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## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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► Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning

, and ending

Name of foundation

## THE REED FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

40 STRATFORD PLACE NE

City or town, state or province, country, and ZIP or foreign postal code

ATLANTA, GA 30342-3956

G Check all that apply:  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

H Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

I Fair market value of all assets at end of year **2,768,216.** (Part I, column (d) must be on cash basis.)

J Accounting method:  Cash  Accrual  
 (from Part II, col. (c), line 16)  Other (specify) \_\_\_\_\_

► \$ **2,768,216.** (Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	202,438.			
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	154,749.	154,749.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	116,572.			
	b Gross sales price for all assets on line 6a	535,626.			
	7 Capital gain net income (from Part IV, line 2)		116,572.		
	8 Net short-term capital gain			N/A	
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	10,472.	4,135.	6,337.	STATEMENT 2
	12 Total. Add lines 1 through 11	484,231.	275,456.	6,337.	
	13 Compensation of officers, directors, trustees, etc	1,200.	0.	0.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	3,750.	0.	0.	0.
	c Other professional fees	STMT 3	771. <del>REIVED</del> 771.	0.	0.
	17 Interest	19,003.	19,003.	0.	0.
	18 Taxes	STMT 5	1,386.	1,386.	0.
	19 Depreciation and depletion	19,003.	19,003.	0.	0.
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses				
	24 Total operating and administrative expenses. Add lines 13 through 23	26,110.	21,160.	0.	0.
	25 Contributions, gifts, grants paid	119,000.			119,000.
	26 Total expenses and disbursements. Add lines 24 and 25	145,110.	21,160.	0.	119,000.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	339,121.			
	b Net investment income (if negative, enter -0-)		254,296.		
	c Adjusted net income (if negative, enter -0-)			6,337.	

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11-24-15 LHA For Paperwork Reduction Act Notice, see Instructions.

Form 990-PF (2015)

Assets	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 year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	1 Cash - non-interest-bearing	<848,150.►	<1,069,986.►	<1,069,986.►
2	2 Savings and temporary cash investments			
3	3 Accounts receivable ►			
	Less: allowance for doubtful accounts ►			
4	4 Pledges receivable ►			
	Less: allowance for doubtful accounts ►			
5	5 Grants receivable			
6	6 Receivables due from officers, directors, trustees, and other disqualified persons			
7	7 Other notes and loans receivable ►			
	Less: allowance for doubtful accounts ►			
8	8 Inventories for sale or use			
9	9 Prepaid expenses and deferred charges			
10a	10a Investments - U.S. and state government obligations	STMT 7		
b	b Investments - corporate stock		3,769,608.	4,330,565.
c	c Investments - corporate bonds			3,838,202.
11	11 Investments - land, buildings, and equipment basis ►			
	Less accumulated depreciation ►			
12	12 Investments - mortgage loans			
13	13 Investments - other			
14	14 Land, buildings, and equipment: basis ►			
	Less accumulated depreciation ►			
15	15 Other assets (describe ► )			
16	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		2,921,458.	3,260,579.
				2,768,216.
17	17 Accounts payable and accrued expenses			
18	18 Grants payable			
19	19 Deferred revenue			
20	20 Loans from officers, directors, trustees, and other disqualified persons			
21	21 Mortgages and other notes payable			
22	22 Other liabilities (describe ► )			
23	23 Total liabilities (add lines 17 through 22)		0.	0.
	Foundations that follow SFAS 117, check here ► <input type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31.			
24	24 Unrestricted			
25	25 Temporarily restricted			
26	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/>			
	and complete lines 27 through 31.			
27	27 Capital stock, trust principal, or current funds		0.	0.
28	28 Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.
29	29 Retained earnings, accumulated income, endowment, or other funds		2,921,458.	3,260,579.
30	30 Total net assets or fund balances		2,921,458.	3,260,579.
31	31 Total liabilities and net assets/fund balances		2,921,458.	3,260,579.

