

## 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



Form **990-PF** Department of the Treasury Internal Revenue Servica

# 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

For	alei	nder year 2012 or tax year beginning		, and e	nding		
Name of foundation					A Employer identification	number	
PROLOGIS FOUNDATION					36-4439409		
		nd street (or PO box number if mail is not delivered to street 5 AIRPORT WAY	address)		Room/suite	B Telephone number 303-567-50	00
City	or t	own, state, and ZIP code			I.	C If exemption application is p	<del></del>
		VER, CO 80239	····		1		<b>.</b>
G	песк	all that apply: Initial return Final return	Initial return of a fo	ormer public (	charity	D 1. Foreign organizations	, cneck nere
		Address change	Name change			Foreign organizations me check here and attach co	eting the 85% test,
H C	heck	type of organization: X Section 501(c)(3) ex	<u>~_</u>			E If private foundation sta	
	Se		Other taxable private founda	ation		under section 507(b)(1)	
		arket value of all assets at end of year   J   Accounti	•	Accr	rual	F If the foundation is in a (	60-month termination
			ther (specify)			under section 507(b)(1)	(B), check here
<b>_</b>		12175235. (Part I, colu	mn (d) must be on cash t	basis )			
Pa	rt i	(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		vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1000000.				
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary	40000		10000	40000	ama mora
	3	cash investments	10778.		10778.	10778.	STATEMENT 1
	4	Dividends and interest from securities					
		Gross rents					1
	_	Net gain or (loss) from sale of assets not on line 10					·
nue	J	Gross sales price for all assets on line 6a				<u></u>	
Revenue	7	Capital gain net income (from Part IV, line 2)		<del></del>	0.	i	RECEIVED
Œ	8	Net short-term capital gain			_		
	9	Income modifications Gross sales less returns				43	01/9-100
	10a	and allowances					2 / 2013 19
		Less Cost of goods sold					The state of the s
		Gross profit or (loss)					PUEN, UT
	11 12	Other income Total. Add lines 1 through 11	1010778.		10778.	10778.	
	13	Compensation of officers, directors, trustees, etc	0.		0.	0.	0.
	14	Other employee salaries and wages	· · · · · · · · · · · · · · · · ·		•		
••	15	Pension plans, employee benefits					
ses		Legal fees					
per		Accounting fees	40500				
Ä	l	Other professional fees STMT 2	10500.	<u> </u>	0.	0.	0.
žť	17 18	Interest Taxes		<u> </u>			<del></del>
istra	19	Depreciation and depletion				ļ	
in.	20	Occupancy				<del> </del>	·
Adr	21	Travel, conferences, and meetings				· · · · · · · · · · · · · · · · · · ·	
Þu	22	Printing and publications					
ng 8	23	Other expenses STMT 3	3565.		0.	0.	0.
rati	24	Total operating and administrative			•	_	
Operating and Administrative Expen		expenses. Add lines 13 through 23	14065.		0.	0.	0.
		Contributions, gifts, grants paid	647260.		<del></del>		647260.
	26	Total expenses and disbursements. Add lines 24 and 25	661325.		0.	0.	647260.
	27		0013231			<del>                                     </del>	0472001
		Excess of revenue over expenses and disbursements	349453.				
		Net investment income (if negative, enter -0-)			10778.		
7555	0	Adjusted net income (if negative, enter -0-)				10778.	
2235 12-05	ון - 12	LHA For Paperwork Reduction Act Notice, see	instructions.	- <del></del>			Form <b>990-PF</b> (2012) (

36-4439409

Page 2

Part I	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
rari I	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	11826937.	12175235.	12175235.
	Accounts receivable ►			
	Less: allowance for doubtful accounts ▶			
	Pledges receivable ►	<del></del>		
	Less; allowance for doubtful accounts			
1 -	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
ı	Other notes and loans receivable			- -
	Less; allowance for doubtful accounts			
इंडि	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
<b>⋖</b>   10a	Investments - U.S. and state government obligations			
b	Investments - corporate stock			
C	Investments - corporate bonds	-		
11	Investments - land, buildings, and equipment basis			
- 1	Less accumulated depreciation			
	Investments - mortgage loans			
	Investments - other		٠	
1	Land, buildings, and equipment basis			
1	Less accumulated depreciation			
	Other assets (describe ►			
"	Other assers (describe >			
16	Total assets (to be completed by all filers)	11826937.	12175235.	12175235.
_	Accounts payable and accrued expenses	110203371	121/32331	122732331
	Grants payable	68268.		1
مدا	Deferred revenue	00200.		
.9	-	<del> </del>		1
≝   20 ■   11	Loans from officers, directors, trustees, and other disqualified persons	·		
별 21	Mortgages and other notes payable			1
22	Other liabilities (describe )		-	,
100	Total liabilities (add lines 17 through 22)	68268.	0.	1
- 23	Foundations that follow SFAS 117, check here	002001		
	and complete lines 24 through 26 and lines 30 and 31.			
တ္တ 24	Unrestricted			
Š   24	· · · · · · · · · · · · · · · · · ·			1
E 25	Temporarily restricted			
<u>ක්</u>   26	Permanently restricted  Foundations that do not follow SFAS 117, check here			
.등	•			
<u>ة</u>	and complete lines 27 through 31.	۸ ا	0	1
27 چو	Capital stock, trust principal, or current funds	0.	0.	
မ္ဟ 28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	1084881.	
	Retained earnings, accumulated income, endowment, or other funds	11758669.	11090354.	
₽   30	Total net assets or fund balances	11758669.	12175235.	1
İ		11006037	10155005	
31	Total liabilities and net assets/fund balances	11826937.	12175235.	
Part	Analysis of Changes in Net Assets or Fund Ba	alances		
1 Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	1 1	
	t agree with end-of-year figure reported on prior year's return)	30	1	11758669.
	amount from Part I, line 27a		- 1	349453.
	increases not included in line 2 (itemize) PRIOR PERIOI	ADTUSTMENT	3	67113.
	ines 1, 2, and 3	- INCOPININI	4	12175235.
	eases not included in line 2 (itemize)	•	5	0.
-	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	12175235.
- 10tal				Form <b>990-PF</b> (2012)

