

EXTENDED TO NOVEMBER 15, 2019

## Return of Private Foundation

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

OMB No 1545-0052

2018

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public  
Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information

For calendar year 2018 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 **04**  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)  
\$ **3,838,336.**

J Accounting method: ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_

A Employer identification number  
**26-1477372**

B Telephone number  
**(404) 572-3393**

C If exemption application is pending, check here ☐

D 1 Foreign organizations, check here ☐  
2. Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	236,207.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B interest on savings and temporary cash investments	13.	13.		STATEMENT 1
	3 Dividends and interest from securities	161,698.	161,698.	161,698.	STATEMENT 2
	4 Dividends and interest from securities	28.	28.	28.	STATEMENT 3
	5a Gross rents				
	b Net rental income or (loss)	28.			
	6a Net gain or (loss) from sale of assets not on line 10	280,918.			
	b Gross sales price for all assets on line 6a	551,320.			
	7 Capital gain net income (from Part IV, line 2)		280,918.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income	-184,366.	38,594.	-222,960.	STATEMENT 4	
12 Total. Add lines 1 through 11	494,498.	481,251.	-61,234.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	STMT 5 4,350.	0.	0.	0.
	c Other professional fees	STMT 6 131.	131.	0.	0.
	17 Interest	44,653.	44,653.	0.	0.
	18 Taxes	STMT 7 2,763.	2,763.	0.	0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	STMT 8 50.	0.	0.	0.
	24 Total operating and administrative expenses. Add lines 13 through 23	51,947.	47,547.	0.	0.
	25 Contributions, gifts, grants paid	185,717.			185,717.
26 Total expenses and disbursements. Add lines 24 and 25	237,664.	47,547.	0.	185,717.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	256,834.				
b Net investment income (if negative, enter -0-)		433,704.			
c Adjusted net income (if negative, enter -0-)			0.		

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
Assets	1 Cash - non-interest-bearing	-1,383,864.	-1,854,457.	-1,854,457.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 10	4,879,688.	5,409,062.	5,294,740.
	c Investments - corporate bonds			
	Liabilities	11 Investments - land, buildings, and equipment basis ▶		
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 11		200,000.	398,053.	398,053.
14 Land, buildings, and equipment, basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		3,695,824.	3,952,658.	3,838,336.
17 Accounts payable and accrued expenses				
18 Grants payable				
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31 ▶ <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 ▶ <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	3,695,824.	3,952,658.	STATEMENT 9
30 Total net assets or fund balances	3,695,824.	3,952,658.		
31 Total liabilities and net assets/fund balances	3,695,824.	3,952,658.		

## 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	3,695,824.
2 Enter amount from Part I, line 27a	2	256,834.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	3,952,658.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,952,658.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, 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		VARIOUS	12/31/18
b FIDELITY		VARIOUS	12/31/18
c WILLIAMS PARTNERS		VARIOUS	12/31/18
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 499,807.		270,401.	229,406.
b 1.		1.	0.
c 9,179.			9,179.
d 42,333.			42,333.
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			229,406.
b			0.
c			9,179.
d			42,333.
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	280,918.
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	0.

**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 doesn't 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))
2017	146,875.	3,837,705.	.038272
2016	135,314.	3,021,027.	.044791
2015	116,457.	2,849,835.	.040864
2014	85,000.	2,350,031.	.036170
2013	67,232.	1,708,977.	.039340

2 Total of line 1, column (d)	2	.199437
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.039887
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	4,038,631.
5 Multiply line 4 by line 3	5	161,089.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	4,337.
7 Add lines 5 and 6	7	165,426.
8 Enter qualifying distributions from Part XII, line 4	8	185,717.

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.

3

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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1 4,337.
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-)	2 0.
3	Add lines 1 and 2	3 4,337.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4 0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5 4,337.
6	Credits/Payments	
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a 5,680.
b	Exempt foreign organizations - tax withheld at source	6b 0.
c	Tax paid with application for extension of time to file (Form 8868)	6c 0.
d	Backup withholding erroneously withheld	6d 0.
7	Total credits and payments. Add lines 6a through 6d	7 5,680.
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8 5.
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 1,338.
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax <input type="checkbox"/> 1,338. Refunded <input type="checkbox"/> 0.	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?	Yes	No
1a			X
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the 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.		X
1c	Did the foundation file Form 1120-POL for this year?		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 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		X
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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
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		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7	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	X	
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	X	
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 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10	Did any persons become substantial contributors during the tax year? If "Yes" attach a schedule listing their names and addresses	X	

N/A

**Part VII-A** Statements Regarding Activities (continued)

	Yes	No
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		X
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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	X	
14 The books are in care of ► <u>GLEN REED</u> Telephone no. ► <u>404-572-3393</u> Located at ► <u>40 STRATFORD PLACE NE, ATLANTA, GA</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		
16 At any time during calendar year 2018, 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 ►		X

**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.

	Yes	No
1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <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		
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 2018?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2018 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 2018.)		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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 2018?		X

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**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))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

☐ Yes ☒ No

(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

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?

