



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		<1,854,457.00	<578,000.00	<578,000.00
	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	STMT 8			
	b Investments - corporate stock		5,409,062.	4,126,944.	5,430,416.
	c Investments - corporate bonds				
	11 Investments - land, buildings, and equipment basis ►				
	Less accumulated depreciation ►				
	12 Investments - mortgage loans				
	13 Investments - other	STMT 9	398,053.	491,131.	491,131.
	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)		3,952,658.	4,040,075.	5,343,547.
Liabilities	17 Accounts payable and accrued expenses				
	18 Grants payable				
	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.	
	Foundations that follow FASB ASC 958, check here ► <input type="checkbox"/>				
	and complete lines 24, 25, 29, and 30.				
	24 Net assets without donor restrictions				
	25 Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here ► <input checked="" type="checkbox"/>				
	and complete lines 26 through 30				
	26 Capital stock, trust principal, or current funds		0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds		3,952,658.	4,040,075.	
	29 Total net assets or fund balances		3,952,658.	4,040,075.	STATEMENT 7
	30 Total liabilities and net assets/fund balances		3,952,658.	4,040,075.	
Net Assets or Fund Balances	1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)			1	3,952,658.
	2 Enter amount from Part I, line 27a			2	87,417.
	3 Other increases not included in line 2 (itemize) ►			3	0.
	4 Add lines 1, 2, and 3			4	4,040,075.
	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 29			6	4,040,075.

## 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 29 (must agree with end-of-year figure reported on prior year's return)	1	3,952,658.
2 Enter amount from Part I, line 27a	2	87,417.
3 Other increases not included in line 2 (itemize) ►	3	0.
4 Add lines 1, 2, and 3	4	4,040,075.
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 29	6	4,040,075.

Form 990-PF (2019)

## 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.)
<b>1a</b> <b>FIDELITY - 7733</b>			<b>VARIOUS</b>	<b>12/31/19</b>
<b>b</b> <b>FIDELITY - 7733</b>			<b>VARIOUS</b>	<b>12/31/19</b>
<b>c</b> <b>CAPITAL GAINS DIVIDENDS</b>				
<b>d</b>				
<b>e</b>				
(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))	
<b>a</b> <b>97,107.</b>		<b>74,121.</b>		<b>22,986.</b>
<b>b</b> <b>2,003,942.</b>		<b>1,915,984.</b>		<b>87,958.</b>
<b>c</b> <b>26,988.</b>				<b>26,988.</b>
<b>d</b>				
<b>e</b>				
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		
<b>a</b>				<b>22,986.</b>
<b>b</b>				<b>87,958.</b>
<b>c</b>				<b>26,988.</b>
<b>d</b>				
<b>e</b>				
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	<b>137,932.</b>
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	<b>22,986.</b>

## 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))
2018	<b>181,380.</b>	<b>4,038,631.</b>	<b>.044911</b>
2017	<b>146,875.</b>	<b>3,837,705.</b>	<b>.038272</b>
2016	<b>135,314.</b>	<b>3,021,027.</b>	<b>.044791</b>
2015	<b>116,457.</b>	<b>2,849,835.</b>	<b>.040864</b>
2014	<b>85,000.</b>	<b>2,350,031.</b>	<b>.036170</b>

2 Total of line 1, column (d)

**.205008**

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

**.041002**

4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5

**4,188,910.**

5 Multiply line 4 by line 3

**171,754.**

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

**2,552.**

7 Add lines 5 and 6

**174,306.**

8 Enter qualifying distributions from Part XII, line 4

**201,037.**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)

3  
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 2019 estimated tax payments and 2018 overpayment credited to 2019

6a 4,360.

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 4,360.

8 Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached

8 0.

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 1,808.

11 Enter the amount of line 10 to be: Credited to 2020 estimated tax ►

11 0. | Refunded ►

## 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

b 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.

1b X

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

1c X

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:

1d

(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.

1e

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

2 X

If "Yes," attach a detailed description of the activities.

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes

3 X

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

4a X

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

4b

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

5 X

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:

N/A

6 X

• By language in the governing instrument, or

7 X

• 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?