		nd(s) of property sold (e. or common stock, 200 sh			I ` P	(b) How acquired P - Purchase D - Donation		(c)	Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
1a										
b NC	ONE				<del> </del>					
C	<del>.</del>				-					
d					+					<del> </del>
e	1		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<del> </del>	Щ,		•			Ļ
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale					(h) Gain or (loss ) plus (f) minus	
a	4								_	
<u>b</u>	<del> </del>		ļ						<del></del>	
C	<del> </del>		1		<b> </b>					
<u>d</u>	<del> </del>	<u>.                                    </u>								<del></del>
Complete only for assets show	וחם מפוח וח	column (h) and owned by	the foundation	on 12/31/60				//) Co.	as (Cal. (b) sour	
Complete only for assets show	<del></del>	(j) Adjusted basis		cess of col. (i)					ns (Col. (h) gair but not less tha	
(i) F.M.V. as of 12/31/69	<u> </u>	as of 12/31/69		col. (j), if any			<del></del>		sses (from col.	
a			1							
b	-	-								<del></del>
C	1		<u> </u>							<del> </del>
<u>d</u>	1			·	-					
<u>e</u>			J	<del> </del>	<del>-</del>					
2 Capital gain net income or (net o	capital loss)	$ \begin{cases} If gain, also enter \\ If (loss), enter \end{cases} $	er in Part I, line D- in Part I, line	7 7	}[	2				
3 Net short-term capital gain or (lo	oss) as defi	ned in sections 1222(5) a	nd (6):							
If gain, also enter in Part I, line 8	•	. ,			- ), l					
If (loss), enter -0- in Part I, line 8	3					3	<u> </u>			
Part V   Qualification I (For optional use by domestic priva		ection 4940(e) fo					nent in	com	<u></u>	
If section 4940(d)(2) applies, leave  Was the foundation liable for the se  If "Yes," the foundation does not qui  Enter the appropriate amount in	ction 4942 alify under	tax on the distributable ar section 4940(e). Do not c	omplete this pa	rt		<u>.</u>				Yes X No
(a)	1	(b)		, ,	(c)			-		(d) bution ratio
Base periód years Calendar year (or tax year beginr	nua iu)	Adjusted qualifying di	stributions	Net value of no			use asset	s	Dıstrı (col. (b) dı	bution ratio vided by col. (c))
2011	9/		591872.			118	3226	2.	((-)	.050022
2010			94012.				0225			.050330
2009	_		131313.				2459		<del></del>	.040596
2008		(	89269.				8950			.065710
2007			00025.			52	3597	7.		.019103
	•									<u> </u>
2 Total of line 1, column (d)			•						2	.225761
3 Average distribution ratio for the	e 5-year bas	se period - divide the total	on line 2 by 5,	or by the number	of ye	ars				<del></del>
the foundation has been in exist	ence if less	than 5 years							3	.045152
										<u></u>
4 Enter the net value of noncharita	able-use as:	sets for 2012 from Part X,	line 5	-					4	12186496.
5 Multiply line 4 by line 3				-					5	550245.
										-
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)		-		-		L	6	108.
7 Add lines 5 and 6						-		L	7	550353.
8 Enter qualifying distributions fro	m Part XII.	line 4							8	647260.
				•				ᆫ	<del>- 1</del>	
If line 8 is equal to or greater that	an line 7 ch	eck the hox in Part VI. lim	e 1h and come	lete that nart usin	n a 10	% tav	rate			

Form 990-PF (2012) PROLOGIS FOUNDATION			439409		Page 4
Part VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 49	948 - :	see instr	uctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.			-	_	
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		ļ			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%	L	1		1	.08.
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).					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	. <u>L</u>	2			0.
3 Add lines 1 and 2		3		1	08.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	Ĺ	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		1	.08.
6 Credits/Payments:					-
a 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 6a					
b Exempt foreign organizations - tax withheld at source 6b					
c Tax paid with application for extension of time to file (Form 8868)	00.				
d Backup withholding erroneously withheld . 6d					
7 Total credits and payments. Add lines 6a through 6d		7		3	300.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	ſ	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶	9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶	10		1	92.
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax > 192. Refunde	:d ▶ [	11			0.
Part VII-A   Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or int	ervene i	n		Yes	No
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 definit	on)?	_	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials po	ıblıshed	d or			
distributed by the foundation in connection with the activities.				l.	
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$	0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	1				
managers. ► \$0 .				1	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
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 incorpora	ation, or				
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		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/	A 4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
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 remain in the governing instrument?	e state l	law	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year?			7	$\frac{1}{X}$	+
If "Yes," complete Part II, col. (c), and Part XV.			_ <del>  '</del>	<del>  ^^</del>	<del> </del>
8a Enter the states to which the foundation reports or with which it is registered (see instructions)				ŀ	1
CO				:	
<b>b</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)					
of each state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </u>
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) to	or calen	ıdar			
year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	<u> </u>	X
10. Did any parents become cubetantial contributors during the tay year?			10	1	ΙX

b 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.)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

Yes X No

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, Form 4720, to determine if the foundation had excess business holdings in 2012)

N/A

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

Form **990-PF** (2012)

X

N/A

2b

3b

4a

Form 990-PF (2012) PROLOGIS FOUNDATION  Part VII-B   Statements Regarding Activities for Which F	Form 4720 May Be		36-44394	109	Page 6
5a During the year did the foundation pay or incur any amount to:	-orm 4720 May be i	nequired (contin	uea)	- T	<del></del>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e)\2	□ v	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	1 11				
any voter registration drive?	r to durry on, amount or man		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?	a document in document	[ ] Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or t				
the prevention of cruelty to children or animals?	or oddounomar parposos, or		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	Her the excentions described	• • —			i ,
section 53.4945 or in a current notice regarding disaster assistance (see instru		in riogulations	N/A	5b	_
Organizations relying on a current notice regarding disaster assistance check h	•		<b>▶</b>	-	$\vdash$
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	•	ned .			
expenditure responsibility for the grant?			es 🗔 No		
If "Yes," attach the statement required by Regulations section 53.4945		.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j					
a personal benefit contract?	pay promiums on		es X No	ŀ	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	٠٠ لــــــا ١٠	ا	6ь	x
If "Yes" to 6b, file Form 8870	orsonal bonone contract:		F	-	<del>-  </del> ;
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ <b>v</b> ₄	es X No		1
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Information About Officers Directors Trust		nagers Highly		70	
Part VIII Paid Employees, and Contractors	ces, i curidation inc	inagers, rugin	<i>,</i> 		
1 List all officers, directors, trustees, foundation managers and their					
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address	to position	enter -0-)	and deferred compensation	all	owances
					_
SEE STATEMENT 4		0.	0.	<u> </u>	0.
<del></del> -					<del></del>
				<u> </u>	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributors to	I (:)	Evenes
(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	accc	Expense ount, other owances
NONE	devoted to position		compensation	all	JWances
HOME					
	<u> </u>				
		<del> </del>	-	├	<del></del>
		<u> </u>		├	
		<del> </del>	<u>.                                    </u>	<del>                                     </del>	
Total number of other employees paid over \$50,000	<u> </u>	•	<b></b>		0

