

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Form **990-PF** (2012

For	caler	dar year 2012 or tax year beginning		, and er	nding		
		foundation				A Employer identification	n number
		HAROLD AND KATE REED F	AMILY				
		NDATION				20-3982052	2
		nd street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
_ <u>P</u>	0	BOX 5628				952-674-28	352
		own, state, and ZIP code	_			C If exemption application is	pending, check here
		<u>NEAPOLIS, MN 55440-562</u>					
G (heck	all that apply: Initial return	Initial return of a fo	rmer public c	harity	D 1. Foreign organization	s, check here
		Final return	Amended return			2 Foreign organizations m	eeting the 85% test.
		Address change	Name change			2 Foreign organizations m check here and attach co	omputation
H (_	type of organization: X Section 501(c)(3) ex				E If private foundation sta	
<u>_</u>			Other taxable private founda		1	under section 507(b)(1	
		arket value of all assets at end of year J Account	=	Accr	uai	F If the foundation is in a	
	om i .\$	Part II, col. (c), line 16) 0t 3 , 997 , 998 . (Part I, colu	her (specify)	2010)		under section 507(b)(1)(B), check here
_	ırt I	Analysis of Revenue and Expenses					(d) Disbursements
1 - 6	<u> </u>	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net int		(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			···	N/A	(Cash basis only)
	2	Check X if the foundation is not required to attach Sch B				N/A	
	3	Interest on savings and temporary cash investments	11.		11.		STATEMENT 1
	4	Dividends and interest from securities	116,266.	11	6,266.		STATEMENT 2
	5a		110,200.		0,200.		DITTI DITTI Z
	b Net rental income or (loss)						
_		Net gain or (loss) from sale of assets not on line 10	-48,631.				
J.	b	Gross sales price for all assets on line 6a 46,259.					
Revenue	7	Capital gain net income (from Part IV, line 2)			0.		
æ	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	C	Gross profit or (loss)					
	11	Other income	-4,932.		4,932.		STATEMENT 3
	12	Total. Add lines 1 through 11	62,714.	11	1,545.		
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages					
es		Pension plans, employee benefits					
J.S.		Legal fees					
xpe		Accounting fees Other professional fees STMT 4	41,260.	1	0,159.		1,101.
ē E		Interest	1,298.		$\frac{0,139.}{1,293.}$		0.
Operating and Administrative Expense	ı	Taxes SAMT\ 5	3,998.		3,545.		0.
istr	19	Depreciation and depletion	3,7550		_		
Ë	20	Occupancy	-				
Ad	21						
gu	22	Printing and publications a 2013 / 121					
ğ	23		220.		0.		220.
aţį	24	Other expenses Total operating and administrative STMT 6	S				
ē		expenses. Add lines 13 through 23	46,776.	4	<u>4,997.</u>		1,321.
J		Contributions, gifts, grants paid	188,000.				188,000.
	26	Total expenses and disbursements		_			
	<u> </u>	Add lines 24 and 25	234,776.	4	<u>4,997.</u>		189,321.
		Subtract line 26 from line 12:	150 000				
		Excess of revenue over expenses and disbursements	-172,062.		C 240		
		Net investment income (if negative, enter -0-)			6,348.	N/A	
	ı C	Adjusted net income (if negative, enter -0-)	i I			i N/A	1

SCANNED NOV 20 2013

THE HAROLD AND KATE REED FAMILY FOUNDATION

20-3982052

Page 2

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of y	of year	
Part	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1	Cash - non-interest-bearing				
2	Savings and temporary cash investments	25,456.	11,899.	11,899.	
3	Accounts receivable >				
	Less; allowance for doubtful accounts				
4	Pledges receivable			· · · ·	
	Less; allowance for doubtful accounts ▶				
5					
6	Receivables due from officers, directors, trustees, and other				
"	disqualified persons				
١,	Other notes and loans receivable				
'	Less: allowance for doubtful accounts				
					