8 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

8b X

8a Enter the states to which the foundation reports or with which it is registered. See instructions. ►

9 X

GA

10 X

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)

10 X

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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV

11 X

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

## 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	11	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	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X
14 The books are in care of ► GLEN REED Located at ► 40 STRATFORD PLACE NE, ATLANTA, GA	Telephone no. ► 404-572-3393	ZIP+4 ► 30342-3956
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	► 15	N/A
16 At any time during calendar year 2019, 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 ►	16	X

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

	Yes	No
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):		
(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	N/A	
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 2019?	1b	
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)): At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No
If "Yes," list the years ► _____, _____, _____, _____	1c	
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.)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____, _____	3b	
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 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	4a	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	N/A	
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 2019?	4b	

## 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	5b	
Organizations relying on a current notice regarding disaster assistance, check here	<input checked="" type="checkbox"/>		
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	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	N/A	6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	700.	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

Form 990-PF (2019)



**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	5,793,739.
b	Average of monthly cash balances	1b	<1,541,038.>
c	Fair market value of all other assets	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	4,252,701.
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	4,252,701.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	63,791.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,188,910.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	209,446.

**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	209,446.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	2,552.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	2,552.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	206,894.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	206,894.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	206,894.

**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	201,037.
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	<b>Qualifying distributions</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	201,037.
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	2,552.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	198,485.

**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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				206,894.
2 Undistributed income, if any, as of the end of 2018			195,625.	
a Enter amount for 2018 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e		0.		
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 201,037.			195,625.	
a Applied to 2018, but not more than line 2a			195,625.	
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 2019 distributable amount				5,412.
e Remaining amount distributed out of corpus		0.		
5 Excess distributions carryover applied to 2019 (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 2018. Subtract line 4a from line 2a. Taxable amount - see instr.				0.
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				201,482.
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 2014 not applied on line 5 or line 7		0.		
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a		0.		
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling  
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

**Part XV** **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

## 1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

GLEN REED

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**NONE**

## **2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a. The name, address, and telephone number or email address of the person to whom applications should be addressed:

b. The form in which applications should be submitted and information and materials they should include:

**c. Any submission deadlines:**

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

## 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
<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.
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.
CARE 151 ELLIS STREET, NE ATLANTA, GA 30303			OUR MISSION IS TO SERVE INDIVIDUALS AND FAMILIES IN THE POOREST COMMUNITIES IN THE WORLD. WE	30,000.
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.
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	7,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			► 3a 201,037.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				► 3b 0.

## THE REED FOUNDATION

26-1477372

## Part XV Supplementary Information

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

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
FRIENDS OF THE CHEAT 1343 NORTH PRESTON HIGHWAY KINGWOOD, WV 26537			TO RESTORE, PRESERVE, AND PROMOTE THE OUTSTANDING NATURAL QUALITIES OF THE CHEAT WATERSHED.	2,000.
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	20,537.
MEDSHARE INTERNATIONAL 3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034			MEDSHARE IS A NONPROFIT ORGANIZATION DEDICATED TO IMPROVING THE ENVIRONMENT AND	95,500.
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	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,	1,000.
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.
EMORY UNIVERSITY - ROLLINS SCHOOL OF PUBLIC HEALTH 1518 CLIFTON ROAD ATLANTA, GA 30322			OUR UNRESTRICTED ENDOWMENT IS ESSENTIAL TO THE VITALITY AND FINANCIAL SECURITY OF OUR SCHOOL, AND POWERS	4,000.
ATLANTA HUMANE SOCIETY 1565 MANSELL ROAD ALPHARETTA, GA 30009			HELPING ATLANTA PETS THROUGH OUR PET RESCUE SERVICES; ADOPTING A DOG, CAT, KITTEN OR PUPPY INTO YOUR HOME	5,000.
MONONGALIA ARTS CENTER 107 HIGH ST MORGANTOWN, WV 26505			MONONGALIA ARTS CENTER IS GREATLY APPRECIATIVE FOR THE FUNDING WE RECEIVE EACH YEAR. IT IS	2,000.
HUNTINGTON MUSEUM OF ART 2033 MCCOY RD HUNTINGTON, WV 25701			HMA'S MISSION IS FURTHERED BY ITS FOUR COMMITMENTS: TO ACQUIRE AND DISPLAY OBJECTS OF ART,	4,000.
<b>Total from continuation sheets</b>				<b>150,037.</b>

