followin	g table <sup>.</sup>					
						Amount		
c Beginning balance					1 c			
<b>d</b> Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					1f			
2a Did the organization include an a		990, Part X, line 21?			l	X Yes	L.	No
b If 'Yes,' explain the arrangement				alla Fam	000 D+ IV Iv	10		
Part V   Endowment Funds. Co	T							
1 - D	(a) Current yea	r (b) Prior year	(c)	Two years back	(d) Three years back	(e) FO	ur years	раск
1 a Beginning of year balance						+		
<b>b</b> Contributions	<u> </u>				<del></del>	<del> </del>		
<ul> <li>c Net investment earnings, gains, and losses</li> </ul>					, ,			
<b>d</b> Grants or scholarships					,	<u> -`</u>		
<ul> <li>Other expenditures for facilities and programs</li> </ul>					•	<u> </u>		
f Administrative expenses					0	ļ		
<b>g</b> End of year balance			<u> j</u>			<u></u>		
<ol><li>Provide the estimated percentage</li></ol>	=	balance held as:						
a Board designated or quasi-endov	vment 🟲	<b>%</b>						
<b>b</b> Permanent endowment ►	%							
c Term endowment ►	<u> </u>							
3a Are there endowment funds not i	n the possession	of the organization t	hat are held	and adminis	stered for the			
organization by							Yes	<u>No</u>
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related of	-	•				3b		
4 Describe in Part XIV the intended				10				
Part VI   Land, Buildings, and					(c) Accumulated	(d) B	ook va	
Description of investment	(a	Cost or other basis (investment)	<b>(b)</b> Cost basis (	other)	depreciation	(u) b	JUN VA	iuc
1 a Land		0.		25,438.			225,	438.
<b>b</b> Buildings		0.		93,487.	420,519.	1,	072,	968.
c Leasehold improvements								
<b>d</b> Equipment		0.	4:	28,796.	338,660.		90,	136.
e Other								
Total. Add lines 1a through 1e (Column	n (d) must equal	Form 990, Part X, co	olumn (B), lır	ne 10(c))	<b>•</b>			542.
BAA	· <del></del>				Sched	dule <b>D</b> (Fo	orm 99	0) 2010

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)

		58-1410	1309	Fage 4
	rt XI   Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	<del></del>		
1	Total revenue (Form 990, Part VIII,column (A), line 12)	-		598,664.
2	Total expenses (Form 990, Part IX, column (A), line 25)	-	1,	042,915.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-		555,749.
4	Net unrealized gains (losses) on investments	·  -		
5	Donated services and use of facilities	-		
6	Investment expenses	-		
7	Prior period adjustments	-		
8	Other (Describe in Part XIV)	-		
9	Total adjustments (net) Add lines 4 through 8	-		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			555,749.
Pai	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per	1 - 1		
1	Total revenue, gains, and other support per audited financial statements	1	1	598,664.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
	a Net unrealized gains on investments	_		
I	Donated services and use of facilities	_		
	Recoveries of prior year grants	_		
	d Other (Describe in Part XIV)	_  -		
•	e Add lines 2a through 2d	2 e		
3	Subtract line 2e from line 1	3	1	,598,664.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
i	a Investments expenses not included on Form 990, Part VIII, line 7b			
1	Other (Describe in Part XIV )	_ .		
(	Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1	,598,664.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retur	'n	
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	,		
;	a Donated services and use of facilities 2a	,		
1	b Prior year adjustments 2b			
	c Other losses 2c			
	d Other (Describe in Part XIV )			
	e Add lines 2a through 2d	2 e		
	Subtract line <b>2e</b> from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b			
	b Other (Describe in Part XIV)			
(	c Add lines 4a and 4b	4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5		<u> </u>
Pa	rt XIV   Supplemental Information			
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple additional information	/, lines 1b te this par	and 2b; t to prov	ride
<u>Pt</u>	IV Line 2b Deferred Compensation Liability for Key Employee	<b>-</b>		
				<b></b> -
		<del>-</del>		
	· · · · · · · · · · · · · · · · · · ·	- <del>-</del>		

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Schedule **D** (Form 990) 2010

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Scriedule D	(rolli 990) 2010 The Red & Black Publishing Company, The	30-1410303	rage o
Pärt XIV	Supplemental Information (continued)		
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<del></del> -			- <b></b>
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# SCHEDULE J (Form 990)

