

Form	990
Form	330

Department of the Treasury Internal Revenue Service

### EXTENDED TO NOVEMBER 15, 2021 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.



AF	or the	e 2020 calendar year, or tax year beginning and e	ending						
B c a	heck if pplicabl	c Name of organization		D Employer identifie	cation number				
	Addre	THE R. H. BOYD COMPANY							
	Name chang		62-17842	44					
	Initial		E Telephone number						
	Final return	6717 CENTENNIAL BLVD		615-350-	8000				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,727,898.				
	Amen return	NASHVILLE, IN 57209		H(a) Is this a group re					
	Applic tion pendi	F Name and address of principal officer: DADONNA BOID		for subordinates	? Yes 🗶 No				
		SAME AS C ABUVE		<b>H(b)</b> Are all subordinates in					
		empt status: $X = 501(c)(3) = 501(c) ( ) \leq (insert no.) = 4947(a)(1) c$	or 527	1 '	list. See instructions				
		te: WWW.RHBOYD.COM		H(c) Group exemption					
	orm of Irt I	organization: X Corporation  Trust Association Other ► Summary	L Year	of formation: 1999 N	State of legal domicile: <b>TN</b>				
FC		Briefly describe the organization's mission or most significant activities: THE F	ם ע כ	OVD COMPANY	C MICCION				
e	1	IS TO PROVIDE BIBLICALLY SOUND LITERATURE							
Governance	2	Check this box							
/err	3				5				
ĝ		Number of independent voting members of the governing body (Part VI, line 1a)		2					
80 00		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			21				
itie		Total number of volunteers (estimate if necessary)		0					
Activities &				7a	0.				
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
đ	8	Contributions and grants (Part VIII, line 1h)		10,127.	10,507.				
nué	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	121,310.	111,658.					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,716,242.	3,268,701.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,847,679.	3,390,866.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		628,728.	344,599.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,335,774.	489,333.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	······ –	0.	0.				
ğ		Total fundraising expenses (Part IX, column (D), line 25)	0.	2,103,841.	1,993,723.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,068,343.	2,827,655.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-220,664	563,211.				
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		21,262,659.	End of Year 15,345,954.				
Asse Bala	20 21	Total liabilities (Part X, line 16)	······	450,785.	489,752.				
Vet /	21	Net assets or fund balances. Subtract line 21 from line 20	·····	20,811,874.	14,856,202.				
				20,011,0,40	11,000,2020				

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date								
Here	LADONNA BOYD, PRESIDENT									
	Type or print name and title									
	Print/Type preparer's name 2021.06.21 09:52:47	Check PTIN								
Paid	Print/Type preparer's name RYAN BLANKENSHIP RYAN BLANKENSHIP	self-employed P01336455								
Preparer		Firm's EIN 🕨 56-0574444								
Use Only	Firm's address 222 SECOND AVE, SOUTH STE 1240									
		Phone no. 615 - 383 - 6592								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
032001 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2020)								
S	EE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CO	NTINUATION								

Form	990 (2020) THE R. H. BOYD COMPANY 62-1784	244	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	. X
1	Briefly describe the organization's mission:		
	THE R.H. BOYD COMPANY ("COMPANY") WAS FORMED IN 1999 AND BEGAN	( ~ ) ( (	
	OPERATIONS IN 2000 AND IS EXEMPT FROM TAXATION UNDER SECTION 501	(C)(z)	3)
	OF THE CODE. THE COMPANY IS AFFILIATED WITH TWO OTHER 501(C)(3)	אד מס	<del>,</del>
	ENTITIES: THE NATIONAL BAPTIST PUBLISHING BOARD, WHICH WAS FOUND	ED II	N
2	Did the organization undertake any significant program services during the year which were not listed on the	Vee	XNo
	prior Form 990 or 990-EZ?	res	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vac	XNo
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	nenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe		d
	revenue, if any, for each program service reported.	1000, un	u
4a		998,6	525.)
	THE COMPANY PUBLISHES LITERATURE RELEVANT TO BAPTISTS AND OTHER		,
	CHRISTIANS OF ALL DENOMINATIONS. THE CHRISTIAN LITERATURE CREAT	ED IS	3
	WRITTEN, DEVELOPED, AND INTERPRETED BY AFRICAN-AMERICANS TO REFL	ЕСТ	
	THEIR OWN EXPERIENCES AND EXPERIENCES OF THEIR PEOPLE. THE COMP.	ANY	
	SERVES OVER 39,000 AFRICAN AMERICAN CHURCH CONGREGATIONS THROUGH		
	DISTRIBUTION OF AUTHORED LITERATURE AND SUPPLEMENTAL PUBLICATION	s.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
			/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 1,820,062.	- Q	90 (2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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 "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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		X
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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	14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		x							
	Schedule J									
24a	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 through 24d and complete			x						
	Schedule K. If "No," go to line 25a									
b	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								
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X						
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		X						
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%									
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled									
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV									
	instructions, for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If									
	"Yes," complete Schedule L, Part IV	28a		X X						
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	<u> </u>						
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If									
	"Yes," complete Schedule L, Part IV	28c		X						
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X						
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 X						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31								
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	00								
~ ~	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, Part II, III, or IV, and	0.4	Х							
25 -	Part V, line 1	34	X	<u> </u>						
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>	- 23	<u> </u>						
D		35b	Х							
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	330	- 23	<u> </u>						
50		36		x						
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
07		37		x						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>						
	Notes All Forms 000 filese are used to complete Ochockila O	38	х							
Par										
	Check if Schedule O contains a response or note to any line in this Part V			$\square$						
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 53									
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0									
	Did the exercise comply with backup with backup with backing where for report the promote to vendors and report table coming	1								

