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990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

2009 Treated as a Private Foundation Department of the Treasury Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2009, or tax year beginning , and ending G Check all that apply Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation Use the IRS A Employer identification number 26-4279465 label. REDDY FOUNDATION Otherwise, Telephone number (see page 10 of the instructions) print Number and street (or P O box number if mail is not delivered to street address) 952-285-5720 Room/suite 1425 ISLAND DRIVE or type. C If exemption application is pending, check here See Specific City or town, state, and ZIP code D 1. Foreign organizations, check here Instructions. MINNEAPOLIS MN 55422 2. Foreign organizations meeting the Check type of organization X Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation If private foundation status was terminated under X Cash section 507(b)(1)(A), check here Fair market value of all assets at end J Accounting method of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination 55,034 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here line 16) ▶ \$ Part I Analysis of Revenue and Expenses (The (a) Revenue and (d) Disbursements (b) Net investment expenses per (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) may not necessarily equal books income income purposes the amounts in column (a) (see page 11 of the instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 121,000 2 Check ▶ ☐ If the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain Income modifications 10a Gross sales less returns & allowances b Less Cost of goods sold C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 121,000 12 Total. Add lines 1 through 11 O n 13 Compensation of officers, directors, trustees, etc Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) C 17 œ 750 18 Taxes (attach schedule) (see page 14 of the instructions) STMT 1 19 Depreciation (attach schedule) and depletion OGDEN. U 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Other expenses (att sch) Total operating and administrative expenses. Add lines 13 through 23 750 ۵

65,216

65,966

55,034

0

0

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Total expenses and disbursements. Add lines 24 and 25

Excess of revenue over expenses and disbursements

Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

Contributions, gifts, grants paid

Subtract line 26 from line 12

Form 990-PF (2009)

0

65,216

65,216

26

27

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
_		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing		55,034	55,034
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			<u>-</u> -
	6	Receivables due from officers, directors, trustees, and other			- · · · - · · - · · - · · - · · - · · - · · - · · - ·
		disqualified persons (attach schedule) (see page 16 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶			
ş	8	Inventories for sale or use			1
Assets	9	Prepaid expenses and deferred charges			.
Ä	10a	Investments—U S and state government obligations (attach schedule)			
ļ	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis		······································	
		Less accumulated depreciation (attach sch.)			
	12	Investments—mortgage loans	,		
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			······································
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the		-	· .
\perp		instructions. Also, see page 1, item l)	0	55,034	55,034
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
뜵	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.</u>	21	Mortgages and other notes payable (attach schedule)			
-	22	Other liabilities (describe ▶)			
\perp	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶ X			
ces		and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted		55,034	
<u>a</u>	25	Temporarily restricted			
<u> </u>	26	Permanently restricted			
Net Assets or Fund Balan		Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31.			
딋	27	Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
se	29	Retained earnings, accumulated income, endowment, or other funds			
BS	30	Total net assets or fund balances (see page 17 of the			
뒿		instructions)	o	55,034	
Ž	31	Total liabilities and net assets/fund balances (see page 17			
┙		of the instructions)	o	55,034	
	Part II				
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mus	st agree with		
		f-year figure reported on prior year's return)		1	
		amount from Part I, line 27a		2	55,034
		increases not included in line 2 (itemize) ▶		3	
		nes 1, 2, and 3		4	55,034
		ases not included in line 2 (itemize)		5	
6	rotal	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	55,034

Part IV Capital Gains and Losses for Tax on Investment Income								
	ee the kind(s) of property sold (e.g., real estate, shouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)			
1a N/A								
b								
<u>c</u>								
_d								
<u>e</u>		<u> </u>			<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale	` '	or (loss) minus (g)			
_ a					_			
_b								
<u>c</u>				4*	-4.			
d e		<u> </u>						
	g gain in column (h) and owned by the f	oundation on 12/31/6	<u>.</u>	(1) 0 (0 -1	(h)			
(i) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any	col (k), but not	(h) gain minus less than -0-) or om col (h))			
a								
b			· · · · · · · · · · · · · · · · · · ·					
С								
d								
_e								
2 Capital gain net income or (net c	apital loss) If gain, also enter in If (loss), enter -0- in	.	;	2				
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6)·						
If gain, also enter in Part I, line 8	, column (c) (see pages 13 and 17 of the	e instructions)						
If (loss), enter -0- in Part I, line 8				3				
	nder Section 4940(e) for Reduc			ome				
(For optional use by domestic private	e foundations subject to the section 4940	D(a) tax on net invest	ment income)					
If section 4940(d)(2) applies, leave the	nis part blank.				N/A			
Was the foundation liable for the sec	tion 4942 tax on the distributable amour	nt of any year in the b	pase period? Y	es No	M/A			
	lify under section 4940(e) Do not comp	• •	,					
1 Enter the appropriate amount in	each column for each year, see page 18	3 of the instructions b	efore making any en	ntries				
(a) Base period years	(b)		(c)	Diet	(d)			
Calendar year (or tax year beginning	in) Adjusted qualifying distribution	ns Net value	of noncharitable-use as		livided by col (c))			
2008								
2007								
2006								
2005								
2004								
2 Total of line 1, column (d)				2				
· · · · · · · · · · · · · · · · · · ·	5-year base period—divide the total on nas been in existence if less than 5 year	•		3				
4 Enter the net value of noncharita	ble-use assets for 2009 from Part X, line	e 5		4				
5 Multiply line 4 by line 3				5	_			
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)			6				
7 Add lines 5 and 6				7				
8 Enter qualifying distributions from			,	8				
If line 8 is equal to or greater that Part VI instructions on page 18	n line 7, check the box in Part VI, line 1t	o, and complete that	part using a 1% tax	rate See the	200 05			