Form 990-PF (2012) PROLOGIS FOUNDATION		4439409 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) 13po el celvico	(6) 66
NOND	-	
	<u> </u>	
	4	
		·
	7	
	1	
Total number of others receiving over \$50,000 for professional services	<del></del>	▶ 0
Part IX-A Summary of Direct Charitable Activities	·	
h		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the	Expenses
37/3	iceu, etc.	· · · · · · · · · · · · · · · · · · ·
1 N/A		i
		i
		<u> </u>
2		1
		i
		i
3		
		i
		i
4		
4		ı
		ı
Dort IV D Common of Day was a Datata d lass at the control		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on li	1 1 0	A
	nes I and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
<u> </u>	<del></del>	
Takal Add base 4 Abus sab 0	•	0.
Total. Add lines 1 through 3		

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	12372077.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	12372077.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	12372077.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	185581.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12186496.
6	Minimum investment return. Enter 5% of line 5	6	609325.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certai	n
1	Minimum investment return from Part X, line 6	1	609325.
2a	Tax on investment income for 2012 from Part VI, line 5 2a 2a 108.		•
	Income tax for 2012. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	108.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	609217.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	609217.
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	609217.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	647260.
b	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, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	_	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	647260.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	108.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	647152.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies	for the section

Form **990-PF** (2012)

Form 990-PF (2012)

Part XIII Undistributed Income (see instructions)

•		(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 201	12 from Part XI,	····			
line 7					609217.
2 Undistributed income, if any, as o	of the end of 2012				
a Enter amount for 2011 only				0.	
b Total for prior years:					
			0.		
3 Excess distributions carryov	er, if any, to 2012:				
<b>a</b> From 2007					
<b>b</b> From 2008	4147.				
c From 2009	1001				
dFrom 2010	4221.				
eFrom 2011	376.				
f Total of lines 3a through e	- <u>L</u>	8744.			
4 Qualifying distributions for 2					
Part XII, line 4: ►\$	647260.				
a Applied to 2011, but not mo	<del> </del>			0.	.,
<b>b</b> Applied to undistributed inco			•		
years (Election required - se	· -		0.		
c Treated as distributions out	·				
(Election required - see instr		0.			C00017
d Applied to 2012 distributable		20042		_	609217.
e Remaining amount distribute	·	38043.	- <u>- ·</u> .		
5 Excess distributions carryover ap (If an amount appears in column (in must be shown in column (a))	plied to 2012 d), the same amount	0.			0.
6 Enter the net total of each c indicated below:	olumn as				
a Corpus Add lines 3f, 4c, and 4e	Subtract line 5	46787.			
<b>b</b> Prior years' undistributed inc	come. Subtract				<u> </u>
line 4b from line 2b			0.		
c Enter the amount of prior yes undistributed income for wh deficiency has been issued, o	ich a notice of				
the section 4942(a) tax has I assessed	been previously		0.		
d Subtract line 6c from line 6b	. Taxable				
amount - see instructions	. <u>L</u>		0.		
e Undistributed income for 20	11. Subtract line				
4a from line 2a. Taxable amo	<u> </u>			0.	
f Undistributed income for 20					
lines 4d and 5 from line 1. Ti	his amount must				_
be distributed in 2013	_				0.
7 Amounts treated as distribut					
corpus to satisfy requiremen					
section 170(b)(1)(F) or 4942	- · · · · ·	0.			
8 Excess distributions carryov		۱ ،			
not applied on line 5 or line 7		0.			
9 Excess distributions carryon		46787.			
Subtract lines 7 and 8 from I	ine ba .	40/0/•		.,.	
10 Analysis of line 9:	4147.				
a Excess from 2008	4141.				
b Excess from 2009 c Excess from 2010	4221.				
d Excess from 2011	376.				
e Excess from 2012	38043.				
0 LAUG33 11 0 11 2 0 1 2	200 234				Form <b>QQ0_PF</b> (2012)

Form 990-PF (2012) PROLOGIS Part XIV Private Operating Fo	FOUNDATIO		(II A munchion O)		39409 Page
				N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	•		▶∟_	[	
b Check box to indicate whether the founda		ing foundation described		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0011	Prior 3 years	40.000	
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					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		1			
d Amounts included in line 2c not					
used directly for active conduct of		i			
exempt activities					
e Qualifying distributions made directly		1-	<del> </del>		
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the	•	· · · · · · · · · · · · · · · · · · ·			<del></del>
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				1	
listed					ļ
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section		i			
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 Infor	mation (Comple	ete this part only	if the foundation	had \$5,000 or mo	ore in assets
at any time during th				,	
1 Information Regarding Foundation	Managers:		· · · · · · · · · · · · · · · · · · ·		77
a List any managers of the foundation who	•	than 2% of the total cor	tributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed mo	ore than \$5,000). (See	section 507(d)(2).)	,		,
NONE					
b List any managers of the foundation who	own 10% or more of the	he stock of a corporation	(or an equally large ports	on of the ownership of a pa	artnership or
other entity) of which the foundation has	a 10% or greater intere	st.	(ar an adean) in 90 horn	o., o o o o p o . a p .	aratoromp or
NONE					
2 Information Regarding Contribution	n Grant Gift Loan	Scholarship etc. F	Programs:		
Check here ▶ ☐ If the foundation on				not accent unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc. (s					
a The name, address, and telephone number	er or e-mail of the persi	on to whom applications	should be addressed.	· · · · · · · · · · · · · · · · · · ·	
EDWARD S. NEKRITZ, 30	•		ondaid bo addi cooca.		
4545 AIRPORT WAY, DEN					
<b>b</b> The form in which applications should be			chould include:	<del></del>	<del></del> -
N/A					
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geographic	al areas, charitable fields	, kınds of institutions, or	other factors:	
NONE					

**▶** 3b

0.