N/A

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

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

☐ Yes ☒ No**Part VIII: Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, and 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
NONE		
Total number of others receiving over \$50,000 for professional services		0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant 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	
All other program-related investments See instructions.	
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	5,944,757.
b	Average of monthly cash balances	1b	-1,844,624.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,100,133.
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	4,100,133.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	61,502.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,038,631.
6	Minimum investment return. Enter 5% of line 5	6	201,932.

**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	201,932.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	4,337.
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	4,337.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	197,595.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	197,595.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	197,595.

**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	185,717.
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	185,717.
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	4,337.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	181,380.

**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.

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

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				197,595.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			183,747.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from Part XII, line 4. ► \$ 185,717.				
a Applied to 2017, but not more than line 2a			183,747.	
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 2018 distributable amount				1,970.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (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 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				195,625.
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 2013 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019 Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

N/A

- ☐ 4942(1)(3) or ☐ 4942(1)(5)

[illegible]

(4) Gross investment income

96734S 1

**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	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
<b>a Paid during the year</b>				
ACTION MINISTRIES 1700 CENTURY CIRCLE NE, SUITE 200 ATLANTA, GA 30345			ACTION MINISTRIES' HUNGER RELIEF PROGRAMS HELP PEOPLE SHED THE BURDEN OF SEARCHING FOR THEIR NEXT MEAL.	5,000.
CARE 151 ELLIS STREET, NE ATLANTA, GA 30303			OUR MISSION IS TO SERVE INDIVIDUALS AND FAMILIES IN THE POOREST COMMUNITIES IN THE WORLD. WE	3,000.
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	26,775.
CONSCIENCE INTERNATIONAL 110 MANSELL CIRCLE STE 106 ROSWELL, GA 30075			TO MAXIMIZE THE KNOWLEDGE, RESPECT AND OBSERVANCE OF HUMAN RIGHTS AND TO ENHANCE THE AWARENESS OF HUMAN	3,400.
FRAYSER COMMUNITY SCHOOLS 1530 DELLWOOD AVE MEMPHIS, TN 38127			FRAYSER COMMUNITY SCHOOL'S MISSION IS TO PREPARE HIGH SCHOOL STUDENTS IN FRAYSER FOR SUCCESS IN	25,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>185,717.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>





**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

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 foundationCheck 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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	\$ 147,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
2	GLEN REED 40 STRATFORD PLACE NE ATLANTA, GA 30342	\$ 6,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
3	GLEN REED 40 STRATFORD PLACE NE ATLANTA, GA 30342	\$ 82,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE REED FOUNDATION