a [Inventories for sale or use				
SS 9					
100	a Investments - U.S. and state government obligations	2 2 2 2 2 2 2	0.055.045	0.066.700	
1	investments - corporate stock STMT 7	2,278,951.	2,255,245.	2,966,702.	
- (c Investments - corporate bonds STMT 8	1,091,511.	956,712.	1,019,397.	
11	Investments - land, buildings, and equipment basis				
	Less accumulated depreciation				
12	Investments - mortgage loans				
13	Investments - other				
14	Land, buildings, and equipment: basis				
	Less accumulated depreciation				
15	Other assets (describe ▶		İ	· · · · · · · · · · · · · · · · · · ·	
'	VIII 000000 (00000100 P				
16	Total assets (to be completed by all filers)	3,395,918.	3,223,856.	3,997,998.	
\neg		3,333,310.	3,223,030.	3,331,330.	
- 1	Accounts payable and accrued expenses				
18	Grants payable	-			
<u>s</u> 19	Deferred revenue				
Liabilities 51 20 21 20 21	F T T T T T T T T T T T T T T T T T T T				
[편 21	· · · · · · · · · · · · · · · · · · ·				
- 22	Other liabilities (describe)				
23	Total liabilities (add lines 17 through 22)	0.	0.		
-	Foundations that follow SFAS 117, check here				
	and complete lines 24 through 26 and lines 30 and 31				
8 24	Unrestricted				
Fund Balance	Temporarily restricted				
g 26	Permanently restricted				
2	Foundations that do not follow SFAS 117, check here				
교	and complete lines 27 through 31.				
Assets or 52 28 29	Capital stock, trust principal, or current funds	0.	0.		
28 Sets	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
SS 29	Retained earnings, accumulated income, endowment, or other funds	3,395,918.	3,223,856.		
ايد	Total net assets or fund balances	3,395,918.	3,223,856.		
² 30	Total liet assets of fully balances	3,333,310.	3,223,030.		
	Total (inhilities and not see to #und halaness	3,395,918.	3,223,856.		
31			3,223,030.		
Part	Analysis of Changes in Net Assets or Fund Ba	alances			
1 Tota	al net assets or fund balances at beginning of year - Part II, column (a), line 3	30			
	ist agree with end-of-year figure reported on prior year's return)		[1]	3,395,918.	
	er amount from Part I, line 27a		2	-172,062.	
	er increases not included in line 2 (itemize)		3	0.	
	lines 1, 2, and 3	- · · · · · · · · · · · · · · · · · · ·	4	3,223,856.	
	reases not included in line 2 (itemize)		5	0.	
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30	6	3,223,856.	
<u></u>	The second secon			Form 990-PF (2012)	

P Form 996-PF (2012)

, Form 990-PF (2012) FOUNDATION

20-3982052 Page 3

E	Part IV Capital Gains a	nd Losses for Tax on In	vestmen	t Income						
		be the kind(s) of property sold (e.g. ehouse; or common stock, 200 shs			(b)	How acqu - Purcha - Donatio	ured se on		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
<u>1</u> 2					<u> </u>					
_ <u>t</u>		STATEMENTS			-		_			
_					<u> </u>					-
_9					\vdash					
_€	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			.1		ain or (loss s (f) minus	
a	1									
_t)									
_ (0									
_(
_6				94,89	0.					<u>-48,631.</u>
_	Complete only for assets showing	gain in column (h) and owned by t	the foundation	n on 12/31/69					ol. (h) gain	
_	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			COI.		not less tha (from col. (
_8	a <u> </u>									
_t)		·							
_	1									
_	1									
_6										-48,631.
2	Capital gain net income or (net cap	ortal loss) { If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2				-48,631.
3	Net short-term capital gain or (loss	s) as defined in sections 1222(5) an	d (6):		`					
	If gain, also enter in Part I, line 8, c	olumn (c).			\				4-	
	If (loss), enter -0- in Part I, line 8	nder Section 4940(e) for	Dadwaaa	l Tay on Mot		3	mt In a		N/A	•
_							int inc	one		
(F	or optional use by domestic private t	foundations subject to the section 4	1940(a) tax on	i net investment in	com	€.)				
lf:	section 4940(d)(2) applies, leave thi	s part blank.								
w	as the foundation liable for the section	on 4942 tax on the distributable am	ount of any w	ear in the hase ner	Shor					Yes X No
	"Yes," the foundation does not qualif			•	iou.					103 (22) 140
1		ach column for each year; see the in			ntries	· · · · ·				
_	(a)	(b)			(c)				Diotrik	(d)
	Base periód years Calendar year (or tax year beginning	Administration of the control of the	tributions	Net value of no			e assets			oùtion ratio vided by col. (c))
	2011		6,009.		3	,857	,586			.048219
	2010		8,217.				,724			.015685
	2009	3	1,752.		1	,238	,400			.025640
	2008	2	8,160.			508	,085	•		.055424
_	2007	2	4,718.			<u>578</u>	<u>,923</u>			.042697
2	Total of line 1, column (d)							2		.187665
3	Average distribution ratio for the 5	-year base period - divide the total c	on line 2 by 5,	or by the number	of ye	ars				
	the foundation has been in existent	ce if less than 5 years						3		.037533
4	Enter the net value of noncharitable	e-use assets for 2012 from Part X, I	line 5					4		3,955,520.
_								_		
5	Multiply line 4 by line 3							5		148,463.
6	Enter 1% of net investment income	e (1% of Part I, line 27b)						6		663.
7	Add lines 5 and 6							7_		149,126.
8	Enter qualifying distributions from	Part XII, line 4						8		189,321.
	If line 8 is equal to or greater than see the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	plete that part usin	ıg a 1	% tax rat	e.			