## THE REED FOUNDATION

26-1477372

## Part XV | Supplementary Information

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

**Total from continuation sheets**

923631  
04-01-19

## Part XV Supplementary Information

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

NAME OF RECIPIENT - ACTION MINISTRIESACTION MINISTRIES' HUNGER RELIEF PROGRAMS HELP PEOPLE SHED THE BURDENOF SEARCHING FOR THEIR NEXT MEAL. THROUGH OUR FOOD BOXES, COMMUNITYKITCHENS, AND CHILDHOOD HUNGER RELIEF PROGRAMS ACTION MINISTRIESVOLUNTEERS ARE HELPING TO BREAK THE CYCLE OF POVERTY ONE MEAL AND ONERELATIONSHIP AT A TIME.NAME OF RECIPIENT - APPALACHIAN TRAIL CONSERVANCYTHE APPALACHIAN TRAIL CONSERVANCY'S MISSION IS TO PRESERVE AND MANAGETHE APPALACHIAN TRAIL ENSURING THAT ITS VAST NATURAL BEAUTY ANDPRICELESS CULTURAL HERITAGE CAN BE SHARED AND ENJOYED TODAY, TOMORROW,AND FOR CENTURIES TO COME.NAME OF RECIPIENT - CAREOUR MISSION IS TO SERVE INDIVIDUALS AND FAMILIES IN THE POORESTCOMMUNITIES IN THE WORLD. WE FACILITATE LASTING CHANGE BY:STRENGTHENING CAPACITY FOR SELF-HELP, PROVIDING ECONOMIC OPPORTUNITY,DELIVERING RELIEF IN EMERGENCIES, INFLUENCING POLICY DECISIONS AT ALLLEVELS, AND ADDRESSING DISCRIMINATION IN ALL ITS FORMS.NAME OF RECIPIENT - CATHOLIC MEDICAL MISSION BOARDCATHOLIC MEDICAL MISSION BOARD PROVIDES MEDICINES AND MEDICAL SUPPLIES,FREE OF CHARGE, TO PARTNER ORGANIZATIONS OVERSEAS. OUR PARTNERS THENDISTRIBUTE THESE MEDICINES TO THOSE WHO LIVE IN SUBSTANDARD CONDITIONSAND HAVE LITTLE OR NO HOPE OF RECEIVING EVEN BASIC MEDICAL CARE.NAME OF RECIPIENT - FACING HUNGER FOOD BANKFACING HUNGER FOODBANK IS A PRIVATE, NON-PROFIT, CHARITABLE ORGANIZATION

923655 04-01-19

## Part XV Supplementary Information

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

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 - 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)

923655 04-01-19

## Part XV Supplementary Information

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

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

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,  
CHRONIC PAIN AND OTHER NEUROMUSCULAR PROBLEMS.

NAME OF RECIPIENT - EMORY UNIVERSITY - ROLLINS SCHOOL OF PUBLIC HEALTH  
OUR UNRESTRICTED ENDOWMENT IS ESSENTIAL TO THE VITALITY AND FINANCIAL  
SECURITY OF OUR SCHOOL, AND POWERS OUR MISSION OF EDUCATING STUDENTS,  
FOSTERING CUTTING-EDGE PUBLIC HEALTH RESEARCH, AND PROTECTING LIVES  
WORLDWIDE.

NAME OF RECIPIENT - ATLANTA HUMANE SOCIETY

HELPING ATLANTA PETS THROUGH OUR PET RESCUE SERVICES; ADOPTING A DOG,  
CAT, KITTEN OR PUPPY INTO YOUR HOME FROM AHS WILL BE A WONDERFUL  
EXPERIENCE.

NAME OF RECIPIENT - MONONGALIA ARTS CENTER

MONONGALIA ARTS CENTER IS GREATLY APPRECIATIVE FOR THE FUNDING WE

923655 04-01-19

## Part XV Supplementary Information

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

RECEIVE EACH YEAR. IT IS BECAUSE OF THIS FUNDING AND THE SUPPORT WE RECEIVE FROM OUR PATRONS THAT MAC IS ABLE TO CONTINUE OFFERING VARIOUS TYPES OF EDUCATIONAL PROGRAMMING, EVENTS, AND EXHIBITS.