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

	990 (2020) THE R. H. BOYD COMPANY		62-1784	244	P	age <b>5</b>					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
					Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0.1								
	filed for the calendar year ending with or within the year covered by this return	2a	21	2b	Х						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (			3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at			4a		х					
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	b If "Yes," enter the name of the foreign country ►										
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 50							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u> </u>							
ou	any contributions that were not tay deductible on charitable contributions?			6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution										
~	were not tax deductible?		gitto	6b							
7	Organizations that may receive deductible contributions under section 170(c).										
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	/ices pi	ovided to the pavor?	7a		Х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s requ	ired								
	to file Form 8282?			7c		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 benefit co	ntract	?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?		7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 889	9 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file	e a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•								
	sponsoring organization have excess business holdings at any time during the year?			8							
9	Sponsoring organizations maintaining donor advised funds.										
а				9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter:										
	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	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	116									
122	amounts due or received from them.) [Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.0									
	Is the organization licensed to issue qualified health plans in more than one state?			13a	_						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			100							
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	13b									
с											
14a				14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner										
	excess parachute payment(s) during the year?			15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ie?	16		X					
	If "Yes," complete Form 4720, Schedule O.										

Form **990** (2020)

Form 990	(2020)
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#### THE R. H. BOYD COMPANY

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		х
Sec	tion 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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		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," 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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright TN$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DIRECTOR OF FINANCE - (615) 350-8000			
	6717 CENTENNIAL BLVD, NASHVILLE, TN 37209			

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.
See instructions for the order in which to list the persons above.
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per		not c		more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	box, unless person officer and a direc					from	from related	other
	(list any hours for	irector						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or d	stee			nsated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	al trust	inal tru		loyee	com pe				and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LADONNA BOYD	1.00	_	-		-	1				
PRESIDENT/CEO	40.00			Х				4,500.	313,080.	0.
(2) DR. T.B. BOYD III	1.00									
CHAIRMAN EMERITUS		Х		Х				4,000.	255,756.	0.
(3) DR. DAVID GROVES	40.00									
DIRECTOR		Х						163,839.	0.	0.
(4) MRS. YVETTE BOYD	1.00									
DIRECTOR	1 0 0	Х						88,500.	0.	0.
(5) DR. MATTHEW ALIX	1.00							4 500	1 0 0 0	
DIRECTOR (6) DR. T. L. BROWN	1.00	Х	<u> </u>					4,500.	1,000.	0.
(6) DR. T. L. BROWN DIRECTOR	1.00	x						4,000.	0.	0.
(7) BOBBY L. KOVETT	1.00	<u> </u>	-			-		4,000.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(8) DR. A. CHARLES BOWIE	1.00	- 23								
DIRECTOR	1.00	x						0.	0.	0.
		-								
			<u> </u>		<u> </u>	-	-			
		-								
			-				-			
	I	1		I		I	1	1		Earm <b>990</b> (2020)

• 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.

**Employees, and Independent Contractors** 

Check if Schedule O contains a response or note to any line in this Part VII

• 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 report-

able 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

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.

THE R. H. BOYD COMPANY Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Page 7

	990 (2020) THE R. H.	BOYD C	!OM	IPA	NY	-				62-17	7842	244	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		· /				
	(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than box, unless person is both officer and a director/trus					n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	am	(F) imate ount other	
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	comp fro orga and		e ion ed
	Subtotal Total from continuation sheets to Part VI								269,339. 0.	569,83	36. 0.			0.
	Total (add lines 1b and 1c)								269,339.	569,83				0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	;			1
3	Did the organization list any <b>former</b> officer,	director trust			mnl		e or	hio	thest compensated emp		ſ		Yes	No
	line 1a? If "Yes," complete Schedule J for s	uch individual							· · · · ·			3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-								-		4	X	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	•				-			•			5		Х
	tion B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·	100.000 - (				
1	Complete this table for your five highest con the organization. Report compensation for t	•	•						n the organization's tax y	•	ensat			
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	C	(C ompen		n
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nited	d to	thos (	-	ted	above) who received mo	ore than				

	1 990 (			воч	D COMPANY	Z		62-1784	244 Page 9
Pa	rt VII								
		Check if Schedule O o	contains a r	esponse	or note to any lin	e in this Part VIII (A)	(B)	(C)	[]
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
s s	1 a	Federated campaigns		1a					
ant unt	b			1b					
ي ۾	c	Fundraising events		1c					
ifts ar A	d	Related organizations		1d					
a, s Bila	е	Government grants (contr		1e					
ŝ	f	All other contributions, gifts,							
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included	above	1f	10,507.				
d II	g	Noncash contributions included in	lines 1a-1f	1g \$					
ပိရ	h	Total. Add lines 1a-1f			1	10,507.			
					Business Code				
e	2 a								
le vi	b								
gram Ser Revenue	С								
grar Bev	d								
Program Service Revenue	e	All other program convice	****						
-		All other program service <b>Total.</b> Add lines 2a-2f			-				
	3	Investment income (includ							
	U	other similar amounts)				110,918.			110,918.
	4	Income from investment of				,			,
	5	Royalties	-						
		,		Real	(ii) Personal				
	6 a	Gross rents	<b>6a</b> 2	70,076.					
	b	Less: rental expenses	6b	0.					
	с	Rental income or (loss)	<b>6c</b> 2	70,076.					
	d	Net rental income or (loss)				270,076.			270,076.
	7 a	Gross amount from sales of		curities	(ii) Other				
		assets other than inventory	<b>7a</b> 1,2	06,653.					
	b	Less: cost or other basis	<b>7b</b> 1,2	05 013					
venue		and sales expenses	70 1,2 7c	740.					
		Gain or (loss) Net gain or (loss)	•			740.			740.
Other Re		Gross income from fundraisi							
Ę	υu	including \$	• •						
Ũ		contributions reported on							
		Part IV, line 18	-						
	b	Less: direct expenses							
	с	Net income or (loss) from	fundraising	events	►				
	9 a	Gross income from gamin							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from		vities	<b>&gt;</b>				
	10 a	Gross sales of inventory, I		10	5 1 2 9 7 4 4				
	L	and allowances							
		Less: cost of goods sold Net income or (loss) from		····· <u> </u>		2,998,625.	2,998,625.		
	C		Saits UI INV	эпсогу	Business Code	2,555,625.	1,555,625.		
snu	11 a								
scellaneo <u>Revenue</u>	b								
ella evei	c								
Miscellaneous Revenue	d	All other revenue							
≥		Total. Add lines 11a-11d							
		Total revenue. See instruction				3,390,866.	2,998,625.	0.	381,734.