STATEMENT 6

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,921,458.
2	Enter amount from Part I, line 27a	2	339,121.
3	3 Other increases not included in line 2 (itemize) ►	3	0.
4	4 Add lines 1, 2, and 3	4	3,260,579.
5	5 Decreases not included in line 2 (itemize) ►	5	0.
6	6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,260,579.

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Part IV Capital Gains and Losses for Tax on Investment Income			
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)
(d) Date sold (mo., day, yr.)			
1a FIDELITY - (7733)		P	VARIOUS 12/31/15
b FIDELITY - (7733)		P	VARIOUS 12/31/15
c FIDELITY - (7733)		P	VARIOUS 12/31/15
d CAPITAL GAINS DIVIDENDS			
e			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 48,217.		43,280.	4,937.
b 365,310.		350,698.	14,612.
c 107,435.		25,076.	82,359.
d 14,664.			14,664.
e			
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			4,937.
b			14,612.
c			82,359.
d			14,664.
e			
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 }		2 116,572.
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	{ }		3 4,937.

#### Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	85,000.	2,350,031.	.036170
2013	67,232.	1,708,977.	.039340
2012	47,125.	1,385,722.	.034008
2011	27,542.	995,963.	.027654
2010	22,629.	662,021.	.034182

2 Total of line 1, column (d)

2 .171354

3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

3 .034271

4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5

4 2,849,835.

5 Multiply line 4 by line 3

5 97,667.

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 2,543.

7 Add lines 5 and 6

7 100,210.

8 Enter qualifying distributions from Part XII, line 4

8 119,000.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  
See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**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)

b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ►  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).

2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5 Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-

6 Credits/Payments:

a 2015 estimated tax payments and 2014 overpayment credited to 2015

b Exempt foreign organizations - tax withheld at source

c Tax paid with application for extension of time to file (Form 8868)

d Backup withholding erroneously withheld

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

9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid

11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ►

1	2,543.
2	0.
3	2,543.
4	0.
5	2,543.
6a	4,280.
6b	
6c	
6d	
7	4,280.
8	
9	
10	1,737.
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 intervene in any political campaign?

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  
*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*

c Did the foundation file Form 1120-POL for this year?

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 managers. ► \$ 0.

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

*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 bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a tax return on Form 990-T for this year?

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

*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?

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) ►

**GA**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*9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (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*

	Yes	No
1a	X	
1b	X	
1c	X	
2	X	
3		X
4a	X	
4b		
5	X	
N/A		
6		X
7	X	
8b	X	
9		X
10	X	

## Part 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)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
14	The books are in care of ► <u>GLEN REED</u> Located at ► <u>40 STRATFORD PLACE NE, ATLANTA, GA</u>	Telephone no. ► <u>404-572-3393</u>	
		ZIP+4 ► <u>30342-3956</u>	
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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## Part 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.

1a	During the year did the foundation (either directly or indirectly):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(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.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	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)? Organizations relying on a current notice regarding disaster assistance check here	<u>N/A</u>	<input type="checkbox"/> Yes
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 before the first day of the tax year beginning in 2015?	<u>1c</u>	<input checked="" type="checkbox"/> No
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)):	<u>2b</u>	<input type="checkbox"/> Yes
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years ►	<u>3a</u>	<input type="checkbox"/> Yes
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.)	<u>3b</u>	<input type="checkbox"/> Yes
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►	<u>4a</u>	<input type="checkbox"/> Yes
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<u>4b</u>	<input type="checkbox"/> Yes
b	If "Yes," did it have excess business holdings in 2015 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 2015.)	<u>3b</u>	<input checked="" type="checkbox"/> No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>	<input checked="" type="checkbox"/> Yes
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 2015?	<u>4b</u>	<input checked="" type="checkbox"/> No

## Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
- (3) Provide a grant to an individual for travel, study, or other similar purposes?
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

 Yes  No Yes  No Yes  No Yes  No Yes  No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

