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 private foundations)

Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2021 Open to Public Inspection

Α	For the	e 2021 c	alendar year, or tax year beginning 06/01/21 , and ending 12/31/21					
В	Check if a	pplicable:	C Name of organization	1	D Employer	identification number		
	Address o	change	RED & BLACK PUBLISHING COMPANY, INC					
П	Name cha	ange	Doing business as			58-1410389		
H '			Number and street (or P.O. box if mail is not delivered to street address)  Room/suite  BAXTER STREET	Room/suite E Telephone number 706-433-3009				
ш	Initial retur Final retur		City or town, state or province, country, and ZIP or foreign postal code		700 100 0005			
	terminated					205 212		
	Amended	return	ATHENS GA 30 60 5  F Name and address of principal officer:	G Gross receipts\$ 385,213				
	Application	n pendina		H(a) Is this a group return for subordinates? Yes X No				
_		540 BAXTER STREET		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions				
			ATHENS GA 30605					
_	Tax.even	npt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527					
	Website:		TRANSPITACE COM		ntion number			
		organization:			ption numbe	M State of legal domicile: GA		
	art I		Immary	un	,00	M State of legal domicie. C22		
	1 6	Briefly describe the organization's mission or most significant activities:     SEE SCHEDULE O						
8								
Governance								
Š	2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.							
	2 1				3	13		
Activities &	3 1	Number	of voting members of the governing body (Part VI, line 1a)		4	13		
	4 P	Number o	of independent voting members of the governing body (Part VI, line 1b)		. 5	84		
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)				C	0		
	6 Total number of volunteers (estimate if necessary)				. —	0		
	7a Total unrelated business revenue from Part VIII, column (C), line 12					0		
_	b Net unrelated business taxable income from Form 990-T, Part I, line 11			ior Year		Current Year		
	8 Contributions and grants (Part VIII, line 1h)				,937	32,384		
Revenue	9 F	Program	service revenue (Part VIII, line 2g)		,825	199,219		
	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			,236	115,904		
	11 (	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,506	37,706		
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)				,504	385,213		
Expenses			nd similar amounts paid (Part IX, column (A), lines 1–3)		,500	8,500		
	1		paid to or for members (Part IX, column (A), line 4)			0		
			other compensation, employee benefits (Part IX, column (A), lines 5–10)	411	,890	282,730		
			nal fundraising fees (Part IX, column (A), line 11e)			0		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0							
			penses (Part IX, column (A), lines 11a-11d, 11f-24e)	330	,602	260,014		
	1		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,992	551,244		
	19 F			-226	,488	-166,031		
Net Assets or Fund Balances			Beginning			End of Year		
sets	20 1	Total asse	ets (Part X, line 16) 4,		,249	4,584,563		
A P	21 7	1 Total liabilities (Part X, line 26)			,255	109,721		
				498	,994	4,474,842		
	art II		nature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						wledge and belief, it is		
	ue, corre	ct, and co	omplete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	weage.				
Circulum of officer								
Sign		S	Signature of officer Date					
He	re		CHARLOTTE VARNUM EXECUTIVE DIRECTOR					
		,	Type or print name and title		-	D. DTN		
Paid Preparer		Print/Type	e preparer's name Da	ate	Check	if PTIN		
			self-employed					
	e Only	Firm's na	name ► Firm's EIN ►					
USE	Oilly							
Man	the ID	Firm's ad	e this return with the preparer shown above? See instructions	Ph	one no.	Voe No		