 Form 990 (2020)
 THE R. H. BOYD COMPANY

 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).

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	(D) Fundraising
<u>10,</u>	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	344,599.	344,599.		
2	Grants and other assistance to domestic	541,555.	544,555.		
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	269,339.	154,036.	115,303.	
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	122,397.	73,438.	48,959.	
8	Pension plan accruals and contributions (include	,.,,	,		
5	section 401(k) and 403(b) employer contributions)	17,145.	10,287.	6,858.	
9	Other employee benefits	46,598.	27,959.	18,639.	
10	Payroll taxes	33,854.	20,312.	13,542.	
11	Fees for services (nonemployees):				
	Management				
	Legal	12,282.	5,689.	6,593.	
	Accounting	105,320.	48,781.	56,539.	
	Lobbying	,			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)	855,480.	396,227.	459,253.	
12	Advertising and promotion	100,057.	100,057.		
13	Office expenses	122,301.	10,360.	111,941.	
14	Information technology	216,974.	143,007.	73,967.	
15	Royalties	·			
16	Occupancy	275,968.	275,968.		
17	Travel	·			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,049.	6,049.		
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	98,197.	98,197.		
23	Insurance	71,582.	71,582.		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	FEES, LICENSES AND DUES	43,254.		43,254.	
b	OTHER	36,589.	551.	36,038.	
с	EQUIPMENT RENTAL & MAIN	24,040.	24,040.		
d	HONORARIUMS	14,500.	2,245.	12,255.	
е	All other expenses	11,130.	6,678.	4,452.	
25	Total functional expenses. Add lines 1 through 24e	2,827,655.	1,820,062.	1,007,593.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
					<b>– 000</b> (acc)

THE	R.	н.	BOYD	COMPANY	

1 41	• * *						
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			203,317.		179,130.
	2	Savings and temporary cash investments			9,633,771.	2	9,879,481.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			1,061,065.	4	453,292.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			988,969.	8	956,712.
As	9	<b>—</b> ··· · · · · · ·				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,780,411.			
	b	Less: accumulated depreciation	10b	1,141,125.	3,293,671.	10c	2,639,286.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		6,081,866.	15	1,238,053.	
	16	Total assets. Add lines 1 through 15 (must equa			21,262,659.	16	15,345,954.
	17	Accounts payable and accrued expenses	448,785.	17	489,752.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
6	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Ľ	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay		F			
		parties, and other liabilities not included on lines					
		of Schedule D			2,000.	25	0.
	26				450,785.	26	489,752.
		Organizations that follow FASB ASC 958, che	ck here	► X			
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			20,811,874.	27	14,856,202.
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 9	58, chec	k here 🕨 🗌			
μ		and complete lines 29 through 33.					
° or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
Ast	31	Retained earnings, endowment, accumulated inc		Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			20,811,874.	32	14,856,202.
_	33	Total liabilities and net assets/fund balances			21,262,659.	33	15,345,954.
							Farm 990 (0000)

Form **990** (2020)

## Form 990 (2020) Part X Balance Sheet

Form	990	(2020
	330	12020

	1990 (2020) THE R. H. BOYD COMPANY	62-	<u>17842</u>	244	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
					_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 390</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2 ,	,827		
3	Revenue less expenses. Subtract line 2 from line 1	3				11.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20	,811		
5	Net unrealized gains (losses) on investments	5		205	5,2	37.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	-6	,748		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		23	8,9	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					_
	column (B))	10	14	,856	5,20	02.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		E			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	:			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2020)

**SCHEDULE A** 

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization	
--------------------------	--

Nam	Name of the organization Employer identification number								
			R. H. BOYD						2-1784244
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.	
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	1 990 or 99	90-EZ).)			
3		A hospital or a cooperative					ii).		
4		A medical research organization						)(iii). Enter	the hospital's name,
		city, and state:	·						
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C				, ,			
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	-					ne deneral i	oublic described in
		section 170(b)(1)(A)(vi). (C	•		5			5	
8		A community trust describe		(1)(A)(vi), (Complete Parl	· IL)				
9		An agricultural research org			-	ed in coniu	unction with a	land-grant	college
-		or university or a non-land-g				-		-	-
		university:					, and clate er		
10	X	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from
		activities related to its exem							
		income and unrelated busir							
		See section 509(a)(2). (Cor				eee acqui		junizunen e	
11		An organization organized a		ively to test for public sat	etv See	section 50	0.9(a)(4)		
12		An organization organized a	•		•			rry out the	nurnoses of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga	• •			-		-	aivina
u	L	the supported organization		-	• • • •	-			
		organization. You must c			majonty c				apporting
b		<b>Type II.</b> A supporting org			ion with it	e euronarte	organizatio	n(e) by bay	vina
D D		control or management o	-				-		-
		organization(s). You mus			ane perso	113 11121 00		ge the supp	Jonted
•		¬ • · ·	-		in connoc	tion with	and functional	lly intograte	od with
С		Type III functionally inte						ily integrate	eu witti,
ام		its supported organization			-		-	tad areani-	-otion(a)
d		Type III non-functionally						-	
		that is not functionally int			•		-	anallenin	Veness
_		requirement (see instructi		-				U. T	
е		Check this box if the orga					турет, туре	п, туре п	
	E.e.t.	functionally integrated, or							
		er the number of supported o	•						
<u> </u>		vide the following informatior (i) Name of supported	(ii) EIN	(iii) Type of organization		anization listed	(v) Amount o	f monetarv	(vi) Amount of other
		organization	()	(described on lines 1-10	in your govern Yes	ing document?	support (see in		support (see instructions)
				above (see instructions))	103				