## NAME OF RECIPIENT - HUNTINGTON MUSEUM OF ART

HMA'S MISSION IS FURTHERED BY ITS FOUR COMMITMENTS: TO ACQUIRE AND DISPLAY OBJECTS OF ART, PROVIDE EXCELLENCE IN EDUCATION AND ARTS EXPERIENCES, MAINTAIN A PLANT CONSERVATORY AND NATURE TRAILS, AND EXPAND ITS SERVICE POPULATION.

## NAME OF RECIPIENT - PRESTON COUNTY ANIMAL SHELTER

WE DEFINE SHELTER AS A FACILITY THAT PROVIDES PROTECTION, HOUSING AND CARE FOR UNWANTED ANIMALS.

AT THE PRESTON COUNTY ANIMAL SHELTER WE BELIEVE ALL ANIMALS DESERVE TO BE TREATED WITH DIGNITY, CARE, COMPASSION, AS WELL AS TO BE DESERVING OF A FOREVER HOME.

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

Enter gross amounts unless otherwise indicated.

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	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					145,910.
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					18,304.
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a <b>BOOK GAIN LOSS BASIS</b>					
b <b>ADJUSTMENT</b>					<132,530.>
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	169,616.
13 Total. Add line 12, columns (b), (d), and (e)				13	169,616.
(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) (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. Co

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) (other than section 501(c)(3)) or in section 527?

Yes  No

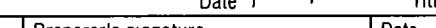
**b** If "Yes," complete the following schedule.

(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		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	DAVID J. SCHUCHMANN		 CPA	6/17/18	P01240918
	Firm's name ► CBIZ MHM, LLC			Firm's EIN ► 34-1851358	
Firm's address ► 3625 CUMBERLAND BLVD SE SUITE 1100 ATLANTA, GA 30339			Phone no. 770-858-4500		



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	<u>GLEN REED</u> <u>40 STRATFORD PLACE NE</u> <u>ATLANTA, GA 30342</u>	\$ <u>71,623.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>GLEN REED</u> <u>40 STRATFORD PLACE NE</u> <u>ATLANTA, GA 30342</u>	\$ <u>42,660.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
3	<u>GLEN REED</u> <u>40 STRATFORD PLACE NE</u> <u>ATLANTA, GA 30342</u>	\$ <u>67,927.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
4	<u>GLEN REED</u> <u>40 STRATFORD PLACE NE</u> <u>ATLANTA, GA 30342</u>	\$ <u>44,957.</u>	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 )

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
1	DEUTCHE BANK ETF WIDE MOAT	\$ 71,623.	09/12/19
2	DEUTCHE BANK ETF WIDE MOAT	\$ 42,660.	09/12/19
3	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
4	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
	(b) Description of noncash property given	\$	
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
		\$	

---

Name of organization

**Employer identification number**

## THE REED FOUNDATION

### 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	
	(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	

## 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 FIDELITY - 7733	26,988. 145,910.	26,988. 0.	0. 145,910.	0. 145,910.	0. 145,910.
TO PART I, LINE 4	172,898.	26,988.	145,910.	145,910.	145,910.

## FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
PAYMENTS IN LIEU BOOK GAIN LOSS BASIS ADJUSTMENT	18,304. <132,530.>	18,304. 0.	18,304. <132,530.>
TOTAL TO FORM 990-PF, PART I, LINE 11	<114,226.>	18,304.	<114,226.>

## 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	4,947.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	4,947.	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
BROKER FEES	100.	100.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	100.	100.	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	539.	539.	0.	0.
TO FORM 990-PF, PG 1, LN 18	539.	539.	0.	0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SECRETARY OF STATE REGISTRATION	30.	0.	0.	0.
INSURANCE PREMIUMS	55,734.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	55,764.	0.	0.	0.

## FORM 990-PF

## OTHER FUNDS

## STATEMENT 7

DESCRIPTION	(A) BEGINNING OF YEAR	(B) END OF YEAR
RE OR ACCUMULATED INCOME	3,952,658.	4,040,075.
TOTAL TO FORM 990-PF, PART II, LINE 29	3,952,658.	4,040,075.

## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FIDELITY	4,126,944.	5,430,416.
TOTAL TO FORM 990-PF, PART II, LINE 10B	4,126,944.	5,430,416.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
KIVA.ORG	COST	291,131.	291,131.
LOAN TO CARE	COST	200,000.	200,000.
TOTAL TO FORM 990-PF, PART II, LINE 13		491,131.	491,131.