36-4439409

Page 11

Total

### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclude	ed by section 512, 513, or 514	(a)
	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		1000		
a			╂┈╌┼		
			+ +		
	-		1 1		
0	-		<del>                                     </del>		<u>-</u>
•			+ +		
g Fees and contracts from government agencies	-		<del>  </del>		
2 Membership dues and assessments			<del> </del>		
3 Interest on savings and temporary cash			+		
investments	-   -		14	10778.	
4 Dividends and interest from securities			+=+		
5 Net rental income or (loss) from real estate:			<del>1</del>		
a Debt-financed property			<del>                                     </del>	·····	
b Not debt-financed property			1 1		
6 Net rental income or (loss) from personal					· ·
property			1 1		
7 Other investment income					
8 Gain or (loss) from sales of assets other					<del>-</del>
than inventory					
9 Net income or (loss) from special events			1		
10 Gross profit or (loss) from sales of inventory			<del>                                     </del>	• •	
11 Other revenue:					· · · · · · · · · · · · · · · · · · ·
a					
b	_		1		**
С					•••
d					-
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		10778.	0.
13 Total. Add line 12, columns (b), (d), and (e)		_		13	10778.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which in			A contribu	ted importantly to the accomp	olishment of
the foundation's exempt purposes (other that	an by providing tund	is for such purposes).			<del></del>
		· · · · · · · · · · · · · · · · · · ·			<del></del>
				<del></del>	
					· · · · · · · · · · · · · · · · · · ·
				- <del></del>	<del></del>
					<del></del>
			-		
	<del></del>				
		<del></del>			
	<del></del> -				
-					
	***				<del>·····································</del>
				<del></del>	
	·	<del></del>		<del></del> _	<del></del>
					<del></del>
				<del></del>	
				<del></del>	

## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the or	rganization directly or indir	ectly engage in any o	of the following	ig with any other organization	on described in sect	on 501(c) of		Yes	No
	the Code	(other than section 501(c)	(3) organizations) or	ın section 52	27, relating to political organ	nizations?				
а	Transfers	from the reporting founda	ation to a noncharitat	ole exempt or	ganization of:					
	(1) Cash	1						1a(1)		X
	(2) Othe	r assets	•			-		1a(2)		X
b	Other trai	nsactions;								
	(1) Sales	s of assets to a noncharital	ble exempt organizati	ion				1b(1)		X
	(2) Purc	hases of assets from a nor	ncharitable exempt o	rganızatıon				1b(2)		X
	(3) Rent	al of facilities, equipment, (	or other assets					1b(3)		X
	(4) Reim	bursement arrangements					•	1b(4)		X
	(5) Loar	is or loan guarantees						1b(5)		X
	, ,	ormance of services or me	•	•				1b(6)		X
		of facilities, equipment, mai						10		X
d					edule. Column (b) should alv				ets,	
					ed less than fair market valu	ue in any transaction	or sharing arrangement, sh	ow in		
/a\.		d) the value of the goods, (				1 (4) -				
(a)L	ine no	(b) Amount involved	(c) Name of		e exempt organization	(U) Description	of transfers, transactions, and si	naring an	angeme	nts
				N/A						
	-									
	~					<del></del>				
					<del></del>					
					<del></del>					
							·-···			
		······································								
		,					· · · · · · · · · · · · · · · · · · ·			
								_		
				_						
2a	Is the fou	indation directly or indirect	tly affiliated with, or re	elated to, one	or more tax-exempt organi	zations described				
		n 501(c) of the Code (other	, ,	(3)) or in sec	tion 527?			Yes	X	No
b	If "Yes," o	omplete the following sch								
		(a) Name of org	anization		(b) Type of organization		(c) Description of relationsh	p		
		N/A								
					ļ.—	ļ				
				<del></del>			<del></del>			
	Unde	r penalties of penury. I declare	that I have examined this	s return, includir	ng accompanying schedules and	I statements, and to the	best of my knowledge			
Si					ın taxpayer) is based on all inforn		r has any knowledge May return	the IRS o n with the	e prepar	er
	ere	fetel			111/15/13	Senior 1	lice President show	n below	(see ins	٦'
		nature of officer or trustee			Date	Title		J Yes		J No
		Print/Type preparer's na		Preparer's s		Date	Check If PTIN			
			-				self- employed			
Pa	aid	JOHN DAVID	STEVENS	4	Steven	11/14/13	· · ·	640	255	
Pr	eparer	Firm's name ▶ DEL		LLP	-, -, -, -, -, -, -, -, -, -, -, -, -, -	1 1 1	Firm's EIN ▶ 86-10			
	se Only			· <del>-</del>					-	
	_	Firm's address ▶ 19	1 PEACHTR	EE ST.	, NE SUITE 2	000	<del> </del>			
			LANTA, GA				Phone no. 404-2	20-	150	0
		<del></del>					<del></del>	n <b>990</b>		

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

OMB No 1545-0047

PROLOGIS FOUNDATION

Employer identification number

	PROLOGIS FOUNDATION	36-4439409
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule	t(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule and Administration Rule Administration Rule Administration Rule Administration Rul	
	mplete Parts I and II	
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	•
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one coons of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or of cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is ch purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one corruse exclusively for religious, charitable, etc., purposes, but these contributions did no ecked, enter here the total contributions that were received during the year for an exclust complete any of the parts unless the <b>General Rule</b> applies to this organization becausable, etc., contributions of \$5,000 or more during the year	ot total to more than \$1,000. usively religious, charitable, etc ,
J	on that is not covered by the General Rule and/or the Special Rules does not file Sched on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on I	, , , , , , , , , , , , , , , , , , , ,
	eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

### PROLOGIS FOUNDATION

36-4439409

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	PROLOGIS LOGISTICS SERVICES, NOC  4545 AIRPORT WAY  DENVER, CO 80239		Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total contributions	(d) Type of contribution			
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total contributions	(d) Type of contribution			
		<b></b> \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		<b>\$</b>	Person Payroll Complete Part II if there is a noncash contribution.)			
223452 12-2	1-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2012)			