#### Schedule A (Form 990 or 990-EZ) 2020 THE R. H. BOYD COMPANY Part II Support Schedule for Organizations Described in Sect

62-1784244 Page 2

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	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•	•	•	1	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	<b>First 5 years.</b> If the Form 990 is for th	· ·	,				
	organization, check this box and stop	U		,	,	()()	
Sec	ction C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2020. If the c					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c	organization did no	ot check a box on				
	and stop here. The organization quali	ifies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances test						or more,
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	-				17a. and line 15 is	10% or
~	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	<b>Private foundation.</b> If the organization		•				s b
				, , <b>.</b> , <b>.</b>	,		

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 THE R. H. BOYD COMPANY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sei	cuon A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,034.	6,548.	16,016.	10,127.	10,507.	47,232.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6733148.	6743598.	5909823.	6912925.	5129744.	31429238.
3	Gross receipts from activities that						
-	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	6737182.	6750146.	5925839.	6923052.	5140251.	31476470.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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	104,801.					104,801.
c	Add lines 7a and 7b	104,801.					104,801.
	Public support. (Subtract line 7c from line 6.)						31371669.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	6737182.	6750146.	5925839.	6923052.	5140251.	31476470.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	397,675.	377,367.	452,682.	471,064.	380,994.	2079782.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			150 600			
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	397,675.	377,367.	452,682.	471,064.	380,994.	2079782.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	7134857.	7127513.	6378521.	7394116.	5521245.	33556252.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3) organizatio	on,
_				·····			
	ction C. Computation of Publi		¥			<u>г г</u>	
	Public support percentage for 2020 (I	, (),	<b>,</b>	olumn (f))		15	93.49 %
	Public support percentage from 2019	1	1			16	93.81 %
	ction D. Computation of Inves						<u> </u>
	Investment income percentage for 20			ne 13, column (f))		17	<u>6.20 %</u>
	Investment income percentage from					18	5.89 %
19a	a 33 1/3% support tests - 2020. If the						
t	more than 33 1/3%, check this box ar <b>33 1/3% support tests - 2019.</b> If the	-	•				nd ►X
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶∐
20	Private foundation. If the organization	n did not check a l	hox on line 14 19a	or 19b check th	is box and see ins	tructions	

Schedule A (Form 990 or 990-EZ) 2020

1

2

3a

26

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	3b		
	3c		
	4a		
	4b		
	4c		
	τc		
	<b>F</b> -		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
9	90 or 99	0-F7	2020
-			

2

Part IV Supporting Organizations (continued)			
		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
ection B. Type I Supporting Organizations			
		Yes	No
Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ers, ted		
2 Did the organization operate for the benefit of any supported organization other than the supported			
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			

supervised.	or controlled the sup	porting organization.
Section C. Ty	pe II Supporting	Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D.	All Type II	I Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization (	used to satisfy th	he Integral Part Test o	uring the year	<ul> <li>(see instructions).</li> </ul>
---	----------------------------------	---------------------------	--------------------	-------------------------	----------------	---

- a \_\_\_\_ The organization satisfied the Activities Test. *Complete* line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a	governmental entity.	Describe in Part VI how vo	ou supported a governmental er	ntitv (see instructions).
---	--	------------------------------	----------------------	----------------------------	--------------------------------	---------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

2a

2b

3a

3b

Yes No

Schedule A	(Form 990 or 990-EZ) 2020	THE	R.	н.	BOYD	COMPANY	
Part V	Type III Non-Function	onally	Integ	grate	d 509(a)	(3) Supporting	organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sl	hort-term capital gain	1		
2 Recov	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add li	ines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portic	on of operating expenses paid or incurred for production or			
collec	ction of gross income or for management, conservation, or			
maint	enance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
8 Adjus	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B -	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	ctions for short tax year or assets held for part of year):			
a Avera	age monthly value of securities	1a		
b Avera	age monthly cash balances	1b		
<b>c</b> Fair m	narket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	ount claimed for blockage or other factors			
(expla	ain in detail in Part VI):			
2 Acqui	isition indebtedness applicable to non-exempt-use assets	2		
3 Subtr	act line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see in	nstructions).	4		
5 Net va	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	oly line 5 by 0.035.	6		
7 Recov	veries of prior-year distributions	7		
8 Minin	num Asset Amount (add line 7 to line 6)	8		
Section C -	- Distributable Amount			Current Year
1 Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
	0.85 of line 1.	2		
3 Minim	num asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
5 Incom	ne tax imposed in prior year	5		
	ibutable Amount. Subtract line 5 from line 4, unless subject to			
emer	gency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Par	t v   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	b From 2016				
C	c From 2017				
d	d From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
C	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI	
Fartvi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D (Form 990)		Complete if the org	al Financial Statements anization answered "Yes" on Form 990,		OMB No. 1545-0047
	ment of the Treasury I Revenue Service	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990. 90 for instructions and the latest informa		Open to Public Inspection
	e of the organizati				nployer identification number
	0	THE R. H. BOYD COM			62-1784244
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accou	Ints. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	<b>(b)</b> Fu	unds and other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advise		
~	•	on's property, subject to the organization's	•		Yes No
6			dvisors in writing that grant funds can be u r donor advisor, or for any other purpose o		
	impermissible priv			0	
Pa			ganization answered "Yes" on Form 990, P		
1		servation easements held by the organization			
•		of land for public use (for example, recrea		a historicall	ly important land area
		f natural habitat			nistoric structure
		n of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conserv	ation easement on the last
	day of the tax year				Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b					
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conser	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	e	
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organizatio	n during the tax
	year 🕨				
4		where property subject to conservation eas	·		
5		tion have a written policy regarding the per			
6		orcement of the conservation easements it	holds? holds? handling of violations, and enforcing conse		
6		a nours devoted to monitoring, inspecting,	nandling of violations, and emorcing conse	ervation eas	sements during the year
7	Amount of expens		lling of violations, and enforcing conservation	on esseme	nts during the year
'	► \$	is incurred in morntoning, inspecting, name		on caseine	into during the year
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	)(4)(B)(i)	
-	and section 170(h)		,		Yes No
9			on easements in its revenue and expense s		
		-	note to the organization's financial statemer		
	organization's acc	ounting for conservation easements.	-		
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Oth	er Simila	ar Assets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance :	sheet works
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in fur	therance of	f public
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items	i.	
b	-		8, to report in its revenue statement and ba		
		•	exhibition, education, or research in furthe	erance of p	ublic service,
		ing amounts relating to these items:			•
					\$
~	.,				.\$
2	-		asures, or other similar assets for financial g	gain, provid	de
_	•	unts required to be reported under FASB A	C C	•	۴
a					¢
a	Assets included in	1 FUIII 990, Part A		····· 🕨	Φ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20 Schedule D (Form 990) 2020