THE HAROLD AND KATE REED FAMILY FOUNDATION Form 990-PF (2012) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here | and enter N/A" on line 1. _ (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: 663. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here \(\subset X \) and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 663. Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 0. 663. Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 Credits/Payments: 788. a 2012 estimated tax payments and 2011 overpayment credited to 2012 6a **b** Exempt foreign organizations - tax withheld at source 6b 300. c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 1,088. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 425. 10 10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 425 . Refunded 11 Enter the amount of line 10 to be: Credited to 2013 estimated tax 11 0. Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. 0 . (2) On foundation managers. ▶ \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0. X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or

X bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes." attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? X 7 X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) 8Ь X of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar X year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

	n 990-PF (2012) FOUNDATION 20-3982	<u> 2052</u>		Page 5
Pa	art VII-A 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 instructions)	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			•
	If "Yes," attach statement (see instructions)	12		<u> X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	<u> </u>	
	Website address N/A The hardware and N/A Tolland A Toll	7.4 2	900	
14	The books are in care of ► MICHELLA L. JOHNSON Located at ► P.O. BOX 5628, MINNEAPOLIS, MN Telephone no. ► 952-6		<u> </u>	
45		<u>)440</u>	$\overline{}$	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15	NT	/A	· LJ
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	10 1		
	country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(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			
	termination of government service, if terminating within 90 days.)			
t	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			7.5
_	before the first day of the tax year beginning in 2012?	1c		<u> </u>
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)):			
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2012? Yes X No			
	If "Yes," list the years >			
ł	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
ı	b If "Yes," did it have excess business holdings in 2012 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 the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	01		
	Form 4720, to determine if the foundation had excess business holdings in 2012) N/A	3b		v
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a		<u>X</u>
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		х
	יומט ווטג סטטוו זפוווטייטט ווטווו ווטטטמוטץ סטוטוט גווט וווטג עמץ טו גווט גמג ץטמו סטווווווווט ווו בע וב"	ו עד ו		41

Form **990-PF** (2012)

THE HAROLD AND KATE REED	FAMILI			
Form 990-PF (2012) FOUNDATION	4700 M D F	N. C. and C.	<u>20-39820</u>	<u>52 Page 6</u>
Part VII-B Statements Regarding Activities for Which I	orm 4/20 May Be F	Required (contin	ued)	
5à During the year did the foundation pay or incur any amount to:				1 1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es 🗓 No	
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Y€	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
the prevention of cruelty to children or animals?			s X No	1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	ier the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	·			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined		1
expenditure responsibility for the grant?			es 🗀 No	1 1
If "Yes," attach the statement required by Regulations section 53 494		.,,,,,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No	
a personal benefit contract?		T6		n. T
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870		<u> </u>	(TE)	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	/	
1 List all officers, directors, trustees, foundation managers and their	compensation.			_
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid,	and deferred	account other
The state of the s		l enter-u-i	compensation	allowances
HAROLD S. REED	•	enter -0-)	compensation	allowances
	PRESIDENT & D		compensation	allowances
PO BOX 5628	PRESIDENT & D	IRECTOR	compensation	allowances
PO BOX 5628 MINNEAPOLIS, MN 554405628	PRESIDENT & D	IRECTOR 0.	compensation O .	allowances 0 •
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED	PRESIDENT & D	IRECTOR 0.	compensation O .	allowances
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628	PRESIDENT & D 0.00 VICE PRESIDEN	IRECTOR 0. T & DIREC	O. TOR	allowances 0.
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628	PRESIDENT & D 0.00 VICE PRESIDEN 0.00	IRECTOR 0.	compensation O .	allowances
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON	PRESIDENT & D 0.00 VICE PRESIDEN	IRECTOR 0. T & DIREC	O. TOR	allowances 0.
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY	IRECTOR 0. T & DIREC 0.	TOR 0.	0.
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY 0.00	IRECTOR 0. T & DIREC	O. TOR	allowances 0.
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY	IRECTOR 0. T & DIREC 0.	TOR 0.	0.
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY 0.00 TREASURER	IRECTOR 0. T & DIREC 0.	O. TOR O.	0.
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY 0.00 TREASURER 0.00	IRECTOR 0. T & DIREC 0. 0.	TOR 0.	0.
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628	O.00 VICE PRESIDEN O.00 SECRETARY O.00 TREASURER O.00 luded on line 1). If none,	IRECTOR 0. T & DIREC 0. 0.	O. TOR O.	0. 0.
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY 0.00 TREASURER 0.00	IRECTOR 0. T & DIREC 0. 0.	O. TOR O.	0.
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 2 Compensation of five highest-paid employees (other than those incompanies and address of each employee paid more than \$50,000	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY 0.00 TREASURER 0.00 luded on line 1). If none, (b) Title, and average hours per week	IRECTOR 0. T & DIREC 0. 0. enter "NONE."	TOR 0. Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 Z Compensation of five highest-paid employees (other than those incompanies)	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY 0.00 TREASURER 0.00 luded on line 1). If none, (b) Title, and average hours per week	IRECTOR 0. T & DIREC 0. 0. enter "NONE."	TOR 0. Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 2 Compensation of five highest-paid employees (other than those incompanies and address of each employee paid more than \$50,000	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY 0.00 TREASURER 0.00 luded on line 1). If none, (b) Title, and average hours per week	IRECTOR 0. T & DIREC 0. 0. enter "NONE."	TOR 0. Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 2 Compensation of five highest-paid employees (other than those incompanies and address of each employee paid more than \$50,000	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY 0.00 TREASURER 0.00 luded on line 1). If none, (b) Title, and average hours per week	IRECTOR 0. T & DIREC 0. 0. enter "NONE."	TOR 0. Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 2 Compensation of five highest-paid employees (other than those incompanies and address of each employee paid more than \$50,000	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY 0.00 TREASURER 0.00 luded on line 1). If none, (b) Title, and average hours per week	IRECTOR 0. T & DIREC 0. 0. enter "NONE."	TOR 0. Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 2 Compensation of five highest-paid employees (other than those incompanies and address of each employee paid more than \$50,000	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY 0.00 TREASURER 0.00 luded on line 1). If none, (b) Title, and average hours per week	IRECTOR 0. T & DIREC 0. 0. enter "NONE."	TOR 0. Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 2 Compensation of five highest-paid employees (other than those incompanies and address of each employee paid more than \$50,000	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY 0.00 TREASURER 0.00 luded on line 1). If none, (b) Title, and average hours per week	IRECTOR 0. T & DIREC 0. 0. enter "NONE."	TOR 0. Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 2 Compensation of five highest-paid employees (other than those incompanies and address of each employee paid more than \$50,000	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY 0.00 TREASURER 0.00 luded on line 1). If none, (b) Title, and average hours per week	IRECTOR 0. T & DIREC 0. 0. enter "NONE."	TOR 0. Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other
PO BOX 5628 MINNEAPOLIS, MN 554405628 KATE M. REED PO BOX 5628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 MINNEAPOLIS, MN 554405628 MICHELLA L. JOHNSON PO BOX 5628 MINNEAPOLIS, MN 554405628 2 Compensation of five highest-paid employees (other than those incompanies and address of each employee paid more than \$50,000	PRESIDENT & D 0.00 VICE PRESIDEN 0.00 SECRETARY 0.00 TREASURER 0.00 luded on line 1). If none, (b) Title, and average hours per week	IRECTOR 0. T & DIREC 0. 0. enter "NONE."	TOR 0. Contributions to employee benefit plans and deferred	0. 0. 0. (e) Expense account, other