1 0	Statements Regarding Activities (Continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	L	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			Ì	
	August 17, 2008?	L	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	L	13	Х	
	Website address ► N/A				
14	The books are in care of ▶ RON MEYER Telephone no ▶ 95	2-28	5-	572	0
	1425 ISLAND DRIVE				
		422			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			ı	- [_
	and enter the amount of tax-exempt interest received or accrued during the year				
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	Т	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-		Yes	No
1a	During the year did the foundation (either directly or indirectly)				
		No	- 1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		- 1		
		No	- 1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	No	- 1		
		No	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for				
		No	- 1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after				
		No	1		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	No			
		/A	1ь	İ	
	Organizations relying on a current notice regarding disaster assistance check here	íi h	'		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	ᄓ			
		/A	1c	Ī	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	′ -			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and		1		
	6e, Part XIII) for tax year(s) beginning before 2009?	No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		- 1		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		- 1		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		- 1		
	all years listed, answer "No" and attach statement—see page 20 of the instructions)	/A 🗀	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		- 1		
	▶ 20 , 20 , 20 , 20		- 1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		- 1		
		No	1		
þ	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or				
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the				
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			ı	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	,_		ŀ	
_		/A _	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u> </u>	4a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			ŀ	-
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b	PF	X
		Form	441	1-PF:	(2000)

(a) Name and address of each employee paid more than \$50,000

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account other allowances

(e) Expense account other allowances

Total number of other employees paid over \$50,000

Form 990-PF (2009)

Total. Add lines 1 through 3

Form **990-PF** (2009)

65,216

3a

3b

4

3

5

Amounts set aside for specific charitable projects that satisfy the

Enter 1% of Part I, line 27b (see page 26 of the instructions).

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

	art Aill Undistributed incom	e (see page ∠6 of	tne instructions)			
	B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part	XI,	Corpus	Years prior to 2008	2008	2009
•	line 7	1 40000			······································	0
2	Undistributed income, if any, as of the e Enter amount for 2008 only	na of 2009				
	• •	20				
3	Total for prior years 20, 20, 20					
	From 2004	Z009 				
	From 2005					
	From 2006					
	From 2007	 				
	From 2008					
_	Total of lines 3a through e	L				
4	Qualifying distributions for 2009 from Pa	rt XII	·····		···	
•	line 4 ▶ \$ 65,216	ire XII,				
а	Applied to 2008, but not more than line 2	2a				
	Applied to undistributed income of prior					
_	(Election required—see page 26 of the i	•				
С	Treated as distributions out of corpus (E	•		-		
	required—see page 26 of the instruction					
d	Applied to 2009 distributable amount	-,			***************************************	
	Remaining amount distributed out of cor	Dus	65,216			
5	Excess distributions carryover applied to				***************************************	
	(If an amount appears in column (d), the		1			
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtra	ct line 5	65,216			
b	Prior years' undistributed income Subtra	act			*****	
	line 4b from line 2b					
С	Enter the amount of prior years' undistrib	outed				
	income for which a notice of deficiency h	nas				
	been issued, or on which the section 494	42(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount—see page 27 of the instructions	,				
е	Undistributed income for 2008 Subtract	line				
	4a from line 2a Taxable amount—see p	age				
	27 of the instructions					
f	Undistributed income for 2009 Subtract					
	4d and 5 from line 1 This amount must	be				
	distributed in 2010					0
7	Amounts treated as distributions out of c	•				
	to satisfy requirements imposed by secti					
	170(b)(1)(F) or 4942(g)(3) (see page 27	of the				
_	instructions)					
8	Excess distributions carryover from 2004					
	applied on line 5 or line 7 (see page 27 o	of the				
_	instructions)					
9	Excess distributions carryover to 2010).				
	Subtract lines 7 and 8 from line 6a		65,216			
0	Analysis of line 9	_	l	1		
a	Excess from 2005					
b	Excess from 2006			1		
C	Excess from 2007			1		
d	Excess from 2008	<u> </u>	ĺ			
<u>e</u>	Excess from 2009	65,216				