Sche		H. BOYD CO							Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, o	or Other	Simila	r Assets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following tha	t make sig	gnificant u	use of its	•	,
	collection items (check all that apply):								
а	Public exhibition	c	Loan o	r exchange progr	am				
b	Scholarly research	e	• Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how thev furth	er the organizati	on's exem	oarua ta	se in Part	XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma							Yes	No
Par							. Part IV.		
	reported an amount on Form 990, Pa		0					,	
<b>1</b> a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribu	itions or other as	sets not ir	ncluded			
	on Form 990, Part X?		-					Yes	No No
b	If "Yes," explain the arrangement in Part XIII								
		·	Ū					Amount	
с	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on Fe					tv?		Yes	No
	If "Yes," explain the arrangement in Part XIII.							_	
Par						0.			
		(a) Current year	(b) Prior yea				/ears back	(e) Four y	/ears back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr		e (line 1a. colun	nn (a)) held as:	I				
a	Board designated or quasi-endowment	•	%						
b	Permanent endowment								
		<u> </u>							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	•	ation that are he	ld and administe	red for the	e organiza	ation		
	by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI 🛛 Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 1	1a. See Form 990	), Part X, I	ine 10.			
	Description of property	(a) Cost or c		Cost or other		cumulate	ed	(d) Book	value
		basis (investr		asis (other)	dep	reciation		( )	
1a	Land		1,	475,360.				1,475	,360.
	Buildings			146,291.	1,0	36,3			,960.
	Leasehold improvements			-					
	Equipment			88,306.		42,5	60.	45	,746.
	Other			70,454.		62,23			,220.
	. Add lines 1a through 1e. (Column (d) must e		X. column (B) I		•			2,639	
-	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	,					

Schedule D (Form 990) 2020

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

#### Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)	CASH SURRENDER VALUE LIFE INS	427,510.
(2)	100% OF STOCK IN RH BOYD PUBLISHING CORP	797,681.
(3)	DUE TO/FROM CONGRESS	12,862.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,238,053.
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value
<b>1.</b> (1)		
	(a) Description of liability	
(1)	(a) Description of liability	
(1) (2)	(a) Description of liability	
(1) (2) (3)	(a) Description of liability	
(1) (2) (3) (4)	(a) Description of liability	
(1) (2) (3) (4) (5)	(a) Description of liability	
(1) (2) (3) (4) (5) (6)	(a) Description of liability	
(1) (2) (3) (4) (5) (6) (7)	(a) Description of liability	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Sche	dule D (Form 990) 2020 THE R. H. BOYD COMPANY			1/84244 Page <b>4</b>	
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,751,122.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	205,237.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		2,155,019.		
е	Add lines 2a through 2d			2e	2,360,256.
3	Subtract line 2e from line 1			3	3,390,866.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
c	Add lines 4a and 4b				
с 5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)			5	3,390,866.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,390,866. n.
с 5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)			5	า.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nts Wi	th Expenses per F	5	3,390,866. n. 4,958,774.
с 5 Ра	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12.</i> ) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts Wi	th Expenses per F	5 Returi	า.
c 5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements	nts Wi	th Expenses per F	5 Returi	า.
c 5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts Wit	th Expenses per F	5 Returi	า.
c 5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nts Wit	th Expenses per F	5 Returi	า.
c 5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	th Expenses per F	5 Returi	n. <u>4,958,774</u> .
c 5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F	5 Returi	n. <u>4,958,774.</u> 2,131,119.
c 5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F	5 Return	n. <u>4,958,774</u> .
c 5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per F	5 Return 1 2e	n. <u>4,958,774.</u> 2,131,119.
c 5 Pai 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	th Expenses per F	5 Return 1 2e	n. <u>4,958,774.</u> 2,131,119.
c 5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	th Expenses per F	5 Return 1 2e	n. <u>4,958,774.</u> 2,131,119.
c 5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	th Expenses per F	5 Return 1 2e	n. <u>4,958,774.</u> <u>2,131,119.</u> 2,827,655. 0.
c 5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Reconciliation of Expenses per Audited Financial Statemen</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	th Expenses per F	5 Return 1 2e 3	n. <u>4,958,774.</u> 2,131,119.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION HAS QUALIFIED AS A TAX-EXEMPT ENTITY UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, IS NOT SUBJECT TO

FEDERAL INCOME TAX. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN

MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION FOLLOWS FASB ASC GUIDANCE CONCERNING THE ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL

STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT

A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS

RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS

MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE

Schedule D (Form 990) 2020 THE R. H. BOYD COMPANY Part XIII Supplemental Information (continued)	62-1784244 Page 5
TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEAD	
LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE F	POSITION. THE
TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOU	INT OF BENEFIT
THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIM	іате
SETTLEMENT. THERE ARE NO TAX PENALTIES OR INTEREST REPORTED	IN THE
ACCOMPANYING FINANCIAL STATEMENTS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	2,131,119.
INCREASE IN LIFE INSURANCE CSV	23,900.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,155,019.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	2,131,119.