► 

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

 Yes  No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

 Yes  No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

 Yes  No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

► 

## Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

## 1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GLEN REED 40 STRATFORD PLACE NE ATLANTA, GA 30342-3956	PRESIDENT 0.00	0.	0.	0.
EDITH REED 40 STRATFORD PLACE NE ATLANTA, GA 30342-3956	VICE PRESIDENT/TREASURER 0.00	0.	0.	0.
ALEC B. REED 40 STRATFORD PLACE NE ATLANTA, GA 30342-3956	SECRETARY 0.00	0.	0.	0.
ADAM C. REED 40 STRATFORD PLACE NE ATLANTA, GA 30342-3956	EXECUTIVE DIRECTOR 1.20	1,200.	0.	0.

## 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

►

0

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**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
<b>NONE</b>		

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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	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	
3	
Total. Add lines 1 through 3 ►	0.

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**Part X****Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,899,366.
b	Average of monthly cash balances	1b	<1,006,132. >
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,893,234.
e	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	2,893,234.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	43,399.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,849,835.
6	Minimum investment return. Enter 5% of line 5	6	142,492.

**Part XI****Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ►  and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	142,492.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	2,543.
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	2,543.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	139,949.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	139,949.
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	139,949.

**Part XII****Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	119,000.
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:		
a	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	119,000.
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	2,543.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	116,457.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				139,949.
2 Undistributed income, if any, as of the end of 2015			110,181.	
a Enter amount for 2014 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e		0.		
4 Qualifying distributions for 2015 from Part XII, line 4: ► \$ 119,000.			110,181.	
a Applied to 2014, but not more than line 2a				
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 2015 distributable amount				8,819.
e Remaining amount distributed out of corpus	0.			
f Excess distributions carryover applied to 2015 (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 2014. Subtract line 4a from line 2a. Taxable amount - see instr.				0.
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				131,130.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)			0.	
8 Excess distributions carryover from 2010 not applied on line 5 or line 7		0.		
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a		0.		
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				



## Part XV: Supplementary Information (continued)

## 3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
CARE 151 ELLIS STREET, NE ATLANTA, GA 30303			OUR MISSION IS TO SERVE INDIVIDUALS AND FAMILIES IN THE POOREST COMMUNITIES IN THE WORLD. WE	5,000.
CATHOLIC MEDICAL MISSION BOARD 10 WEST 17TH STREET NEW YORK, NY 10011-5765			CATHOLIC MEDICAL MISSION BOARD PROVIDES MEDICINES AND MEDICAL SUPPLIES, FREE OF CHARGE, TO PARTNER	5,000.
HEIFER PROJECT P.O. BOX 8058 LITTLE ROCK, AR 72203			GIVING FAMILIES A HAND-UP, NOT JUST A HANDOUT, WE EMPOWER THEM TO TURN HUNGER AND POVERTY INTO HOPE	10,000.
MEDSHARE INTERNATIONAL 3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034			MEDSHARE IS A NONPROFIT ORGANIZATION DEDICATED TO IMPROVING THE ENVIRONMENT AND	70,400.
MS CENTER OF ATLANTA 3200 DOWNTOWN CIR NW, STE 550 ATLANTA, GA 30327			THE MULTIPLE SCLEROSIS CENTER OF ATLANTA IS A NOT-FOR-PROFIT 501(C)(3) ORGANIZATION PROVIDING	1,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			► 3a 119,000.
<i>b Approved for future payment</i>				
NONE				
<b>Total</b>				► 3b 0.