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

FOUNDATION FOUNDATION	20-3	982052 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundard Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
· · · · · · · · · · · · · · · · · · ·		
Total number of others receiving over \$50,000 for professional services	_	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant st	atistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers j		Expenses
1 N/A		-
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 N/A		
· 		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u> </u>	0.

0 . Form **990-PF** (2012) Form 990-PF (2012)

FOUNDATION

P	art X Minimum Investment Return (All domestic foundations must	t complete this part. Foreign four	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, et	tc., purposes:		
a	Average monthly fair market value of securities		1a	3,996,290.
	Average of monthly cash balances		1b	19,466.
	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	4,015,756.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	4,015,756.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	e instructions)	4	60,236.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Pa	rt V, line 4	5	3,955,520.
6	Minimum investment return. Enter 5% of line 5		6	197,776.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j) foreign organizations check here and do not complete this part.))(5) private operating foundations an	d certain	
1	Minimum investment return from Part X, line 6		1	197,776.
2a	Tax on investment income for 2012 from Part VI, line 5	663.		
b	Income tax for 2012. (This does not include the tax from Part VI.)		ŀ	
C	Add lines 2a and 2b		2c	663.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	197,113.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	197,113.
6	Deduction from distributable amount (see instructions)		6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII	, line 1	7	197,113.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpose	es:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	189,321.
þ	Program-related investments - total from Part IX-B		_1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, or	etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)		3a	
b	, ,	ļ	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and P	art XIII, line 4	4	189,321.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investm	ent		
	income. Enter 1% of Part I, line 27b		5	663.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	188,658.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when	calculating whether the foundation of	ualifies for	the section

Form **990-PF** (2012)

4940(e) reduction of tax in those years.

• Form 990-PF (2012)

FOUNDATION

20-3982052 Page 9

Part XIII	Undistributed	Income	(see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
Distributable amount for 2012 from Part XI, line 7				197,113.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			187,014.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2012:		0.		
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ► \$ 189,321.				
a Applied to 2011, but not more than line 2a			187,014.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				2,307.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	+		0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				194,806.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013			·	
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				
				Enrm QQA-DE (2012)

Form 990, PF (2012) FOUND		<u></u> .			982052 Page 1
Part XIV Private Operating	Foundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruli	•				
foundation, and the ruling is effective		=	▶ ∟	 	_ _
b Check box to indicate whether the fo		ng foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	453.0044	Prior 3 years	(4) 0000	4.1.7.1.1
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed		ļ			
b 85% of line 2a	<u> </u>	ļ		<u> </u>	<u> </u>
c Qualifying distributions from Part X	١,				
line 4 for each year listed			-		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made direct	у				
for active conduct of exempt activiti	es.				
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization	1				
(4) Gross investment income					-
Part XV Supplementary in	formation (Comple	te this part only	if the foundation	n had \$5.000 or m	ore in assets
at any time durin	g the year-see insti	ructions.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 Information Regarding Foundation a List any managers of the foundation year (but only if they have contribute SEE STATEMENT 9	who have contributed more	than 2% of the total corection 507(d)(2).)	tributions received by the	e foundation before the clo	se of any tax
b List any managers of the foundation other entity) of which the foundation			(or an equally large port	ion of the ownership of a p	partnership or
NONE					
2 Information Regarding Contril Check here ► X if the foundation makes gifts, grants,	on only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	uests for funds. If d d.
a The name, address, and telephone r	number or e-mail of the perso	on to whom applications	should be addressed:		
b The form in which applications shou	ıld be submitted and informa	tion and materials they s	should include:		
c Any submission deadlines:					
			 -		
d Any restrictions or limitations on aw	ards, such as by geographic	al areas, charitable fields	s, kınds of ınstıtutıons, or	other factors:	