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
	any foundation manager	status of recipient	contribution	Amount
Name and address (home or business)	or substantial contributor			
a Paid during the year S.V. CENTER INC.	NONE			
6250 WAYZATA BLVD	NONE		OPERATING	65,216
GOLDEN VALEY MN 55416			DEERATING	05,210
OUDDIN VIDER IEN OUTEU				
Total	<u> </u>	<u> </u>	▶ 3a	65,21
b Approved for future payment				
N/A				
			1	
Total			▶ 3b	

Part XVI-A Analysis of Income-Producing A	ctivities				
Enter gross amounts unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	Related or exempt function income (See page 28 of
1 Program service revenue			code		the instructions)
a					
b	_				
c		<u> </u>			
d		···	ļ		
e	_				
f	- }		 		
g Fees and contracts from government agencies			 		
2 Membership dues and assessments	-		 		
3 Interest on savings and temporary cash investments			 	· · ·	
4 Dividends and interest from securities 5 Net contal income or (local) from seel cotate					
5 Net rental income or (loss) from real estate a Debt-financed property			 		
b Not debt-financed property			 		
6 Net rental income or (loss) from personal property			-		
7 Other investment income			 		
8 Gain or (loss) from sales of assets other than inventory			1		
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
С					
d					
e	_		<u> </u>	<u></u>	
12 Subtotal Add columns (b), (d), and (e)		0		0	
13 Total. Add line 12, columns (b), (d), and (e)				13	
See worksheet in line 13 instructions on page 28 to verify calcula					
Part XVI-B Relationship of Activities to the					
Line No. Explain below how each activity for which incon accomplishment of the foundation's exempt pur					
instructions)					
N/A				 _	
					
					
	· · · · · · · · · · · · · · · · · · ·				
		·			
	······································				
				·	
					
					
					
					·
		·			
					 -

P	art XVII	Information Reg Exempt Organiz		ansfers To and 1	Transactio	ns and Relationships Wi	th Noncharitable		
1	Did the o			ge in any of the follow	ing with any o	other organization described	T	Yes	s No
Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									1
organizations?									
á	a Transfers from the reporting foundation to a noncharitable exempt organization of								
(1) Cash									X
(2) Other assets									X
b Other transactions									
		s of assets to a noncharit	able exempt	organization			1	b(1)	x
		hases of assets from a ne		_		•		0(2)	X
		al of facilities, equipment		, -				0(3)	X
		nbursement arrangements						0(4)	X
		is or loan guarantees						b(5)	X
		ormance of services or mi	embership o	r fundraising solicitati	ons			o(6)	X
c		of facilities, equipment, m		=				1c	X
	_		-	· · · · · · · · · · · · · · · · · · ·		mn (b) should always show the fa	<u>_</u>		
				•		the foundation received less that			
				-		the goods, other assets, or servi			
	(a) Line no	(b) Amount involved		of nonchantable exempt		(d) Description of transfers, tra		rangemer	its
N/	'A			·			<u></u>		
	-			- · · · · · · · · · · · · · · · · · · ·			•		
				*					
28	Is the fou	undation directly or indirect	tly affiliated	with, or related to, on	e or more tax	-exempt organizations			
		d in section 501(c) of the						Yes	X No
t		complete the following so					_		_
		(a) Name of organization		(b) Type of orga	ınızatıon	(c) Descrip	tion of relationship		
	N/A								
	Under per	naities of perjury, I declare tha	t I have exami	ned this return, including	accompanying	schedules and statements, and to the	best of my knowledge an	t	
belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge									1.
Manager 2 Pre							rider	<u></u>	
He						Date	Preparer's		70 on
Sign Here	ج <u>ۍ</u>	Preparer's	حمام ح	>>/		Check if		e Signatu the instructi	
S,	Paid Preparer's Use Only	signature	-NM	9		000111	P000	8823	32
•	Pa Se Se	Firm's name (or yours if			CO., P				
	4 D	self-employed), address,		NNESOTA ST		-1100		9099	
		and ZIP code	SAINT	PAUL, MN	55101		Phone no 651-	227-	9431