## **Compensation Information**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

58-1<u>410389</u>

The	Red & Black Publishing Company, Inc	<u></u> ]:	8-1410389			
Par						
					Yes	No
1 a	Check the appropriate box(es) if the organization provided any of tl VII, Section A, line 1a Complete Part III to provide any relevant in	he following to or for a person listed formation regarding these items	ın Form 990, Part			
	First-class or charter travel	Housing allowance or residence for (	personal use			
	Travel for companions	Payments for business use of person	nal residence	ĺ		
	Tax indemnification and gross-up payments	Health or social club dues or initiation	n fees			
	Discretionary spending account	Personal services (e.g., maid, chauf	feur, chef)			
b	If any of the boxes on line 1a are checked, did the organization foll reimbursement or provision of all of the expenses described above	low a written policy regarding paymer? If 'No,' complete Part III to explain	ent or	1Ь		
2	Did the organization require substantiation prior to reimbursing or a trustees, and the CEO/Executive Director, regarding the items chec	allowing expenses incurred by all off cked in line 1a?	icers, directors,	2		
3	Indicate which, if any, of the following the organization uses to esta CEO/Executive Director. Check all that apply	ablish the compensation of the organ	nization's			
	Compensation committee	Written employment contract				
	Independent compensation consultant	Compensation survey or study		İ	İ	
	Form 990 of other organizations	Approval by the board or compensa-	tion committee			
4	During the year, did any person listed in Form 990, Part VII, Section or a related organization.	on A, line 1a with respect to the filing	g organization			
а	Receive a severance payment or change-of-control payment from	the organization or a related organiz	ation?	<u>4a</u>		X
	Participate in, or receive payment from, a supplemental nonqualifie			4b	X	
C	Participate in, or receive payment from, an equity-based compensation		-	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applic	cable amounts for each item in Part I		i		l
	Only section 501(c)(3) and 501(c)(4) organizations must complete	e lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of $$	e organization pay or accrue any cor	npensation		-	
а	The organization?			5a		Х
b	Any related organization?		<u> </u>	5b		Х
	If 'Yes' to line 5a or 5b, describe in Part III.				,	ĺ
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of.	e organization pay or accrue any cor				
а	The organization?			6a		X
b	Any related organization?			6Ь		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 described in lines 5 and 6? If 'Yes,' describe in Part III	e organization provide any non-fixed	payments not	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued	d pursuant to a contract that was sub	ject to the initial			!
_	contract exception described in Regulations section 53 4958-4(a)(3	3) <sup>7</sup> If 'Yes,' describe in Part III	·	8		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presection 53 4958-6(c)?	esumption procedure described in Re	gulations	9		

Page 2

58-1410389

Schedule J (Form 990) 2010 The Red & Black Publishing Company, Inc. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	-		(a) Dec ( W. ) Complete 1000 MIS	MISC composition	700 10000000000000000000000000000000000	Oldonotool (A)	Total of onlympic	(F) Compensation
<b>(A)</b> Name	.1	(i) Base compensation	(ii) Bonus and incentive compensation	(ii) Other reportable compensation	other deferred compensation	benefits	(B)(I)·(D)	reported in prior Form 990 or Form 990-EZ
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### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number 58-1410389 The Red & Black Publishing Company, Inc Pt VI-B, Line 11a Prepared by Independent accountant, reviewed at board meeting Pt VI-C, Line 19 Documents are available at the corporate office upon request

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172 2010

Identifying number

The Red & Black Publishing Company, Inc 58-1410389 Business or activity to which this form relates Form 990 / Form 990EZ Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I Part I 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 ▶ 13 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property ) (See instructions) 44.272. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2010 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (f) Method (b) Month and (c) Basis for depreciation (d) (e) (g) Depreciation (a) year placed (business/investment use Recovery period deduction Classification of property only - see instructions) 19 a 3-year property **b** 5-year property 200 DB 1,160 7.0 yrs HY 8,117 c 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs g 25-year property 27.5 yrs MM S/L h Residential rental property S/L 27.5 yrs MM 39 yrs MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System S/L 20 a Class life 12 yrs S/L b 12-year MM S/L 40 yrs c 40-year Part IV Summary (See instructions )

the appropriate lines of your return. Partnerships and S corporations. - see instructions For assets shown above and placed in service during the current year, enter

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

21 Listed property Enter amount from line 28

23

45,432.