26-1477372

**Part II** **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
<u>1</u>	16 CALL CONTRACTS OF APPLE AAPL	\$ <u>147,200.</u>	<u>08/27/18</u>
<u>2</u>	1 CONTRACT OF S&P OPTIONS	\$ <u>6,582.</u>	<u>08/27/18</u>
<u>3</u>	15 CALL CONTRACTS OF FACEBOOK	\$ <u>82,425.</u>	<u>08/27/18</u>
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**Part XV: Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
FRIENDS OF THE CHEAT 1343 NORTH PRESTON HIGHWAY KINGWOOD, WV 26537			TO RESTORE, PRESERVE, AND PROMOTE THE OUTSTANDING NATURAL QUALITIES OF THE CHEAT WATERSHED.	1,000.
MAP INTERNATIONAL 2295 PARKLAKE DR NE, SUITE 325 ATLANTA, GA 30345			MAP INTERNATIONAL IS A GLOBAL CHRISTIAN HEALTH AND RELIEF ORGANIZATION THAT PARTNERS WITH PEOPLE	27,342.
MEDSHARE INTERNATIONAL 3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034			MEDSHARE IS A NONPROFIT ORGANIZATION DEDICATED TO IMPROVING THE ENVIRONMENT AND	32,500.
MS CENTER OF ATLANTA 3200 DOWNWOOD CIR NW, STE 550 ATLANTA, GA 30327			THE MULTIPLE SCLEROSIS CENTER OF ATLANTA IS A NOT-FOR-PROFIT 501(C)(3) ORGANIZATION PROVIDING	5,000.
PARTNERS FOR CARE 2001 BRECKENRIDGE LANE ALPHARETTA, GA 30005			THE MISSION IS TO DECREASE THE NUMBER OF CHILDREN DYING FROM PREVENTABLE DISEASES - MALARIA, HIV/AIDS,	14,000.
WELLS BRING HOPE 16563 PARK LANE CIRCLE LOS ANGELES, GA 90049			WELLS BRING HOPE IS COMMITTED TO DRILLING WELLS TO BRING SAFE WATER AND GOOD SANITATION IN WEST	11,200.
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON STREET HARPERS FERRY, WV 25425			THE APPALACHIAN TRAIL CONSERVANCY'S MISSION IS TO PRESERVE AND MANAGE THE APPALACHIAN TRAIL ENSURING THAT	4,000.
FACING HUNGER FOOD BANK 1327 7TH AVE HUNTINGTON, WV 25701			FACING HUNGER FOODBANK IS A PRIVATE, NON-PROFIT, CHARITABLE ORGANIZATION FOUNDED IN 1983 AND IS	10,000.
MEDICAL BRIDGES 2706 MAGNET STREET HOUSTON, TX 77054			MEDICAL BRIDGES IS A HUMANITARIAN RELIEF SUPPLIES CHARITY LOCATED IN HOUSTON, TX.	7,500.
SHEPHERD CENTER 2020 PEACHTREE RD ATLANTA, GA 30309			SHEPHERD CENTER IS A PRIVATE, NOT-FOR PROFIT HOSPITAL IN ATLANTA, GEORGIA. FOUNDED IN 1975, THE	10,000.
<b>Total from continuation sheets</b>				<b>122,542.</b>

**Part XV** | **Supplementary Information**

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

## NAME OF RECIPIENT - ACTION MINISTRIES

ACTION MINISTRIES' HUNGER RELIEF PROGRAMS HELP PEOPLE SHED THE BURDEN OF SEARCHING FOR THEIR NEXT MEAL. THROUGH OUR FOOD BOXES, COMMUNITY KITCHENS, AND CHILDHOOD HUNGER RELIEF PROGRAMS ACTION MINISTRIES VOLUNTEERS ARE HELPING TO BREAK THE CYCLE OF POVERTY ONE MEAL AND ONE RELATIONSHIP AT A TIME.

## 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 OF NO HOPE OF RECEIVING EVEN BASIC MEDICAL CARE.

## NAME OF RECIPIENT - CONSCIENCE INTERNATIONAL

TO MAXIMIZE THE KNOWLEDGE, RESPECT AND OBSERVANCE OF HUMAN RIGHTS AND TO ENHANCE THE AWARENESS OF HUMAN RIGHTS AND DEVELOPMENT WORK THROUGH LINKAGES WITH NATIONAL, REGIONAL AND INTERNATIONAL LIKE-MINDED ENTITIES

## NAME OF RECIPIENT - FRAYSER COMMUNITY SCHOOLS

FRAYSER COMMUNITY SCHOOL'S MISSION IS TO PREPARE HIGH SCHOOL STUDENTS IN FRAYSER FOR SUCCESS IN COLLEGE, CAREER AND THEIR COMMUNITY. WE WILL

**Part XV** | **Supplementary Information**

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

ACHIEVE THIS BY PROVIDING A RIGOROUS ACADEMIC PROGRAM WITH EMBEDDED  
SUPPORTS AND AN EMPHASIS ON DISCIPLINE, CHARACTER AND SERVICE.

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 - 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

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 - PARTNERS FOR CARE

THE MISSION IS TO DECREASE THE NUMBER OF CHILDREN DYING FROM

**Part XV** Supplementary Information

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

PREVENTABLE DISEASES - MALARIA, HIV/AIDS, WATERBONE ILLNESSES, AND  
MALNUTRITION - BY SUPPORTING KENYAN NATIONALS WHO DO THE WORK.