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) ff recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient MILE HIGH MONTESSORI NONE 501(C)(3) UNRESTRICTED 1500. DENVER, CO AURORA PUBLIC SCHOOLS FOUNDATION NONE 501(C)(3) UNRESTRICTED AURORA, CO 14080. LUCILE PACKARD CHILDREN'S HOSPITAL NONE 501(C)(3) UNRESTRICTED 4000. PALO ALTO, CA 501(C)(3) ST. DOROTHY'S REST NONE UNRESTRICTED CAMP MEEKER, CA 4000. UNIVERSITY OF COLORADO REAL ESTATE NONE 501(C)(3) UNRESTRICTED FOUNDATION DENVER, CO 2500. COLORADO YOUTH OUTDOORS NONE 501(C)(3) UNRESTRICTED LOVELAND, CO 5000. UNITED WAY OF THE BAY AREA NONE 501(C)(3) UNRESTRICTED 10000. SAN FRANCISCO, CA NONE 501(C)(3) UNRESTRICTED SUSAN G. KOMEN FOR THE CURE 14922. DALLAS, TX 501(C)(3) CITY OF HOPE NONE UNRESTRICTED 10000. DUARTE, CA JUNIOR ACHIEVEMENT ROCKY MOUNTAIN NONE 501(C)(3) UNRESTRICTED INC. DENVER, CO 65620. 647260. Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Purpose of grant or contribution Foundation status of Amount Name and address (home or business) recipient or substantial contributor SAN FRANCISCO MUSEUM OF ART NONE 501(C)(3) UNRESTRICTED SAN FRANCISCO, CA 10000. JUNIOR ACHIEVEMENT NORTHERN 501(C)(3) NONE UNRESTRICTED CALIFORNIA WALNUT CREEK, CA 2000. DENVER MUSEUM OF NATURE & SCIENCE NONE 501(C)(3) UNRESTRICTED DENVER, CO 5000. DENVER BOTANIC GARDENS NONE 501(C)(3) UNRESTRICTED DENVER, CO 500. NONE AMERICAN RED CROSS 501(C)(3) UNRESTRICTED DENVER, CO 29960. NONE CHILDREN'S HOSPITAL COLORADO 501(C)(3) UNRESTRICTED FOUNDATION AURORA, CO 29600. TOIGO FOUNDATION NONE 501(C)(3) UNRESTRICTED OAKLAND, CA 5000. 501(C)(3) THE CORE FOUNDATION NONE UNRESTRICTED 10000. CHICAGO, IL METRO VOLUNTEERS NONE 501(C)(3) UNRESTRICTED 10550. DENVER, CO EXTREME COMMUNITY MAKEOVER NONE 501(C)(3) UNRESTRICTED DENVER, CO 10000. Total from continuation sheets

Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor DENVER ART MUSEUM NONE 501(C)(3) UNRESTRICTED DENVER, CO 2100. ULI FOUNDATION NONE 501(C)(3) UNRESTRICTED WASHINGTON, DC 10000. ESCUELA BILINGUE INTERNACIONAL NONE 501(C)(3) UNRESTRICTED OAKLAND, CA 1500. UNIVERSITY OF WASHINGTON RUNSTAD NONE 501(C)(3) UNRESTRICTED SCHOOL OF REAL ESTATE STUDIES SEATTLE, WA 2500. BOY SCOUTS OF AMERICA NONE 501(C)(3) UNRESTRICTED LITTLETON, CO 20500. AIM HIGH NONE 501(C)(3) UNRESTRICTED 1500. DENVER, CO FOOD BANK OF THE ROCKIES NONE 501(C)(3) UNRESTRICTED DENVER, CO 2650. CHRONICLE SEASON OF SHARING FUND NONE 501(C)(3) UNRESTRICTED SAN FRANCISCO, CA 15000. BIG BROTHERS BIG SISTERS OF COLORADO NONE 501(C)(3) UNRESTRICTED DENVER, CO 14125. RONALD MCDONALD HOUSE CHARITIES OF NONE 501(C)(3) UNRESTRICTED DENVER, INC. 4420. DENVER, CO Total from continuation sheets

Part XV

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) or substantial contributor MARINE TOYS FOR TOTS FOUNDATION NONE 501(C)(3) UNRESTRICTED 5000. TRIANGLE, VA COLORADO UPLIFT NONE 501(C)(3) UNRESTRICTED 27500. DENVER, CO ACE NONE 501(C)(3) UNRESTRICTED PUEBLO, CO 10000. NONE 501(C)(3) UNRESTRICTED BANK OF AMERICA CHARITABLE GIFT FUND 125000. BOSTON, MA NONE 501(C)(3) UNRESTRICTED PROJECT C.U.R.E. 1000. CENTENNIAL, CO BOY'S AND GIRL'S CLUB OF METRO DENVER NONE 501(C)(3) UNRESTRICTED 10000. DENVER, CO HABITAT FOR HUMANITY NONE 501(C)(3) UNRESTRICTED LAKEWOOD, CO 25000. 501(C)(3) UNRESTRICTED UNIVERSITY OF COLORADO REAL ESTATE NONE CENTER 5000. BOULDER, CO BOY'S AND GIRL'S CLUB OF LAWRENCE NONE 501(C)(3) UNRESTRICTED 11000. LAWRENCE, MA NORTHERN LIGHT SCHOOL NONE 501(C)(3) UNRESTRICTED 10000. OAKLAND, CA Total from continuation sheets