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

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514	(e) Related or exempt function income
		(a) Business code	(b) Amount	(c) Exclu- sion code	
<b>1 Program service revenue:</b>					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
<b>2 Membership dues and assessments</b>					
<b>3 Interest on savings and temporary cash investments</b>					
<b>4 Dividends and interest from securities</b>					<b>154,749.</b>
<b>5 Net rental income or (loss) from real estate:</b>					
a Debt-financed property					
b Not debt-financed property					
<b>6 Net rental income or (loss) from personal property</b>					
<b>7 Other investment income</b>					<b>4,135.</b>
<b>8 Gain or (loss) from sales of assets other than inventory</b>					<b>116,572.</b>
<b>9 Net income or (loss) from special events</b>					
<b>10 Gross profit or (loss) from sales of inventory</b>					
<b>11 Other revenue:</b>					
a <b>BOOK GAIN LOSS BASIS</b>					
b <b>ADJUSTMENT</b>					<b>6,337.</b>
c					
d					
e					
<b>12 Subtotal. Add columns (b), (d), and (e)</b>			<b>0.</b>	<b>0.</b>	<b>281,793.</b>
<b>13 Total. Add line 12, columns (b), (d), and (e)</b>				<b>13</b>	<b>281,793.</b>
(See worksheet in line 13 instructions to verify calculations.)					

## **Relationship of Activities to the Accomplishment of Exempt Purposes**

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

1 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:

- (1) Cash
- (2) Other assets

**b Other transactions:**

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d 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.

**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  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign  
Here**

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

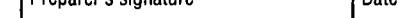
May the IRS discuss this return with the preparer shown below (see instr.)?

Signature of officer or trustee

---

Date \_\_\_\_\_

**Title**

Signature of officer or trustee		Date	Title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	DAVID J. SCHUCHMANN		02/25/14		P01240918	
	Firm's name ► CBIZ MHM, LLC			Firm's EIN ► 34-1851358		
Firm's address ► 3625 CUMBERLAND BLVD SE SUITE 800 ATLANTA, GA 30339			Phone no. 770-858-4500			

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Name of the organization****THE REED FOUNDATION****Employer identification number****26-1477372****Organization type (check one):****Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation**Check if your organization is covered by the General Rule or a Special Rule.****Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet 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) (2015)

Name of organization

Employer identification number

THE REED FOUNDATION

26-1477372

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	GLEN REED 40 STRATFORD PLACE NE ATLANTA, GA 30342	\$ 202,438.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Name of organization

Employer identification number

THE REED FOUNDATION

26-1477372

**Part III Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	BLACKROCK MUNIYIELD FD INC COM	\$ 202,438.	12/24/15
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

## THE REED FOUNDATION

26-1477372

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ► \$ \_\_\_\_\_*  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

## THE REED FOUNDATION

26-1477372

Part XV: Supplementary Information

### 3 Grants and Contributions Paid During the Year (Continuation)

523631  
04-01-15

## Part XV Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

---

NAME OF RECIPIENT - CARE

---

OUR MISSION IS TO SERVE INDIVIDUALS AND FAMILIES IN THE POOREST

---

COMMUNITIES IN THE WORLD. WE FACILITATE LASTING CHANGE BY:

---

STRENGTHENING CAPACITY FOR SELF-HELP, PROVIDING ECONOMIC OPPORTUNITY,

---

DELIVERING RELIEF IN EMERGENCIES, INFLUENCING POLICY DECISIONS AT ALL

---

LEVELS, AND ADDRESSING DISCRIMINATION IN ALL ITS FORMS.

---

---

NAME OF RECIPIENT - CATHOLIC MEDICAL MISSION BOARD

---

CATHOLIC MEDICAL MISSION BOARD PROVIDES MEDICINES AND MEDICAL SUPPLIES,

---

FREE OF CHARGE, TO PARTNER ORGANIZATIONS OVERSEAS. OUR PARTNERS THEN

---

DISTRIBUTE THESE MEDICINES TO THOSE WHO LIVE IN SUBSTANDARD CONDITIONS

---

AND HAVE LITTLE OR NO HOPE OF RECEIVING EVEN BASIC MEDICAL CARE.