SCHEDULE I (Form 990)		Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if</sup> the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	er Assistand d Individuals answered "Yes"	te to Organi s in the Unit on Form 990, Part	zations, ed States IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form 990. gov/Form990 for the Is	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	ation.		Open to Public Inspection
Name of the organization	THE R. H.	BOYD COMPANY	ANY					Employer identification number 62-1784244
Part I General In		d Assistance					-	
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants o	or assistance, the g	rantees' eligibility f	or the grants or assis	tance, and the selectic	
criteria used to a	criteria used to award the grants or assistance?	ance?						X Yes No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monite	oring the use of grant f	unds in the United	States.			
Part II Grants an	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	omestic Organiz	ations and Domestic	Governments. C	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and ac or gov	Tecipient that received more trian \$5,000. Part it can be duplicated if additional space is needed of a normal space is neede	(b) EIN	of ouplicated in addition (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL BAPTIST SUNDAY SCHOOL / BAPTIST TRAINING UNION CONGRESS 6717 CENTENNIAL BLVD - NASHVILLI TN 37209	NATIONAL BAPTIST SUNDAY SCHOOL AND BAPTIST TRAINING UNION CONGRESS - 6717 CENTENNIAL BLVD - NASHVILLE, TN 37209	58-1413015	501(C)(3)	94,000.	0.			SUNDAY SCHOOL CONVENTION
NATIONAL MUSEUM OF AFRICAN AMERICAN MUSIC - 211 7TH A STE 420 - NASHVILLE, TN 37	OF AFRICAN - 211 7TH AVENUE N, ILLE, TN 37219	62-1867910	501(C)(3)	187,500.	.0			CAPITAL CAMPAIGN
	Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table	d government org	anizations listed in the	line 1 table				2.
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	isted in the line i	table ons for Form 990.					Schedule I (Form 990) 2020

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032101 11-02-20

Schedule I (Form 990) 2020 THE R. H. BOYD	BOYD COMPANY				62-1784244 Page 2
<b>er Assist</b> : uplicated	<b>als.</b> Complete if the 1.	e organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>Part IV</b> Supplemental Information. Provide the information required in Part I, line 2; Part II, column (b); and any other additional information.	equired in Part I, lin	le 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
THE R.H. BOYD COMPANY GRANTS FUNDS	FOR	SPECIFIC PROGRAMS	RAMS OF THE	RECIPIENT	
ORGANIZATIONS.					
032102 11-02-20					Schedule I (Form 990) 2020

SCI	IEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Foi	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU	J
Depar	ment of the Treasury	Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatior		Employer ic			mber
		THE R. H. BOYD COMPANY	62-1	78424	4	
Pa	rt I Question	s Regarding Compensation				. <u> </u>
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary s	pending account Personal services (such as maid, chauffer	ur, chet)			
a	•	on line 1a are checked, did the organization follow a written policy regarding payment or		4		
~		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		•		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicato which if ar	y, of the following the organization used to establish the compensation of the organization's	-			
5		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of				
		tion of the CEO/Executive Director, but explain in Part III.	on to			
	Compensation					
	· ·	ompensation consultant Compensation survey or study				
		her organizations Approval by the board or compensation of	committoo			
			Jonninittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а		e payment or change of control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		10		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท			
	contingent on the re	evenues of:				
а	The organization?			. 5a		X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท			
	contingent on the n	et earnings of:				
а	The organization?			. 6a		X
		ation?				X
		r 6b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	he			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n <b>990</b> )	) 2020

Schedule J (Form 990) 2020 THE R.		H. BOYD COM	COMPANY		62-1784244	244		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.	oldu	yees, and Highest C	ompensated Empl	oyees. Use duplica	tte copies if additional s	space is needed.		
For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.	e rep orm 9	vorted on Schedule J 190, Part VII.	, report compensati	on from the organiz	ation on row (i) and fror	n related organizations	s, described in the instr	uctions, on row (ii).
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	d ind	lividual must equal th	e total amount of F	orm 990, Part VII, Se	ection A, line 1a, applic	able column (D) and (E	:) amounts for that indi	vidual.
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Delletts	(n)-(i)(a)	in countrin (b) reported as deferred on prior Form 990
(1) LADONNA BOYD		4.500.	• 0	• 0	- 0	•0	4.500.	- 0
PRESIDENT/CEO			•0	•0		.0		.0
(2) DR. T.B. BOYD III	Ξ	4,000.	0.	.0		.0	4,000.	•0
CHAIRMAN EMERITUS	: 🗉	255,756.	0.	.0		.0	255,756.	.0
(3) DR. DAVID GROVES	Ξ	163,839.	0.	• 0		.0	163,839.	.0
DIRECTOR	(ii)	0.	0.	• 0	0.	• 0	0.	• 0
	(i)							
	(ii)							
	Ξ							
	: 🗉							
	Ξ							
	(ii)							
	(i)							
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	(ii)							
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	(ii							
	Ξ							
	<u>.</u>							
	Ξ							
	(ii)							
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e J (Form 990) 2020	Supplemental Information
Schedule	Part III

Page 3

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.