21

22

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

(a) (b) Date prices (b) Date prices (b) Date prices (b) Decented (b) D		Do vou have evideor	e to support the bu	siness/investment				Yes	_	$\overline{}$		es,' is the			mobiles )	Yes	□ No
25 Property used more than 50% in a qualified business use (see methicitons)  26 Property used more than 50% in a qualified business use  27 Property used 50% or less in a qualified business use  28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 Enter here and on line 7, page 1  29 Add amounts in column (h), line 26 Enter here and on line 7, page 1  29 Add amounts in column (h), line 26 Enter here and on line 7, page 1  29 Add amounts in column (h), line 26 Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 Enter here and on line 21, page 1  29 Add amounts in column (h), lines 26 through 29 as sole proprietor, partner, or other 'more than 5% owner or related person if you provided vehicles oy our end than 5% owner or related person (and in a lines 20 Enter here and on line 21, page 1  29 Add amounts in column (h), lines 26 through 29 as sole proprietor, partner, or other 'more than 5% owner or related person (and in a lines 20 Enter here and on line 21, page 1  29 Add amounts in column (h), lines 26 through 29 as sole proprietor and in a line 21, page 1  29 Add amounts in column (h), lines 26 through 29 as sole proprietor and in a line 21, page 1  29 Add amounts in column (h), lines 26 through 29 as sole proprietor and in a line 21, page 29  20 Add amounts in co	Ту	(a) be of property (list	(b) Date placed	(c) Business/ investment use	(d) Cost	or	(busine:	(e) ir deprecia ss/investm	tion	Rec	(f) overy	( Mei	g) hod/	Depr	eciation	Elected section 179	
27 Property used more than 50% in a qualified business use:  28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  29 Section B – Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person if you provided vehicles by our employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year 40d intensity of the personal for the year (do not include commuting miles)  31 Total commung miles driven during the year Add intensity of the year (do not include commuting)  32 Total other personal for noncommuting)  33 Total miles driven during the year Add intensity of the year (do not include commuting)  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle available for personal use during off-duty hours?  36 Is another vehicle available for personal use of vehicles of the year (do not include person)?  37 Is another vehicle available for personal use of vehicles used by employees who are not more than 5% owner or related person?  38 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners are not more than 5% owners or related persons?  39 Do you use the instructions for vehicles used by corporate officers, directors, or 1% or more owners about the use of the vehicles, and relative the instructions for vehicles used by corporate officers, directors, or 1% or more owners about the use of the vehicles, and relative the instructions for vehicles used by corporate officers, directors, or 1% or more owners about the use of the vehicles, and relative the instructions for vehicles used by corporate officers, directors, or 1% or more owners about the use of the vehicles, and relative the inform	25							ervice d	urıng	the t	ax yea	r and	25				
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Total other personal (noncommuting) miles driven  Total other personal (noncommuting) miles driven  Total other personal (noncommuting) miles driven  Total other personal (noncommuting) miles driven  Total other personal (noncommuting) miles driven  Total other personal (noncommuting) miles driven  Total other personal (noncommuting) miles driven  Total other personal (noncommuting) miles driven  Total other personal (noncommuting) miles driven  Total other personal (noncommuting) miles driven  Total other personal (noncommuting) miles driven  Total other personal (noncommuting) miles driven  Total other personal (noncommuting) miles driven  Total other personal (noncommuting) miles driven  Total other personal (noncommuting)  Total other personal (noncommuting)  Total other personal (noncommuting)  Total other personal (noncommuting)  Tyes No Yes	our employees, first answer the questions in S  Total business/investment miles driven during the year (do not include		(a)		(Ł	D)		(c)		(d	)	(	e)	(	-		
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Yes   No   Yes   No	32		sonal (noncomn	nuting)							!						
34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  42 Part VI Amortization  (a)  (b)  Description of costs  (b)  Date amortization  Amortizable amount  Amortizable section  Amortizable section  Part VI Amortization  for this year	33			ear Add													1
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40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  Part VI Amortization  (a)  (b)  (c)  (d)  (e)  Amortization  period or period or period or period or period for this year	38																
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Part VI Amortization  (a)  Description of costs  (b)  Date amortization begins  (c)  Amortizable amount  Code section  Amortization period or percentage  Amortization for this year	41															*E	71.
(a) (b) (c) (d) (e) (f)  Description of costs Date amortization begins Amortizable amount Section Period or percentage (f)	Par			, 39, 40, 01 41	15 165, 0	-	Jinpiele	Section	<i>B</i> 10	n the		u verne			<u> </u>	·	35, 4, 11
begins amount section period or for this year percentage	<u>-</u>				1 (	(b)		(c)		$\top$	(0	d)		(e)		(f)	
42 Amortization of costs that begins during your 2010 tax year (see instructions):		Des	cription of costs						le				pe	riod or			
		A	costs that beg	ıns durına vour	2010 tax	year (s	ee instri	uctions)							1		
	42	Amortization of	occio mar bog														

# **Supporting Statement of:**

Form 990 p 9/Line 3 Column B

Description	Amount
Interest & Dividends	72,496.
Unrealized Gains & Losses on Marketable Securities	430,029.
Total	502,525.