---

---

NAME OF RECIPIENT - HEIFER PROJECT

---

GIVING FAMILIES A HAND-UP, NOT JUST A HANDOUT, WE EMPOWER THEM TO TURN

---

HUNGER AND POVERTY INTO HOPE AND PROSPERITY, BUT OUR APPROACH IS MORE

---

THAN THAT. BY BRINGING COMMUNITIES TOGETHER AND LINKING THEM WITH

---

MARKETS IN THEIR AREA, WE HELP BRING SUSTAINABLE AGRICULTURE AND

---

COMMERCE TO AREAS WITH A LONG HISTORY OF POVERTY

---

---

NAME OF RECIPIENT - MEDSHARE INTERNATIONAL

---

MEDSHARE IS A NONPROFIT ORGANIZATION DEDICATED TO

---

IMPROVING THE ENVIRONMENT AND HEALTHCARE THROUGH

---

THE EFFICIENT RECOVERY AND REDISTRIBUTION OF

---

SURPLUS MEDICAL SUPPLIES AND EQUIPMENT TO

---

UNDERSERVED HEALTHCARE

---

---

NAME OF RECIPIENT - MS CENTER OF ATLANTA

---

523655 04-01-15

## Part XV. Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

THE MULTIPLE SCLEROSIS CENTER OF ATLANTA IS A NOT-FOR-PROFIT 501(C)(3)

ORGANIZATION PROVIDING COMPREHENSIVE HEALTH CARE SERVICES FOR PEOPLE

LIVING WITH MULTIPLE SCLEROSIS.

NAME OF RECIPIENT - MAP INTERNATIONAL

MAP INTERNATIONAL IS A GLOBAL CHRISTIAN HEALTH AND RELIEF ORGANIZATION

THAT PARTNERS WITH PEOPLE LIVING IN CONDITIONS OF POVERTY TO SAVE LIVES

AND DEVELOP HEALTHIER FAMILIES AND COMMUNITIES. RECOGNIZED FOR OUR 99%

EFFICIENCY RATING, WE RESPOND TO THE NEEDS OF THOSE WE SERVE BY

PROVIDING MEDICINES, PREVENTING DISEASE, AND PROMOTING HEALTH TO CREATE

REAL HOPE AND LASTING CHANGE. OUR MISSION IS TO ADVANCE THE TOTAL

HEALTH OF PEOPLE LIVING IN THE WORLD'S POOREST COMMUNITIES. WE CARRY

OUT THAT MISSION THROUGH DISEASE PREVENTION, RELIEF, AND COMMUNITY

HEALTH DEVELOPMENT.

NAME OF RECIPIENT - WELLS BRING HOPE

WELLS BRING HOPE IS COMMITTED TO DRILLING WELLS TO BRING SAFE WATER AND

GOOD SANITATION IN WEST AFRICA

FORM 990-PF

DIVIDENDS AND INTEREST FROM SECURITIES

STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
CAPITAL GAIN DIST	14,664.	14,664.	0.	0.	0.
FIDELITY 7733	154,749.	0.	154,749.	154,749.	0.
TO PART I, LINE 4	169,413.	14,664.	154,749.	154,749.	0.

FORM 990-PF

OTHER INCOME

STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
PAYMENTS IN LIEU	4,135.	4,135.	0.
BOOK GAIN LOSS BASIS ADJUSTMENT	6,337.	0.	6,337.
TOTAL TO FORM 990-PF, PART I, LINE 11	10,472.	4,135.	6,337.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	3,750.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	3,750.	0.	0.	0.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BROKERAGE FEES	771.	771.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	771.	771.	0.	0.

## FORM 990-PF

## TAXES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES PAID	1,386.	1,386.	0.	0.
TO FORM 990-PF, PG 1, LN 18	1,386.	1,386.	0.	0.

## FORM 990-PF

## OTHER FUNDS

## STATEMENT 6

DESCRIPTION	(A) BEGINNING OF YEAR	(B) END OF YEAR
RE OR ACCUMULATED INCOME	2,921,458.	3,260,579.
TOTAL TO FORM 990-PF, PART II, LINE 29	2,921,458.	3,260,579.

## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FIDELITY	4,330,565.	3,838,202.
TOTAL TO FORM 990-PF, PART II, LINE 10B	4,330,565.	3,838,202.