								Schedule J (Form 990) 2020

SCHEDULE L						Interested					ON	/IB No. 1	1545-00	47
(Form 990 or 990-EZ)			28b, or 28c, o ► Atta	or For Ich to	m 990 Form	-EZ, Part V, line 38 990 or Form 990-E	Ba or E <b>Z</b> .	<sup>-</sup> 40b.	6, 27,	28a,		<b>2</b> (		<b>O</b> lic
Internal Revenue Service Name of the organization		ào to v	www.irs.gov/Fo	orm99	0 for ii	nstructions and th	e lat	est information.	Em			spect		mhor
Name of the organization	THE R.	н.	BOYD CO	MPA	NY				1	-	identi 842		on nu	mber
Part I Excess Be						ion 501(c)(4), and s	ectic	on 501(c)(29) orgar						
Complete if t	he organizatior	n answ	vered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25	5b, o	r Form 990-EZ, Pa	ırt V, I	ine 40	b.			
1 (a) Name of disqualified	ed person	<b>(b)</b> F	elationship bety person and or			lified	(c) [	Description of tran	sactio	n				cted?
			F	9									es	No
2 Enter the amount of t	tax incurred by	the or	rganization man	agers	or disc	ualified persons du	urina	the vear under						
			-			· · · · ·				► \$ ► \$				
Dent III Leave to			and all Dam											
						Dart V line 29a ar		m 000 Dart IV line		ar if the		ainatia		
•	•					, Fait V, inte Soa Or	FUI	n 990, Fait IV, ind	520, 0		e orgai	IIZalic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Complete if the organization reported an amount on Fo (a) Name of (b) Relati interested person with orga		nship	(c) Purpose of loan	(d) Lo	oan to or n the ization?	(e) Original principal amount	<b>e</b>			(g) In (h) Appr by boar commit			rd or	
					From				Yes	No	Yes	No	Yes	No
							_							
							-							
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					1		-							<u> </u>
Total Part III Grants or	Assistance	Ben	efiting Inter	ester	d Per		\$							
			vered "Yes" on I											
(a) Name of interest			<b>b)</b> Relationship interested pers the organiza	betwe son an	en	(c) Amount of assistance	f	(d) Type assistanc				) Purp assista		f
		_												
		_												
		+												
		_												

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

Schedule L (Form 990 or 990-EZ) 2020

Complete if the organization answered "Yes" on Form 990. Part IV. line 28a. 28b. or 28c.

	Tes on Form 990, Fait IV, line 20a, 20	50, 01 200.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of zation's uues?
				Yes	No
JERRILYN BOYD-HADLEY	SISTER OF PRESIDENT	34,800.	THERAPY SVC		X
EMERALD EVENTS	WIFE OF PRESIDENT	84,000.	EVENT PLANN		X

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: EMERALD EVENTS

#### (D) DESCRIPTION OF TRANSACTION: EVENT PLANNING

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.



62 - 1784244

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE R. H. BOYD COMPANY

AFRICAN-AMERICAN COMMUNITY. THE COMPANY PUBLISHES CHRISTIAN LITERATURE

THAT IS WRITTEN, DEVELOPED, AND INTERPRETED BY AFRICAN-AMERICANS TO

REFLECT THEIR EXPERIENCES.

PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990,

AND THE NATIONAL CONGRESS OF CONTEMPORARY CHRISTIAN TRAINING, 1986,

THE COMPANY PUBLISHES LITERATURE RELEVANT WHICH WAS FOUNDED IN 1906.

TO BAPTISTS AND OTHER CHRISTIANS OF ALL DENOMINATIONS. THE CHRISTIAN

LITERATURE CREATED IS WRITTEN, DEVELOPED, AND INTERPRETED BY

AFRICAN-AMERICANS TO REFLECT THEIR OWN EXPERIENCES AND EXPERIENCES OF

THE COMPANY'S MISSION IS TO PROVIDE BIBLICALLY SOUND THEIR PEOPLE.

LITERATURE THAT IS RELEVANT TO THE AFRICAN-AMERICAN COMMUNITY. IN

ADDITION TO PRINTING AND PUBLISHING, THE COMPANY ALSO OFFERS A COMPLETE

RANGE OF PRODUCTS FROM SUNDAY CHURCH SCHOOL LITERATURE AND VACATION

BIBLE SCHOOL PROGRAMS TO LEADERSHIP DEVELOPMENT AND SMALL GROUP

MINISTRY AIDS, WORKSHOPS AND HYMNALS.

FORM 990, PART VI, SECTION A, LINE 2:

LADONNA BOYD AND DR. T.B. BOYD III HAVE A FAMILY RELATIONSHIP. TWO OTHER EMPLOYEES ARE ALSO HAVE A FAMILY RELATIONSHIP WITH LADONNA BOYD AND DR. T.B. BOYD III.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11A EXPLANATION - FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR

THEIR REVIEW. THE COMPANY ALSO PROVIDES THE 990 TO OUTSIDE COUNSEL FOR

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization THE R. H. BOYD COMPANY	Employer identification number 62-1784244
REVIEW.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS HAVE AN OBLIGATION TO VOLUNTARY DISCLOSE ANY	CONFLICT OF
INTEREST TO THE BOARD. THE BOARD HAS AN OBLIGATION TO INVE	STIGATE ANY
CONFLICT OF INTEREST THAT COMES TO ITS ATTENTION.	
FORM 990, PART VI, SECTION B, LINE 15A:	
AN INDEPENDENT CONSULTANT IS ENGAGED TO CONDUCT AN ANALYSI	S OF THE
APPROPRIATE COMPENSATION FOR THE PRESIDENT/CEO. THIS REPO	RT IS REVIEWED
WITH THE VOTING MEMBERS.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	396,227.
MANAGEMENT AND GENERAL EXPENSES	459,253.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	855,480.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	855,480.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
INCREASE IN LIFE INSURANCE CSV	23,900.