NAME OF RECIPIENT - WELLS BRING HOPE

WELLS BRING HOPE IS COMMITTED TO DRILLING WELLS TO BRING SAFE WATER AND  
GOOD SANITATION IN WEST AFRICA

NAME OF RECIPIENT - APPALACHIAN TRAIL CONSERVANCY

THE APPALACHIAN TRAIL CONSERVANCY'S MISSION IS TO PRESERVE AND MANAGE  
THE APPALACHIAN TRAIL ENSURING THAT ITS VAST NATURAL BEAUTY AND  
PRICELESS CULTURAL HERITAGE CAN BE SHARED AND ENJOYED TODAY, TOMORROW,  
AND FOR CENTURIES TO COME.

NAME OF RECIPIENT - FACING HUNGER FOOD BANK

ACING HUNGER FOODBANK IS A PRIVATE, NON-PROFIT, CHARITABLE ORGANIZATION  
FOUNDED IN 1983 AND IS INCORPORATED IN WEST VIRGINIA. FORMERLY KNOWN AS  
THE HUNTINGTON AREA FOOD BANK, THE FOODBANK INITIALLY SERVED CABELL AND  
WAYNE COUNTIES. THE NEED WAS SO GREAT ACROSS THE REGION THAT THE  
FOODBANK EXPANDED ITS SERVICE AREA AFTER JUST ITS FIRST YEAR OF  
OPERATION. THE FOODBANK'S SERVICE AREA CURRENTLY INCLUDES 248 AGENCIES  
ACROSS 17 COUNTIES IN WEST VIRGINIA, EASTERN KENTUCKY AND SOUTHEASTERN  
OHIO.

NAME OF RECIPIENT - SHEPHERD CENTER

SHEPHERD CENTER IS A PRIVATE, NOT-FOR PROFIT HOSPITAL IN ATLANTA,  
GEORGIA. FOUNDED IN 1975, THE 152-BED HOSPITAL IS DEVOTED TO THE  
MEDICAL TREATMENT, RESEARCH AND REHABILITATION FOR PEOPLE WITH SPINAL  
CORD INJURY AND DISEASE, ACQUIRED BRAIN INJURY, MULTIPLE SCLEROSIS,

**Part XV** Supplementary Information

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

CHRONIC PAIN AND OTHER NEUROMUSCULAR PROBLEMS.

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
WILLIAM PARTNERS LP	13.	13.	0.
TOTAL TO PART I, LINE 3	13.	13.	0.

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CAPITAL GAIN DIST	42,333.	42,333.	0.	0.	0.
FIDELITY 7733	161,698.	0.	161,698.	161,698.	161,698.
WILLIAM PARTNERS LP	0.	0.	0.	0.	0.
TO PART I, LINE 4	204,031.	42,333.	161,698.	161,698.	161,698.

## FORM 990-PF RENTAL INCOME STATEMENT 3

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
WILLIAMS PARTNERS L.P	1	28.
TOTAL TO FORM 990-PF, PART I, LINE 5A		28.

## FORM 990-PF OTHER INCOME STATEMENT 4

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PAYMENTS IN LIEU	12,153.	12,153.	0.
WILLIAMS PARTNERS L.P	26,449.	26,449.	0.
WILLIAMS PARTNERS L.P	-8.	-8.	0.
BOOK GAIN LOSS BASIS ADJUSTMENT	-222,960.	0.	-222,960.
TOTAL TO FORM 990-PF, PART I, LINE 11	-184,366.	38,594.	-222,960.

FORM 990-PF	ACCOUNTING FEES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	4,350.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	4,350.	0.	0.	0.

FORM 990-PF	OTHER PROFESSIONAL FEES		STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BROKERAGE FEES	131.	131.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	131.	131.	0.	0.

FORM 990-PF	TAXES		STATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES PAID	2,763.	2,763.	0.	0.
TO FORM 990-PF, PG 1, LN 18	2,763.	2,763.	0.	0.

FORM 990-PF	OTHER EXPENSES		STATEMENT 8	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SECRETARY OF STATE REGISTRATION	50.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	50.	0.	0.	0.

## FORM 990-PF

## OTHER FUNDS

## STATEMENT 9

DESCRIPTION	(A) BEGINNING OF YEAR	(B) END OF YEAR
RE OR ACCUMULATED INCOME	3,695,824.	3,952,658.
TOTAL TO FORM 990-PF, PART II, LINE 29	3,695,824.	3,952,658.

## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FIDELITY	5,409,062.	5,294,740.
TOTAL TO FORM 990-PF, PART II, LINE 10B	5,409,062.	5,294,740.

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 11

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
KIVA.ORG	COST	298,053.	298,053.
LOAN TO CARE	COST	100,000.	100,000.
TOTAL TO FORM 990-PF, PART II, LINE 13		398,053.	398,053.