Form 990-PF'(2012) FOUNDATION

DATION _____ 20-3982052

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or contribution show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ADOPT-A-FAMILY OF THE PALM BEACHES, NONE PUBLIC CHARITY UNRESTRICTED INC 1712 SECOND AVE NO 10,000. PALM BEACH FL 33460-3210 AMERICAN RED CROSS NONE PUBLIC CHARITY UNRESTRICTED PO BOX 4002018 DES MOINES, IA 50340-2018 5,000. BALSAM MOUNTAIN TRUST NONE PUBLIC CHARITY UNRESTRICTED 81 PRESERVE ROAD SYLVA NC 28779 5,000, BOYS & GIRLS CLUBS OF PALM BEACH NONE PUBLIC CHARITY UNRESTRICTED 800 NORTHPOINT PARKWAY, STE 204 WEST PALM BEACH, FL 33407-1978 5,000. BUSCH WILDLIFE SANCTUARY NONE PUBLIC CHARITY UNRESTRICTED 2500 JUPITER PARK DRIVE JUPITER, FL 33458 5,000 SEE CONTINUATION SHEET(S) **►** 3a Total 188,000. b Approved for future payment NONE Total <u>▶ 3b</u>

Page 11

• Form 990•PF (2012) Part XVI-A

FOUNDATION

Analysis of Income-Producing Activities

20-3982052

1	D۵	^	•	4	n
	2	u	е	-1	Z

Enter gross amounts unless otherwise indicated.	Unrelated business income		Exclud	led by section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	,,	code	781104111		
a						
b						
C						
d			L			
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments	l		14	11.		
4 Dividends and interest from securities		·	14	116,266.		
5 Net rental income or (loss) from real estate:				110,200.		
			\vdash			
a Debt-financed property			\vdash			
b Not debt-financed property	<u> </u>					
6 Net rental income or (loss) from personal						
property						
7 Other investment income			14	-4,932.		
8 Gain or (loss) from sales of assets other						
than inventory			14	-48,631.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:	1					
a						
b						
С						
d						
12 Subtotal. Add columns (b), (d), and (e)		0.		62,714.	0.	
13 Total. Add line 12, columns (b), (d), and (e)		· ·	1 1		62,714.	
(See worksheet in line 13 instructions to verify calculations.)				10 <u></u>	02,714.	
Part XVI-B Relationship of Activities to	the Acc	omplishment of Fx	emnt	Purnoses		
Line No Explain below how each activity for which incom			contribi	uted importantly to the accom	plishment of	
the foundation's exempt purposes (other than b	y providing fu	inds for such purposes)		-	·	
					 	
						
						
				<u> </u>		
223621 12-05-12					Form 990-PF (2012)	

Form 990-PF (2012) 20-3982052 FOUNDATION Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes 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? a Transfers from the reporting foundation to a noncharitable exempt organization of: X (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) X (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 16(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) X X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (\mathbf{d}) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No If "Yes," complete the following schedule: (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examine this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer Sign shown below (see instr)? Here

Date

Preparer's signature

Phone no.	952-674-2800	

Form **990-PF** (2012)

Firm's EIN \triangleright 41-1697171

X Yes

P00035775

SECRETARY

Check [

self- employed

Title

11/07/13

Date

Paid

Preparer

Use Only

Signature of officer or trustee

Print/Type preparer's name

JULIE A. LORENZ

Firm's name ► WAYCROSSE,

Firm's address ▶ 15407 MCGINTY RD WEST

WAYZATA, MN 55391

20-3982052 PAGE FOUNDATION Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. 1a GLOBAL EQ FUND PASS THROUGH-SEG b GLOBAL EQ FUND PASS THROUGH-SEG c TAXABLE BOND FUND PASS THROUGH-SEG P P d TAXABLE BOND FUND PASS THROUGH-SEG e TAXABLE BOND FUND PASS THROUGH-GEN f TAXABLE BOND FUND PASS THROUGH-GEN g GLOBAL EQ FUND PASS THROUGH-GEN h GLOBAL EQ FUND PASS THROUGH-GEN US ALL CAP FUND PASS THROUGH US ALL CAP FUND PASS THROUGH k GLOBAL BOND FUND PASS THROUGH-SEG P I GLOBAL BOND FUND PASS THROUGH-SEG P P m GLOBAL BOND FUND PASS THROUGH-GEN n GLOBAL BOND FUND PASS THROUGH-GEN P P o CHARLES SCHWAB (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) 34,646. -34<u>,646.</u> a -1,165. 1,165. b 54 54. C 5,914 5,914. d 57. -57. е -17. 17. f 336. -4,336. -145.145. h 9,298. -9,298. 1 1,187. -1,187. 88. 88. 1,213. 1,213. 18. 18. m 246. 246. n 9,679. 13,217. -3,538. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any -34,646. a -1,165. b 54. Ç 5,914. d -57<u>.</u> е f -17. -4,336. a -145. h -9,298. -1,187. 88. k 1,213. 18. m 246. n -3,538. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }

2

2 Capital gain net income or (net capital loss)

If (loss), enter "-0-" in Part I, line 8

If gain, also enter in Part I, line 8, column (c).