Part XV Supplementary Information				·
3 Grants and Contributions Paid During the			<del></del>	
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
	or substantial contributor	recipient		
EDGEWOOD CENTER FOR CHILDREN AND	NONE	501(C)(3)	UNRESTRICTED	
FAMILIES	HONE	101(6)(3)	DRABIRICIBB	
SAN FRANCISCO, CA				2500.
LAFAYETTE PARTNERS IN EDUCATION	NONE	501(C)(3)	UNRESTRICTED	
LAFAYETTE, CA		<u> </u>		1300.
ACALANES PARENT CLUB	NONE	501(C)(3)	UNRESTRICTED	
LAFAYETTE, CA				365.
STANLEY MIDDLE SCHOOL	NONE	501(C)(3)	UNRESTRICTED	
STANDSI MIDDEL BENCOD	long	531(6)(3)	DIRECT DE	
LAFAYETTE, CA				200.
BRIDGE HOUSING CORPORATION	NONE	501(C)(3)	UNRESTRICTED	
BRIDGE HOUSING CORPORATION	HOME	501(6)(3)	DAKESIKICIED	
SAN FRANCISCO, CA				2500.
KQED	NONE	501(C)(3)	UNRESTRICTED	
rýau	NONE	501(0)(3)	DRESTRICIED	
SAN FRANCISCO, CA				500.
COLORADO BUSINESS COMMITTEE FOR THE ARTS	NONE	501(C)(3)	UNRESTRICTED	
ANTO		1		
DENVER, CO				3500.
CALLEGRAL ACADEMY OF CCIENCES	NONE	501(C)(3)	UNRESTRICTED	
CALIFORNIA ACADEMY OF SCIENCES	HONE	B01(C)(3)	DNRESTRICTED	
SAN FRANCISCO, CA		<u> </u>		30000.
MT7DI MICDIM	NONE	501(C)(3)	UNRESTRICTED	
MIZEL MUSEUM	HOME	DUI(C)(3)	DARBSTRICIED	
DENVER, CO		<u></u>		10000.
DDDITTING MOODMUDD GAN DRANGTOO	NONE	501/(0)/(3)	TINTO POMO TOMBO	
REBUILDING TOGETHER SAN FRANCISCO	HOME	501(C)(3)	UNRESTRICTED	
SAN FRANCISCO, CA	L			15000.
Total from continuation sheets		-		

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation status of recipient Purpose of grant or **Amount** contribution Name and address (home or business) or substantial contributor THE GUARDSMEN NONE 501(C)(3) UNRESTRICTED 9000. SAN FRANCISCO, CA OAKLAND CHILDREN'S HOSPITAL NONE 501(C)(3) UNRESTRICTED OAKLAND, CA 1500. MUSANA CHILDRENS HOME - INC NONE 501(C)(3) UNRESTRICTED 500. CENTENNIAL, CO FURNITURE BANK OF CENTRAL OHIO NONE 501(C)(3) UNRESTRICTED COLUMBUS, OH 211. LEHIGH UNIVERSITY NONE 501(C)(3) UNRESTRICTED BETHLEHEM, PA 2000. NONE LEUKEMIA & LYMPHOMA SOCIETY INC. -501(C)(3) UNRESTRICTED THE LEUKEMIA AND LYMPHOMA SOCIETY WHITE PLAINS, NY 200. NATIONAL CHILDHOOD CANCER FOUNDATION NONE 501(C)(3) UNRESTRICTED - CURE SEARCH FOR CHILDREN'S CANCER WHEATON, IL 50. WATERS EDGE SCHOOL INC. NONE 501(C)(3) UNRESTRICTED WAUCONDA, IL 150. NONE 501(C)(3) DEPAUW UNIVERSITY ANNUAL FUND UNRESTRICTED GREENCASTLE, IN 750. MID-OHIO FOODBANK NONE 501(C)(3) UNRESTRICTED GROVE CITY, OH 250. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of recipient any foundation manager Name and address (home or business) or substantial contributor SIGUIENDO LOS PASOS DE JESUS INC NONE 501(C)(3) UNRESTRICTED 1184. EL PASO, TX GIRL SCOUTS OF MIDDLE TENNESSEE INC NONE 501(C)(3) UNRESTRICTED MURFREESBORO, TN 500. ROCKY MOUNTAIN CHILDREN'S CHOIR NONE 501(C)(3) UNRESTRICTED 100. DENVER, CO AMERICAN LIVER FOUNDATION NONE 501(C)(3) UNRESTRICTED NEW YORK, NY 50. NONE CATALYST SCHOOLS 501(C)(3) UNRESTRICTED CHICAGO, IL 250. HOPE 4 KIDS INTERNATIONAL NONE 501(C)(3) UNRESTRICTED PHOENIX, AZ 1000. UNRESTRICTED LOS ANGELES GAY AND LESBIAN COMMUNITY NONE 501(C)(3) SERVICES CENTER INC HOLLYWOOD, CA 100. 501(C)(3) PIONEER ELEMENTARY SCHOOL NONE UNRESTRICTED 50. UNION CITY, CA NONE PLATTE RIVER ACADEMY 501(C)(3) UNRESTRICTED HIGHLANDS RANCH, CO 1000. PRODIGAL SON INITIATIVE INC NONE 501(C)(3) UNRESTRICTED DENVER, CO 750. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient VANDERBILT UNIVERSITY NONE 501(C)(3) UNRESTRICTED 500. NASHVILLE, TN AMERICAN CANCER SOCIETY INC NONE 501(C)(3) UNRESTRICTED ATLANTA, GA 175. DENVER PUBLIC LIBRARY FRIENDS NONE 501(C)(3) UNRESTRICTED FOUNDATION 150. DENVER, CO HIGH MEADOWS SCHOOL INC. NONE 501(C)(3) UNRESTRICTED ROSWELL, GA 495. UNRESTRICTED MARTINEZ EDUCATION FOUNDATION NONE 501(C)(3) MARTINEZ, CA 250. NATIONAL MULTIPLE SCLEROSIS SOCIETY NONE 501(C)(3) UNRESTRICTED HOUSTON, TX 50. TRUSTEES OF HAMILTON COLLEGE -NONE 501(C)(3) UNRESTRICTED HAMILTON COLLEGE 1000. CLINTON, NY VOLUNTEERS FOR OUTDOOR COLORADO INC. NONE 501(C)(3) UNRESTRICTED 100. DENVER, CO PARTNERS HEALTHCARE SYSTEM INC - THE NONE 501(C)(3) UNRESTRICTED MASSACHUSETTS GENERAL HOSPITAL BOSTON, MA 200. BRIDGES CAMBODIA INTERNATIONAL NONE 501(C)(3) UNRESTRICTED NONPROFIT ORGANIZATION SAN JOSE, CA 500. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation status of Purpose of grant or Amount contribution Name and address (home or business) recipient or substantial contributor CENTRAL OHIO DIABETES ASSOCIATION INC NONE 501(C)(3) UNRESTRICTED COLUMBUS, OH 125. COLORADO SYMPHONY ASSOCIATION NONE 501(C)(3) UNRESTRICTED DENVER, CO 50. DENVER CENTER FOR THE PERFORMING ARTS NONE 501(C)(3) UNRESTRICTED 50. DENVER, CO FLYING HORSE FARMS NONE 501(C)(3) UNRESTRICTED COLUMBUS, OH 50. 501(C)(3) JUNIOR LEAGUE OF DENVER INCORPORATED NONE UNRESTRICTED DENVER, CO 100. NATIONAL MULTIPLE SCLEROSIS SOCIETY NONE 501(C)(3) UNRESTRICTED DENVER, CO 50. SAN FRANCISCO AIDS FOUNDATION NONE 501(C)(3) UNRESTRICTED SAN FRANCISCO, CA 100. STAMFORD HOSPITAL HEALTH FOUDNATION NONE 501(C)(3) UNRESTRICTED INC 100. STAMFORD, CT NONE 501(C)(3) TRINITY COLLEGE UNRESTRICTED 100. HARTFORD, CT UNIVERSITY SCHOOL OF NASHVILLE NONE 501(C)(3) UNRESTRICTED NASHVILLE, TN 100. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Purpose of grant or contribution Foundation Amount status of recipient any foundation manager Name and address (home or business) or substantial contributor AMERICAN DIABETES ASSOCIATION INC NONE 501(C)(3) UNRESTRICTED 50. ALEXANDRIA, VA CITY YEAR INC - CITY YEAR DENVER NONE 501(C)(3) UNRESTRICTED DENVER, CO 100. FAMILY YMCA OF THE DESERT NONE 501(C)(3) UNRESTRICTED 250. PALM DESERT, CA NEVADA BALLET THEATRE NONE 501(C)(3) UNRESTRICTED 500. LAS VEGAS, NV P E O FOUNDATION NONE 501(C)(3) UNRESTRICTED DES MOINES, IA 500. PUSH AMERICA NONE 501(C)(3) UNRESTRICTED CHARLOTTE, NC 300. SUSAN G. KOMEN BREAST CANCER NONE 501(C)(3) UNRESTRICTED FOUNDATION - SUSAN G. KOMEN 3-DAY CHICAGO, IL 265. ITALIAN GREYHOUND RESCUE FOUNDATION NONE 501(C)(3) UNRESTRICTED INC 500. NORTH READING, MA OHIO STATE UNIVERSITY FOUNDATION -NONE 501(C)(3) UNRESTRICTED PELOTONIA COLUMBUS, OH 200. PTA CALIFORNIA CONGRESS OF PARENTS NONE 501(C)(3) UNRESTRICTED TEACHERS & STUDENTS INC ALAMEDA, CA 1500. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager status of Name and address (home or business) recipient or substantial contributor BELMONT-REDWOOD SHORES PUBLIC SCHOOL NONE 501(C)(3) UNRESTRICTED FOUNDATION BELMONT, CA 1000. COWBOYS FOR CANCER RESEARCH INC NONE 501(C)(3) UNRESTRICTED DONA ANA, NM 500. CANDLELIGHTERS FOR CHILDHOOD CANCER NONE 501(C)(3) UNRESTRICTED 200. LAS VEGAS, NV DIABETES ACTION RESEARCH AND NONE 501(C)(3) UNRESTRICTED EDUCATION FOUNDATION INC 100. WASHINGTON, DC MASSACHUSETTS INSTITUTE OF TECHNOLOGY NONE 501(C)(3) UNRESTRICTED CAMBRIDGE, MA 250. MERCY CORPS NONE 501(C)(3) UNRESTRICTED PORTLAND, OR 50. REALITIES FOR CHILDREN CHARITIES NONE 501(C)(3) UNRESTRICTED FORT COLLINS, CO 50. ROCKY MOUNTAIN WILDLIFE CONSERVATION NONE 501(C)(3) UNRESTRICTED CENTER KEENESBURG, CO 50. UNIVERSITY OF CALIFORNIA BERKELEY NONE 501(C)(3) UNRESTRICTED FOUNDATION BERKELEY, CA 200. VIRGINIA TECH FOUNDATION INC NONE 501(C)(3) UNRESTRICTED BLACKSBURG, VA 50. Total from continuation sheets