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

REDDY FOUNDATION 26-4279465 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule K For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and 11 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year **▶** \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

for Form 990, 990-EZ, or 990-PF.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Name of organization

Employer identification number 26-4279465

KEDD	I FOUNDATION	26	<u>-42/9465</u>
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	U.S. ELECTRONICS, INC. 1342 COLORADO AVENUE SOUTH MINNEAPOLIS MN 55416	s 110,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
2	REDDY INVESTMENTS 1425 ISLAND DRIVE MINNEAPOLIS MN 55422	* 10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue			P I lie a sep	шин прричин	n for each retur			- 1		
		tomatic 3-Month Exten	sion, complete onl	ly Part I and che	ck this box				-	▶ X
If you are	filing for an Ad	ditional (Not Automatic) 3-Month Extensi	on, complete on	ily Part II (on pag	ge 2 of this fo	rm)			
Do not compl	ete Part II unic	ess you have already be	en granted an auto	matic 3-month e	xtension on a pro	eviously filed l	Form 8868	<u> </u>		
Part I	Automati	c 3-Month Extensi	on of Time. On	lly submit orig	ginal (no cop	ies needed	d).			
•	required to file	Form 990-T and reques	ting an automatic 6	i-month extensio	n—check this bo	x and comple	ete			► □
Part I only		•								
•	orations (includ ome tax return	ing 1120-C filers), partne s	erships, REMICs, a	ind trusts must u	se Form 7004 to	request an e	xtension of	f		
		nerally, you can electron	•					le		
		w (6 months for a corpo	•		-					
		the additional (not auton								
		nsolidated Form 990-T e electronic filing of this						rorm		
			iomi, visit www irs g	gov/enie and cito	k on e-lile for Cr	landes & Non			4:	
Type or print	Name of Exe	empt Organization					Employe	er identific	cation nun	nber
File by the	REDDY	FOUNDATION					26-4	27946	5	
due date for filing your return See		eet, and room or suite no LSON MEMORIA	· · · · · · · · · · · · · · · · · · ·		100					
instructions	City, town or MINNEA	post office, state, and Z	IP code For a fore MN 5		instructions					
Check type of	return to be t	filed (file a separate app	lication for each ret	turn)						
									orm 4720	
Form 99	00			n 990-T (corporat	tion)			J., L.	JIIII 4720	
			Form	n 990-T (corporat n 990-T (sec. 401	•	st)			orm 5227	
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Form 8868 (r	2009)			Page 2
If you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			► X
Note. Only co	implete Part II if you have already been granted an automatic 3-month extension on a previously filed Forn	n 8868		
If you are	filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	o copie	s needed).	
Type or	Name of Exempt Organization	Employe	r identification	number
print			250465	
File by the			279465	
extended due date for	Number, street, and room or suite no If a P O box, see instructions 1425 ISLAND DRIVE	For IRS i	use only	
filing the	City, town or post office, state, and ZIP code For a foreign address, see instructions		·····	
return See instructions	MINNEAPOLIS MN 55422			
Check type o	f return to be filed (File a separate application for each return)			
Form 9	90 X Form 990-PF		Form	6069
Form 9	90-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720		Form	8870
Form 9				
	t complete Part II if you were not already granted an automatic 3-month extension on a previously file	ed Form	8868.	
	s are in the care of RON MEYER			
	e No ▶ 952-285-5720 FAX No ▶			_
	inization does not have an office or place of business in the United States, check this box			▶ ∐
• If this is fo	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is is		
for the whole	group, check this box If it is for part of the group, check this box are	nd attach	а	
list with the na	ames and EINs of all members the extension is for			
4 I reques	st an additional 3-month extension of time until $11/15/10$			
	endar year 2009, or other tax year beginning, and ending, and ending			
6 If this ta	x year is for less than 12 months, check reason 💹 Initial return 📙 Final return 🔲 Change in	account	ing period	
7 State in	detail why you need the extension			
ADD:	TIONAL TIME IS REQUESTED TO GATHER INFORMATION TO P	REPA	RE A COM	1 PLETE
AND	ACCURATE RETURN.			
8a If this a	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			_
less an	y nonrefundable credits. See instructions	8a	\$	0
b If this a	oplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
estimat	ed tax payments made Include any prior year overpayment allowed as a credit and any			
amount	paid previously with Form 8868	8b	\$	0
c Balanc	e Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	1		
with FT	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0
-	Signature and Verification			
Under penalties	of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of r	ny knowle	dge and belief,	
it is true, correct	, and complete, and that I am authorized to prepare this form			110/12
Signature 🕨	Title , Partie		Date > 8	
	ζ \		Form 886	8 (Rev 4-2009)