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 } If (loss), enter "-0-" in Part I, line 7 }		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8		,	N/A	
_	11 (1033), GIRGE O III art I, III CO			<u> </u>	N/A

-48,631.

<u>n</u> o

FOUNDATION 20-3982052
Part XV Supplementary Information

3 · Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
CHARLESTON ANIMAL SOCIETY	NONE	PUBLIC CHARITY	UNRESTRICTED	
2455 REMOUNT ROAD				
NORTH CHARLESTON, SC 29406		 		1,000
CHRISTIANS REACHING OUT TO SOCIETY.	NONE	PUBLIC CHARITY	UNRESTRICTED	
INC				
301 FIRST AVE SO				
LAKE WORTH, FL 33460-3210			-	10,000
			İ	
EDIENDO OF MACADMUM DEACH CMAME DADY	NONE	DUDI TO CUADAMY	NAMED A COLUNIOR	
FRIENDS OF MACARTHUR BEACH STATE PARK	NONE	PUBLIC CHARITY	NATURAL SCIENCE	
10900 JACK NICKLAUS DRIVE			EDUCATION FUND	20.000
NORTH PALM BEACH, FL 33408			ENDOWMENT CAMPAIGN.	20,000
HOSPICE OF PALM BEACH COUNTY	NONE	PUBLIC CHARITY	UNRESTRICTED	
5300 EAST AVENUE				
EST PALM BEACH, FL 33407				10,000
NSTITUTE OF WORLD POLITICS	NONE	PUBLIC CHARITY	UNRESTRICTED	
1521 16TH STREET NW				
WASHINGTON, DC 20036				13,000
LEWIS & CLARK COLLEGE	NONE	PUBLIC CHARITY	EMILY D REED	
515 S.W. PALATINE ROAD	lion 2	TOBBIC CHARTII	ENDOWMENT FUND	
PORTLAND, OR 97219-7899				20,000
LOGGERHEAD MARINELIFE CENTER	NONE	PUBLIC CHARITY	UNRESTRICTED	
JUNO BEACH, FL 33408				5,000
22.3, 12 33.10				3,000
NATURE CONSERVANCY	NONE	PUBLIC CHARITY	UNRESTRICTED	
4245 N FAIRFAX DRIVE, SUITE 100				·
ARLINGTON, VA 222031606				10,000
SAFE HARBOR ANIMAL SANCTUARY &	NONE	PUBLIC CHARITY	UNRESTRICTED	
HOSPITAL				
P.O. BOX 1843				
JUPITER FL 33468-1843				1,000
SEA SHEPHERD CONSERVATION SOCIETY	NONE	PUBLIC CHARITY	UNRESTRICTED	
PO BOX 2616	[
RIDAY HARBOR WA 98250	<u> </u>			1,000
Total from continuation sheets				158_000

20-3982052

	FOUNDATION	
Cumplementen	Information	_

Part XV Supplementary Information ' Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient PUBLIC CHARITY UNRESTRICTED SEASON TO SHARE NONE 2751 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405 13,000. NONE PUBLIC CHARITY REED ENDOWMENT FUND THE BENJAMIN SCHOOL 11000 ELLISON WILSON ROAD NORTH PALM BEACH, FL 33408 10,000. THE LORDS PLACE NONE PUBLIC CHARITY UNRESTRICTED 2808 NORTH AUSTRALIAN AVE 5,000. WEST PALM BEACH, FL 33407 THE SURFRIDER FOUNDATION NONE PUBLIC CHARITY UNRESTRICTED PO BOX 6010 SAN CLEMENTE, CA 92674 1,000. NONE URBAN YOUTH IMPACT PUBLIC CHARITY UNRESTRICTED PO BOX 222592 WEST PALM BEACH, FL 33422-2592 5,000. NONE US FRIENDS OF THE DAVID SHELDRICK PUBLIC CHARITY UNRESTRICTED WILDLIFE TRUST 201 NORTH ILLINOIS ST INDIANAPOLIS IN 46204 1,000. PUBLIC CHARITY UNRESTRICTED VILLAGE BAPTIST CHURCH NONE 3600 VILLAGE BOULEVARD WEST PALM BEACH, FL 33407 10,000. NONE PUBLIC CHARITY UNRESTRICTED WORLD WILDLIFE FUND 1250 24TH STREET, NW, P.O. BOX 96555 WASHINGTON, DC 20077-7760 10,000. THORNTON S. GLIDE, JR AND KATRINA D. NONE PUBLIC CHARITY UNRESTRICTED GLIDE FOUNDATION 28120 PIERCE RANCH ROAD DAVIS CA 95616-9447 1,000. GREATER TWIN CITIES UNITED WAY NONE PUBLIC CHARITY UNRESTRICTED 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404-1084 4.000. Total from continuation sheets