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, show any relationship to Recipient Foundation status of recipient Purpose of grant or contribution Amount any foundation manager Name and address (home or business) or substantial contributor AUTISM SPEAKS INC NONE 501(C)(3) UNRESTRICTED PRINCETON, NJ 1000. CHILDREN'S HOSPITAL CORPORATION NONE 501(C)(3) UNRESTRICTED BOSTON, MA 1000. DENVER RESCUE MISSION NONE 501(C)(3) UNRESTRICTED 58. DENVER CO GUERRANT FOUNDATION INC NONE 501(C)(3) UNRESTRICTED 500. GILBERT, AZ HUMANE SOCIETY OF AUSTIN & TRAVIS NONE 501(C)(3) UNRESTRICTED COUNTY AUSTIN, TX 50. 501(C)(3) JUNIOR LEAGUE OF SAN FRANCISCO INC NONE UNRESTRICTED SAN FRANCISCO, CA 100. MODEST NEEDS FOUNDATION NONE 501(C)(3) UNRESTRICTED NEW YORK, NY 55. NONE 501(C)(3) UNRESTRICTED MOVEMBER INC 50. VENICE, CA NONE UNIVERSITY OF ILLINOIS FOUNDATION 501(C)(3) UNRESTRICTED URBANA, IL 50. WATER ORG INC NONE 501(C)(3) UNRESTRICTED KANSAS CITY, MO 50. Total from continuation sheets

## Form **8868**

(Rev. January 2013) Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No. 1545-1709