# 2015 Informational Tax Reporting Statement

THE REED FOUNDATION

Account No 267-117733 Customer Service, 800-544-5704  
Recipient ID No \*\*\*-\*\*\*7372 Payer's Fed ID Number 04-3523567

Note: This information is not reported to the IRS. It may assist you in tax return preparation.

## 2015 Proceeds from Broker and Barter Exchange Transactions\*

### Short-term transactions

(IRS Form 1099-B box numbers are shown below in bold type)

1a Description of property, Stock or Other Symbol, CUSIP				1d Proceeds	1e Cost or Other Basis (a)	1f Code, If Any 1g Adjustments	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State Tax Withheld	16 State Tax Withheld
Action	Quantity	1b Date Acquired	1c Date Sold or Disposed							
ACCESS MIDSTREAM PARTNERS L P	004341109									
Cash in Lieu	0.984	02/06/15	02/06/15	47.10	50.72		-3.62			
CAPSTEAD MTG CORP COM NO PAR	CMO, 14067E506									
Sale	213,000	01/16/15	12/31/15	1,893.90	2,593.05		-699.15			
Sale	75,000	04/06/15	12/31/15	666.87	901.50		-234.63			
<b>Subtotals</b>				<b>2,560.77</b>	<b>3,494.55</b>					
CMS ENERGY CORP	CMS, 125896100									
Sale	304,000	08/21/14	01/16/15	11,002.68	9,153.28		1,849.40			
DIGITAL RLTY TR INC COM	DLR, 253368103									
Sale	100,000	08/21/14	01/16/15	7,151.89	6,726.72		425.17			
KINDER MORGAN INC DELAWARE COM USD0 01	KMI, 49456B101									
Sale	85,000	12/03/14	01/16/15	3,465.07	3,514.75		-49.68			
OMEGA HEALTHCARE INVS INC	OH, 681936100									
Sale	299,000	08/21/14	01/16/15	13,013.21	11,506.83		1,506.38			
POWERSHARES EXCHANGETRADED FD TR DYNAMIC	PJP, 73935X799									
Sale	145,000	07/09/14	04/06/15	10,976.17	8,833.30		2,142.87			

\*Our records indicate that you are an exempt recipient for 1099 reporting purposes. This statement provided is based on IRS information reporting requirements for individuals as of the preparation date and is NOT furnished to the IRS. You may be subject to different income tax reporting requirements. Please contact your tax advisor if you have any questions.



2015 Informational Tax Reporting Statement

THE REED FOUNDATION

Account No 267-177733 Customer Service 800-544-5704  
Recipient ID No \*\*.\*7372 Player's Fed ID Number 04-35233567

**Note:** This information is not recorded to the IRS. It may assist you in tax return preparation.

## 2015 Proceeds from Broker and Dealer Exchange Transactions\*

## Short-term transactions

(IRS Form 1099-B box numbers are shown below in **bold** type)

**\*Our records indicate that you are an exempt recipient for 1099 reporting purposes. This statement provided is based on IRS information reporting requirements for individuals as of the incorporation date and is NOT furnished to the IRS. You may be subject to different income tax reporting requirements. Please contact your tax advisor if you have any questions.**





# 2015 Informational Tax Reporting Statement

THE REED FOUNDATION

Account No 267-177733 Customer Service 800-544-5704  
Recipient ID No 44-\*\*\*7372 Payer's Fed ID Number 04-352567

Note: This information is not reported to the IRS. It may assist you in tax return preparation.