Part XV Supplementary Information

20-3982052

Part XV Supplementary Information				
3 ' Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		·
•				
NATIONAL TRUST FOR SCOTLAND USA	NONE	PUBLIC CHARITY	INDECEDICATO	
45 SCHOOL STREET, 3RD FLOOR	NONE	FOBLIC CHARITI	ONKESTRICIED	
BOSTON, MA 02108				5,000
AMERICAN SOCIETY FOR THE PREVENTION	NONE	PUBLIC CHARITY	FLORIDA CHAPTER.	
OF CRUELTY TO ANIMALS (ASPCA)		İ		
424 E 92ND ST				1 000
NEW YORK, NY 10128-6804				1,000
TRIDENT UNITED WAY	NONE	PUBLIC CHARITY	YOUNG PHILANTHROPISTS	
6296 RIVERS AVE			SOCIETY	
NORTH CHARLESTON SC 29406	<u> </u>	1		1,000,
· · · · · · · · · · · · · · · · · · ·				
Total from continuation charts		<u>L</u>		·
Total from continuation sheets				

FOUNDATION	20-3982052
Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
NAME OF RECIPIENT - LEWIS & CLARK COLLEGE	
EMILY D. REED ENDOWMENT FUND	
UNRESTRICTED	
	- 12-1
	

223655 05-01-12

FORM 990-PF INTEREST ON SAVINGS AN	TEMPORARY C	ASH I	NVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
WXCLC, INC.			-		11.
TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A		=		11.
FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECU	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	.)
GLOBAL BOND FUND-GEN GLOBAL BOND FUND-SEG GLOBAL EQUITY FUND-GEN GLOBAL EQUITY FUND-SEG SCHWAB TAXABLE BOND FUND-GEN TAXABLE BOND FUND-SEG U.S. ALL CAP EQUITY FUND	1,245. 6,098. 5,329. 42,577. 3,438. 7,355. 33,607. 16,617.		0. 0. 0. 0. 0. 0.	1,2 6,0 5,3 42,5 3,4 7,3 33,6 16,6	98. 29. 77. 38. 55.
TOTAL TO FM 990-PF, PART I, LN 4 =	116,266.		0.	116,2	66.
FORM 990-PF OI	HER INCOME			STATEMENT	3
DESCRIPTION	(A) REVENUE PER BOOK	S	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
GLOBAL EQUITY FUND-SEG TAXABLE BOND FUND-SEG GLOBAL BOND FUND-GEN US ALL CAP EQUITY GLOBAL BOND FUND-SEG TAXABLE BOND FUND-GEN GLOBAL EQUITY FUND-GEN	-4,	128. 459. 925. 107. 529. 100.	-128. 459. -925. 107. -4,529. 100.	•	
TOTAL TO FORM 990-PF, PART I, LINE	11 -4,	932.	-4,932	•	

FORM 990-PF	OTHER PROFES	SIONAL FEES	S'	TATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
INVESTMENT EXPENSES GLOBAL					
BOND FUND-SEG INVESTMENT EXPENSES US ALL	1,351.	1,351.		1	0.
CAP FUND INVESTMENT EXPENSES	2,905.	2,905.		1	0.
TAXABLE BOND FUND-SEG INVESTMENT EXPENSES GLOBAL	6,078.	6,078.		ı	0.
EQUITY FUND-SEG	17,708.	17,708.			0.
WAYCROSSE FEES	6,738.			1,10	
INVESTMENT EXPENSES	0,750.	3,037.		1,10	Τ.
CHARLES SCHWAB INVESTMENT EXPENSES GLOBAL	2,658.	2,658.		(0.
BOND FUND-GEN	276.	276.		1	0.
INVESTMENT EXPENSES TAXABLE BOND FUND-GEN	1,330.	1,330.			0.
INVESTMENT EXPENSES GLOBAL	1,550.	1,550.		,	٠.
EQUITY FUND-GEN	2,216.	2,216.		1	0.
TO FORM 990-PF, PG 1, LN 160	41,260.	40,159.		1,10	<u>1.</u>
FORM 990-PF	TAX	ES	S	PATEMENT .	5
	(A)	(B)	(C)	(D)	
DESCRIPTION	EXPENSES PER BOOKS	NET INVEST- MENT INCOME	ADJUSTED NET INCOME	CHARITAB: PURPOSE:	
FOREIGN TAXES PAID - GLOBAL BOND FUND-SEG FOREIGN TAXES PAID -	9.	9.		(0.
GLOBAL EQUITY FUND-SEG FOREIGN TAXES PAID - US	3,126.	3,126.		,	0.
ALL CAP EQUITY	17.	17.			0.
FEDERAL TAX PAID	453.				0.
FOREIGN TAXES PAID - GLOBAL BOND FUND-GEN	2.				0.
FOREIGN TAXES PAID -					
GLOBAL EQUITY FUND-GEN	391.	391.			0.
TO FORM 990-PF, PG 1, LN 18	3,998.	3,545.		1	0.
					_