 $\mathbf{x}$ 

• If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)	•	
Do not co	mplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	orm 8868.	
	c filing (e-file). You can electronically file Form 8868 if					rporation
	o file Form 990-T), or an additional (not automatic) 3-mo					
	file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in pap	-				
	irs gov/efile and click on e-file for Charities & Nonprofits		(oco monachono). For more detaile	011 1110 010	outorilo tilling of at	
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded)		
	tion required to file Form 990-T and requesting an autor					
Part I only		nano o me	oner extension check this box and	compicio		$\blacksquare$
All other o	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exter	nsion of time	
Type or	Name of exempt organization or other filer, see instru	ctions.	· · · · · · · · · · · · · · · · · · ·	Employe	r identification nu	ımber (EIN) or
print	PROLOGIS FOUNDATION				36-4439	409
File by the	Number, street, and room or suite no. If a P.O. box, s	oo instrus	tions	Coolel or		
due date for filing your return See	4545 AIRPORT WAY	ee mstruc	tions.	Social Se	ecurity number (S	SIN)
instructions	City, town or post office, state, and ZIP code. For a for DENVER, CO 80239	oreign add	lress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicati	on	Return	Application		<del></del>	Return
Is For	···	Code	is For			Code
	or Form 990.E7				··	07
Form 990 or Form 990-EZ         01         Form 990-T (corporation)           Form 990-BL         02         Form 1041-A						
		02	Form 1041-A			08
	0 (ındıvıdual)	03	Form 4720			09
Form 990		04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
Teleph  If the c	poks are in the care of $\triangleright$ 000 one No. $\triangleright$ 303-567-5000 organization does not have an office or place of business for a Group Return, enter the organization's four digit $\triangleright$ 1. If it is for part of the group, check this box $\triangleright$ $\triangleright$	Group Exe		f this is fo		
	quest an automatic 3-month (6 months for a corporation					
			tion return for the organization name		The extension	
	or the organization's return for:	· <b>J</b> - · · · - · ·				
_	X calendar year 2012 or					
•	tax year beginning	an	d endina			
		,			<u> </u>	
2 If th	e tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Fınal retur	'n	
	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any	_		200
	refundable credits. See instructions.			3a	\$	300.
	is application is for Form 990-PF, 990-T, 4720, or 6069,	•			<b>l</b> .	^
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	=	• •			
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	300.
Caution.	If you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and Fo	orm 8879-	EO for payment ii	nstructions.
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form <b>8868</b>	(Rev. 1-2013)

223841 01-21-13

Form 886	8 (Rev. 1-2013)					Page 2
● If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		► X
Note. On	ly complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fi	led Form	8868.	
If you a	are filing for an Automatic 3-Month Extension, complet					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies needed	Ŋ
			Enter filer's	identifyin	ig number, see	instructions
Type or	Name of exempt organization or other filer, see instru-	ctions		Employer	identification n	umber (EIN) or
print						
File by the	PROLOGIS FOUNDATION				36-4439409	
due date for	Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	curity number (S	SSN)
filing your return, Soe	4545 AIRPORT WAY					
Instructions.	City, town or post office, state, and ZIP code. For a for DENVER, CO 80239	oreign add	ress, see instructions.		- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	
Cotos ébo	Return code for the return that this application is for (file		to application for each return)			0 4
Curei rue	neturn dode for the return that this application is for fine	за верата	to application for each folding			
Applicati	on	Return	Application			Return
Is For		Code	Is For	,		Code
Form 990	or Form 990-EZ	01	Part State		, , ,	1 1 1
Form 990	P-BL	02	Form 1041-A			08
Form 472	:0 (Individual)	03	Form 4720			09
Form 990	)-PF	04	Form 5227			10
Form 990	P-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	<u>id Form 8868.</u>	
Teleph	poks are in the care of ▶ PROLOGIS, INC anone No.▶ 303-567-5000  organization does not have an office or place of business is for a Group Return, enter the organization's four digit in the first tier of the group, check this box ▶	s in the Ur Group Exe		f this Is fo	r the whole grou	
			BER 15, 2013.	440 ((101)12		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	calendar year 2012, or other tax year beginning		, and endin	a		
	ne tax year entered in line 5 is for less than 12 months, c	heck reas		Final r	etum	
<u> </u>	Change in accounting period					
7 Sta	tte in detail why you need the extension					
'I'Z	AXPAYER RESPECTFULLY REQUESTS	S ADD	ITIONAL TIME TO GA	THER	INFORMAT	ION IN
	RDER TO FILE A COMPLETE AND A					
8a If ti	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
ពល	refundable credits. See Instructions.			8a	\$	300.
b If ti	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
tax	payments made. Include any prior year overpayment all	lowed as	a credit and any amount paid	- ` `		
pr	eviously with Form 8868.			86	\$	300.
c Ba	lance due. Subtract line 8b from line 8a. Include your pa	ayment wil	th this form, if required, by using			_
EF	TPS (Electronic Federal Tax Payment System). See Instru			8c	\$	0.
			st be completed for Part II o			
it is true, c	alties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	orm.				_
Signature	► Elw ly Title ►	jeneno	d cansel Secretary	Date		5/13
	,				Form <b>886</b> 1	B (Rev. 1-2013)

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
MONEY MARKET INCOME				10778.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A		10778.
FORM 990-PF O	THER PROFES	SIONAL FEES		STATEMENT 2
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE E PURPOSES
PROFESSIONAL SERVICE FEES	10500.	0	•	0.
TO FORM 990-PF, PG 1, LN 16C =	10500.	0	•	0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-	(C) ADJUSTED NET INCOM	
OFFICE SUPPLIES FILING FEES OTHER G&A BANK SERVICE CHARGES	75. 10. 227. 3253.	0	•	0. 0. 0. 0. 0. 0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	3565.	0	•	0. 0.

FORM 990-PF PART VIII - LI TRUSTEES AN	ST OF OFFICERS, I D FOUNDATION MANA		STAT	EMENT 4
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
NANCY J. HEMMENWAY 4545 AIRPORT WAY DENVER, CO 80239	DIRECTOR, TREA		0.	0.
JOHN R. RIZZO 4545 AIRPORT WAY DENVER, CO 80239	DIRECTOR, MANA 0.00	AGING DGLO 0.		RUCT 0.
EDWARD S. NEKRITZ 4545 AIRPORT WAY DENVER, CO 80239	PRESIDENT, DIF	RECTOR, SECR		0.
PETER O. KANE 4545 AIRPORT WAY DENVER, CO 80239	SENIOR VICE PR		0.	0.
LORI A. PALAZZOLO 4545 AIRPORT WAY DENVER, CO 80239	CHIEF ACCOUNTI 0.00	ING OFFICER,		PRES
CARMEN D. DROLLINGER 4545 AIRPORT WAY DENVER, CO 80239	VICE PRESIDENT 0.00	0.	0.	0.
MARK E JURGENSEN 4545 AIRPORT WAY DENVER, CO 80239	ASSISTANT SECF	RETARY 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.