## 2015 Proceeds from Broker and Barter Exchange Transactions\*

### Long-term transactions

(IRS Form 1099-B box numbers are shown below in **bold** type)

1a Description of property, Stock or Other Symbol, CUSIP			
Action	Quantity	1b Date Acquired	1c Date Sold or Disposed
			1d Proceeds

			1e Cost or Other Basis (a)	1f Code, If Any 1g Adjustments	Gain/Loss (-)	4 Federal Income Tax Withheld	4 State Income Tax Withheld	14 State Tax Withheld
CAPSTEAD MTG CORP COM NO PAR, CMO, 14067E506								
Sale	2,797 000	08/06/12	12/31/15	24,869 65	39,182 79			-14,313 14
Sale	488 000	10/16/12	12/31/15	4,339 07	5,997 98			-1,658 91
Sale	116 000	11/09/12	12/31/15	1,031 42	1,386 80			-355 38
Sale	11 000	12/18/12	12/31/15	97 81	137 88			-40 07
Sale	73 000	12/18/12	12/31/15	649 08	862 61			-213 53
Sale	131 000	12/27/12	12/31/15	1,164 79	1,496 96			-332 17
Sale	131 000	07/18/13	12/31/15	1,164 79	1,549 28			-384 49
Sale	164 000	07/18/13	12/31/15	1,458 21	1,946 70			-488 49
<b>Subtotals</b>				<b>34,774.82</b>	<b>52,561.00</b>			
DEUTSCHE STRATEGIC INCOME TR USDO 01 (SH, KST, 25160F109								
Sale	438 000	12/28/07	12/31/15	4,591 31	4,974 75			-383 44
DIGITAL RLTY TR INC COM, DLR, 253868103								
Sale	116 000	08/21/14	12/31/15	8,872 26	7,803 00			1,069 26
EATON VANCE MUN INCOME TR SH BEN INT, EVN, 27826U108								
Sale	400 000	09/25/13	01/05/15	5,343 71	4,331 95			1,011 76
Sale	100 000	09/25/13	01/05/15	1,335 93	1,080 80			255 13
Sale	700 000	09/25/13	01/05/15	9,351 50	7,567 00			1,784 50
Sale	8,800 000	09/25/13	01/05/15	117,561 72	95,127 12			22,434 60
Sale	100 000	09/30/13	01/05/15	1,335 93	1,115 85			220 08
Sale	100 000	09/30/13	01/05/15	1,335 93	1,108 80			227 13
Sale	727 000	09/30/13	01/05/15	9,712 20	8,062 43			1,649 77

\*Our records indicate that you are an exempt recipient for 1099 reporting purposes. This statement provided is based on IRS information reporting requirements for individuals as of the preparation date and is NOT furnished to the IRS. You may be subject to different income tax reporting requirements. Please contact your tax advisor if you have any questions.



# 2015 Informational Tax Reporting Statement

THE REED FOUNDATION

Account No. 267-177733 Customer Service 800-544-5704  
Recipient ID No. \*\*\*7372 Payer's Fed ID Number 04-3523567

Note: This information is not reported to the IRS. It may assist you in tax return preparation.

## 2015 Proceeds from Broker and Barter Exchange Transactions\*

### Long-term transactions

(IRS Form 1099-B box numbers are shown below in bold type)

1a Description of property, Stock or Other Symbol, CUSIP			1d Proceeds	1e Cost or Other Basis (a)	1f Code, If Any	1g Adjustments	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State Income Tax Withheld	16 State Tax Withheld
EATON VANCE MUN INCOME TR SH BEN INT, EVN, 27826U108										
Sale	1,373 000	09/30/13	01/05/15	18,342 30	15,212 84					3,129 46
Sale	6,700 000	09/30/13	01/05/15	89,507 22	74,370 00					15,137 22
<b>Subtotals</b>				<b>253,826.44</b>	<b>207,976.79</b>					
HANCOCK JOHN TAX ADVANTAGE DIVID FD, HTD, 41013V100										
Sale	174 000	10/11/13	01/16/15	3,889 56	3,017 20					872 36
HEALTH CARE REIT INC, 422217K106										
Sale	192 000	08/06/12	01/16/15	15,981 45	11,332 03					4,649 42
REALTY INCOME CORP (MARYLAND), O, 756109104										
Sale	158 000	08/06/12	01/16/15	8,209 44	6,342 22					1,867 22
UBS AG LONDON BRH ETRACS MONTHLY PAY 2XL, CEFL, 902701842										
Sale	364 000	04/21/14	10/21/15	6,266 45	9,976 31					-3,709 86
Sale	547 000	04/21/14	10/21/15	9,416 89	14,999 74					-5,582 85
Sale	1,000 000	05/28/14	10/21/15	17,215 52	29,137 95					-11,922 43
<b>Subtotals</b>				<b>32,898.86</b>	<b>54,114.00</b>					
WESTERN ASSET EMRG MKT DEBT TFD COM ISIN, ESD, 95766A101										
Sale	145 000	12/28/07	01/16/15	2,265 59	2,576 56					
								W 310 97		-310 97