FORM 990-PF	OTHER E	XPENSES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLE E PURPOSES
STATE OF MINNESOTA FEE PROFESSIONAL FEES STATE OF DELAWARE FEE	25. 170. 25.	0. 0. 0.		25. 170. 25.
TO FORM 990-PF, PG 1, LN 23	220.	0.		220.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7
DESCRIPTION		ВО	OK VALUE	FAIR MARKET VALUE
GLOBAL EQUITY (INTL) FUND U.S. ALL CAP EQUITY FUND DU PONT E.I. DE NEMOURS DYNEGY ITT CORP JOHNSON & JOHNSON KRAFT FOODS INC. 3M NCR PALL TEREX CORP TEXAS INSTRUMENTS VALMONT INDUSTRIES WABTEC CENOVUS ENERGY INGERSOLL RAND SIEMENS AG ADR SONY ADR SUNCOR ENERGY AGRIUM XYLEM NUCOR MATERION CORP JC PENNEY CISCO SYSTEMS BANK OF NEW YORK MELLON BRIGGS & STRATTON CORNING INC LIFE TECHNOLOGIES CORP			1,553,327. 551,470. 6,034. 0. 6,025. 7,556. 4,604. 2,788. 2,192. 4,121. 4,889. 8,867. 0. 9,687. 9,446. 0. 8,430. 9,828. 4,590. 5,229. 6,754.	2,021,578. 770,984. 8,771. 0. 6,660. 9,749. 11,084. 0. 9,136. 7,890. 5,462. 7,003. 5,366. 6,475. 10,400. 0. 11,485. 8,672. 10,906. 5,414. 0. 10,906. 6,219. 4,985. 6,871.

THE HAROLD AND KATE REED FAMILY FOUNDATI		20-3982052
STANLEY BLACK & DECKER CHICAGO BRIDGE & IRON	3,615. 8,921.	3,699. 9,734.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,255,245.	2,966,702.
FORM 990-PF CORPORATE BONDS		STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
TAXABLE BOND FUND GLOBAL BOND FUND	769,374. 187,338.	822,694. 196,703.
TOTAL TO FORM 990-PF, PART II, LINE 10C	956,712.	1,019,397.
FORM 990-PF PART XV - LINE 1A LIST OF FOUNDATION MANA	GERS	STATEMENT 9

NAME OF MANAGER

HAROLD S. REED KATE M. REED

¥Form 88€8 (Rev. 1-2013)						Page 2
If you are filing for an Additional (Not Automatic) 3-Month	Extension	complete only Part II and check this	hox			aye z
Note. Only complete Part II if you have already been granted a				8868		
• If you are filing for an Automatic 3-Month Extension, com		•		0000		
Part II Additional (Not Automatic) 3-Month			al (no c	opies	needed).	
					nber, see instruc	tions
Type or Name of exempt organization or other filer, see ins	structions				fication number (E	
print THE HAROLD AND KATE REED FAMILY					(-	,
File by the FOUNDATION				20	-3982052	
due date for Number, street, and room or suite no. If a P O box	x, see instruc	ctions.	Social se		number (SSN)	
return See PO BOX 5628				•	(,	
unstructions City, town or post office, state, and ZIP code For	a foreign add	dress, see instructions.				
MINNEAPOLIS, MN 55440-562	_	ŕ				
Enter the Return code for the return that this application is for	(file a separa	ate application for each return)			0	4
Application	Return	Application			Re	eturn
Is For	Code	Is For			c	ode
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A				08
Form 4720 (individual)	03	Form 4720				09
Form 990-PF	04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T (trust other than above)	06	Form 8870				12
STOP! Do not complete Part II if you were not already gran	ted an autor	matic 3-month extension on a prev	ously file	ed Forn	n 8868.	
MICHELLA L. J						
• The books are in the care of ▶ P.O. BOX 5628	- MIN					
Telephone No ► <u>952-674-2800</u>		FAX No 🕨				_
 If the organization does not have an office or place of busin 					▶ ∟	╛
If this is for a Group Return, enter the organization's four dig.	git Group Exe	emption Number (GEN) li	this is fo	r the w	hole group, check	k this
box ► If it is for part of the group, check this box ►		ach a list with the names and EINs of	all memb	ers the	extension is for	
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2013				
5 For calendar year 2012 , or other tax year beginning		, and ending				
6 If the tax year entered in line 5 is for less than 12 months	s, check reas	on Initial return	Final i	return		
Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL TIME IS NECESSARY	IN OR	DER TO FILE A COMP	LETE	AND	ACCURATE	<u>'</u>
TAX RETURN.						
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	0, or 6069, e	enter the tentative tax, less any				
nonrefundable credits. See instructions.			8a	\$	1,0	88.
b If this application is for Form 990-PF, 990-T, 4720, or 606	69, enter any	refundable credits and estimated				
tax payments made Include any prior year overpayment	t allowed as a	a credit and any amount paid]		
previously with Form 8868			8b	\$	1,0	88.
c Balance due. Subtract line 8b from line 8a Include your	payment wit	th this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). See in	structions.		8c	\$		<u>0.</u>

EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Title ► CPA Signature > Date >