FORM 990, PART XI, LINE 8

THE ORGANIZATION UNDERWENT A BALANCE SHEET AUDIT IN 2020. THE 100%

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization THE R. H. BOYD COMPANY	Employer identification number $62 - 1784244$
SUBSIDIARY WAS RE-VALUED DURING THE AUDIT CREATING A \$6,12	0,880
ADJUSTMENT IN THE INVESTMENT VALUE. THE REMAINING PRIOR P	ERIOD
ADJUSTMENT WAS A RESULT OF THE FIXED ASSET VALUES AND ACCU	MULATED
DEPRECIATION ADJUSTMENTS DURING THE AUDIT.	

SCHEDULE R (Form 990) Comp	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	anizations and Unrelated Partnerships tion answered "Yes" on Form 990, Part IV, line 33, 34, 35b, ► Attach to Form 990. .gov/Form990 for instructions and the latest information.	r <b>tnerships</b> ine 33, 34, 35b, 3 ti information.	6, or 37.	° <b>°</b>	OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization THE R. H. BOYD	-				Employer identification number 62-1784244	cation number 2.4.4
Part I Identification of Disregarded Entities. Comple-	Complete if the organization answered "Yes"	answered "Yes" on Form 990, Part IV, line 33.				
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
Identification of Related Tax-Exempt Organizations.           organizations during the tax year.	ations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	answered "Yes" on Form 990	, Part IV, line 34, t	ecause it had one	or more related tax-exe	mpt
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No
NATIONAL BAPTIST PUBLISHING BOARD - 62-0477615, 6717 CENTENNIAL BLVD, NASHVILLE, TN 37209	RELIGIOUS PUBLISHING	TENNESSEE	501(C)(3)	6	M/A	
NATIONAL BAPTIST SUNDAY SCHOOL AND BAPTIST TRAINING UNION CONGRESS - 58-1413, 6717 CENTENNIAL BLVD, NASHVILLE, TN 37209	CHURCH TRAINING	TENNESSEE	501(C)(3)	6	N/A	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2020

032161 10-28-20 LHA

Schedule R (Form 990) 2020       THE       R.       H.       BOYD       COMPANY         Part III       Identification of Related Organizations Taxable as a Partnership organizations treated as a partnership during the tax year.	R. H. BOYD ganizations Taxable artnership during the t	COMPANY as a Partnersh ax year.		f the organize	Complete if the organization answered "Y	62-1784244 "Yes" on Form 990, Part IV, line 34, because it had one or more related	Part IV, line 3	4, because	62-17	-1784244	Page 2	ge <b>2</b>
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(€ Predomina (related, t excluded fro sections {	(related, unrelated, in sections 512-514)	(f) Share of total 5 income en	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or F managing e partner? 5) Yes No	(k) Percentage ownership	hip
Part IV Identification of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year.	anizations Taxable	as a Corpol	or Trust.	omplete if th	Complete if the organization answered "Yes"	swered "Yes" on F	orm 990, Part	IV, line 34	on Form 990, Part IV, line 34, because it had one or more related	d one or me	ore related	Ď
(a) Name, address, and EIN of related organization	Ze	Prima	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership	Secti 512(b) contro entit	on v? V?
RH BOYD FUBLISHING CORPORATION - 6717 CENTENNIAL BLVD NASHVILLE, TN 37209	- 62-1784447	RELIGIOUS PUBL	DNIHSITADA	N NL	N/A	C CORP	2,830,91	913.	1,711,946.	100%		
032162 10-28-20								-	Sched	Schedule R (Form 990) 2020	n 990) 20	020

COMPANY	
воур	
н.	
ч.	
THE	
2020	
(Form 990)	
Schedule R	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				L
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
	s with one or more rel	ated organizations listed	in Parts II-IV?	X
				4
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d X
				1e X
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				1h X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			11 X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n X
o Sharing of paid employees with related organization(s)				10 X
				1p
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q X
				1r X
Other transfer of cash or property from related organization(s)				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete thi	s line, including covered I	relationships and transaction thresholds.	
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	olved
(1) RH BOYD PUBLISHING CORPORATION	A	161,096.	ACTUAL PAYMENT	
(2) RH BOYD PUBLISHING CORPORATION	Н	1,918,608.	ACTUAL PAYMENT	
(3) RH BOYD PUBLISHING CORPORATION	Ŀ	161,096.	ACTUAL PAYMENT	
(4) RH BOYD PUBLISHING CORPORATION	М	911,554.	ACTUAL PAYMENT	
5				
9				
032163 10-28-20			Schedule	Schedule R (Form 990) 2020

Page 4		(enu	(k) Percentage ownership				Schedule R (Form 990) 2020
44		reve	) I al or Jer?				un line line line line line line line lin
42,		gross	(j) General or F managing partner? Yes No				R (F
62-178424		total assets or <u>(</u>	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				Schedule
		ured by	Dispropor- tionate allocations?				
	37.	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	(g) Share of end-of-year assets				
	1 990, Part IV, line (	than five percent	(f) Share of total income				
	Form	more	(e) Are all partners sec. 501(c)(3) orgs.?				
	"s" on	ucteo	5011 Yes				
	e organization answered "Yes" on Form 990, Part IV, line 37	ne organization cond stment partnerships.	(c) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
COMPANY		iip through which th sion for certain inve	(c) Legal domicile (state or foreign country)				
Н. ВОУD	<b>le as a Partnership.</b> Co	ntity taxed as a partnersh ructions regarding exclus	<b>(b)</b> Primary activity				
Schedule R (Form 990) 2020 THE R.	Part VI Unrelated Organizations Taxable as a Partnership. Complete if the	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity				

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# Schedule R (Form 990) 2020 THE Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.