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# 2015 Informational Tax Reporting Statement

THE REED FOUNDATION

Account No 267-177733 Customer Service 800-544-5704  
Recipient ID No \*\*.\*\*\*7372 Payer's Fed ID Number 04-3523567

Note: This information is not reported to the IRS. It may assist you in tax return preparation.

## 2015 Proceeds from Broker and Dealer Exchange Transactions\*

### Long-term transactions

(IRS Form 1099-B box numbers are shown below in **bold** type)

1a Description of property, Stock or Other Symbol, CUSIP						
Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis (a)	1f Code, If Any 1g Adjustments
<b>TOTALS</b>				<b>365,309.73</b>	<b>350,697.55</b>	
						54,307.91
						<b>-39,695.73</b>
						310.97
						0.00

In addition to this Informational Tax Reporting Statement, please see the 1099 Tax Reporting Statement that we have issued for your account. Only the 1099 Statement includes your official IRS Form 1099-B for the lots that cost basis information is required to be reported to the IRS.

(a) Cost or other basis provided may include adjustments including, but not limited to, dividend reinvestment, return of capital/principal, wash sale loss disallowed, amortization, acquisition premium, bond premium, market discount, market premium, and option premium.

Amortization, accretion, and similar adjustments to cost basis are not provided for short-term instruments, unit investment trusts, or securities of foreign issuers.

See the supplemental gain/loss sections of this statement for options, foreign currency transactions, and closed short positions opened prior to 2011. Also refer to the gain/loss sections to see details of adjustments made to cost basis for fixed income securities and for the local currency values for internationally denominated equities and fixed income securities.

\*Our records indicate that you are an exempt recipient for 1099 reporting purposes. This statement provided is based on IRS information reporting requirements for individuals as of the preparation date and is NOT furnished to the IRS. You may be subject to different income tax reporting requirements. Please contact your tax advisor if you have any questions.



## 2015 DETAIL INFORMATION

THE REED FOUNDATION

Account No 267-177733 Customer Service 800-544-5704  
Recipient ID No 44-4447372 Payer's Fed ID Number 04-3523567

**Note: This information is not reported to the IRS. It may assist you in tax return preparation.**

### Long-Term Realized Gain/Loss

*Cost basis, realized gain and loss, and holding period information reported may not reflect all adjustments necessary for tax reporting purposes*

Description, Symbol, CUSIP

Date Acquired	Date of Sale or Exchange	Quantity	Event	Sales Price of Stocks, Bonds, etc	Cost or other Basis	Gain/Loss(-)
CALL AAPL \$105 EXP 01/15/2016, AAPL16011, 2046259WQ						
10/18/13	04/13/15	15 000	Sale	37,299.58	6,047.94	31,251.64
10/18/13	10/15/15	20 000	Sale	20,255.84	8,063.92	12,191.92
<b>Subtotal</b>				<b>57,555.42</b>	<b>14,111.86</b>	
CALL AAPL \$71 43 EXP 01/15/2016, AAPL16011, 2046009SQ						
10/18/13	04/13/15	9 000	Sale	49,880.06	10,964.28	38,915.78
<b>TOTALS</b>						
					<b>Long-Term Realized Gain</b>	<b>82,359.34</b>
					<b>Long-Term Realized Loss</b>	<b>0.00</b>
					<b>Long-Term Realized Disallowed Loss</b>	<b>0.00</b>

