Form **990-PF**Department of the Treasury

Return of Private Foundation

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

► Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990PF for instructions and the latest information

2019

Form **990-PF** (2019)

Internal Revenue Service For calendar year 2019 or tax year beginning and ending A Employer identification number Name of foundation CALVIN H. REED FAMILY FOUNDATION, INC 26-3668924 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number 1706 813-389-3496 3301 BAYSHORE BOULEVARD City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 33629-8845 TAMPA, FL Initial return of a former public charity D 1 Foreign organizations, check here G Check all that apply: Initial return Final return Amended return Foreign organizations meeting the 85% test check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) (Part I, column (d), must be on cash basis.) ▶\$ 280. Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (b) Net investment (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) 87,700. NAMA NAMAN Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 3 4 Dividends and interest from securities 5a Gross rents RECEIVED b Net rental income or (loss) Part in the second of the seco 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a allo sakuztika etkak ***JUN:**1**:5:2020 Ó 0. Capital gain net income (from Part IV, line 2) Net short-term capital gain OGDEN HE Income modifications 10a Gross sales less returns and allowances 13015178-1700 A 1501 MOD 1301 SEEDS BE b Less Cost of goods sold NOT THE PROPERTY OF THE PROPERTY OF THE PROPERTY AND THE THE TAXABLE PROPERTY OF THE PR c Gross profit or (loss) Other income 87,700 0. Total Add lines 1 through 11 0. 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 1,200 0. 0. **b** Accounting fees STMT 1 c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses Operating 24 Total operating and administrative ,200 0 expenses Add lines 13 through 23 87,024 and the contract of the 024. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12. 27 -524 a Excess of revenue over expenses and disbursements gangy Hariti b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)

For	m 99	00-PF(2019) CALVIN H. REED FAMILY F	OUNDATION, IN	C. 26-	3668924_	Page 2
ì D	árt:	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		f year	
<u>([⊼.</u>	art:	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market \	
	1	Cash - non-interest-bearing	804.	280.		280.
	2	Savings and temporary cash investments				
	3	Accounts receivable >				
	ļ	Less, allowance for doubtful accounts ▶				
	4	Pledges receivable ►	1444 4-1-1 141032 1514 162 1636 1, 4 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Printerent perint for 120 120 120 120 120 120 120 120 120 120	** 425.4.**********************************	Taritan (make)
		Less: allowance for doubtful accounts				
	5	Grants receivable	- 81-1			
	6	Receivables due from officers, directors, trustees, and other				
	ŀ	disqualified persons				
	7	Other notes and loans receivable	Carrier and the control of the contr	Printegrander and the contract of the contract	** **** (*****************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Less: allowance for doubtful accounts		,		
ţ	8	Inventories for sale or use				
ssets	9	Prepaid expenses and deferred charges				
Ÿ	10a	Investments - U.S and state government obligations				
	Ь	Investments - corporate stock				
	С	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis	THE STATE OF THE S		ACCOUNT TO VERY SET THE PROPERTY OF THE PROPER	
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment: basis		ER OR DEFENDENCE OF THE STATE OF THE SEASON		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Less accumulated depreciation	141007-10-17-17	to the second se	1000000	***************************************
	15	Other assets (describe				
	16	Total assets (to be completed by all filers - see the				·
		instructions. Also, see page 1, item I)	804.	280.		280.
	17	Accounts payable and accrued expenses			Birther	jegobajnji Populari
	18	Grants payable			den begannster	W. Chillian
s	19	Deferred revenue			HARSHELDA	33.552-234
abilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ᅙ	21	Mortgages and other notes payable			2.820 Value 2005 80 Value 200 Value	12 12 App 1 12 1 App 1 A
Ë		Other liabilities (describe)				TAN PAR
					HE TO A SEED OF THE PARTY OF	rad Loca
	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow FASB ASC 958, check here			Supplement of the supplement o	13121 (321) 2314 13121 (321) 2313
s		and complete lines 24, 25, 29, and 30			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Z California de la
ည	24	Net assets without donor restrictions				20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>ā</u>	25	Net assets with donor restrictions				703991,-187,188 3686,041,587,188
Net Assets or Fund Balances		Foundations that do not follow FASB ASC 958, check here			57522 497478 ***********************************	A LESS CONTRACTOR
Š		and complete lines 26 through 30				
<u></u>	26	Capital stock, trust principal, or current funds	0.	0.		32 - 42 - 50 - 50 - 50 - 50 - 50 - 50 - 50 - 5
ţ	27	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	THE STATE OF THE S	**************************************
SSe	28	Retained earnings, accumulated income, endowment, or other funds	804.	280.	GETER A CARROTTE TO THE RESTREE	
چ ک	29	Total net assets or fund balances	804.	280.		
ž						
	30	Total liabilities and net assets/fund balances	804.	280.		7727899 4183000 172787 222222 17287 222222
. ^^					1	37 34 4577 1
P	art	IIII Analysis of Changes in Net Assets or Fund B	alances			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29			
	(mus	st agree with end-of-year figure reported on prior year's return)		1		804.
	•	amount from Part I, line 27a		2		524.
		r increases not included in line 2 (itemize)		3		0.
		lines 1, 2, and 3		4		280.
5	Decr	eases 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, co	olumn (b), line 29	6		280.

	VIN I	H. REED FAMI	LY FOU	NDATION,	I	NC.		26	5-366	<u> 8924 </u>	Page 3
		sses for Tax on In			1411						
		s) of property sold (for exar or common stock, 200 shs		te,	(b) D	How a Purd - Don -	illase ! .	c) Date a (mo., da	cquired iy, yr.)	(d) Dat (mo , d	
1a				- •							
b NO	NE										
C											
d	-										
e		<u>-</u>			Ī						
(e) Gross sales price	(f) l	Depreciation allowed (or allowable)		st or other basis expense of sale			-		in or (loss) (f) minus (
a											_
b											
С											
d											
e										-	
Complete only for assets showin	g gain in	column (h) and owned by t	the foundation	on 12/31/69.			(1) (Gains (Co	ol. (h) gaın	minus	
(i) FMV as of 12/31/69	((j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			col. (k), but n	ot less than from col. (I	ı -0-) or	
a			L								
b											
C		<u> </u>									
d											
e			-	.							
		C If gain, also enter	ın Dart I. lına	7	٦			•			
2 Capital gain net income or (net ca		(())		7	}	_ 2	1				
3 Net short-term capital gain or (los			ıd (6):		٦						
If gain, also enter in Part I, line 8,	column (c).			\	_	ļ				
If (loss), enter -0- in Part I, line 8 Part V Qualification U	ndor S	Section 4940(e) for	Paducad	Tay on Not	l Inv	oetr	nent Inco	me			
							none moc				
(For optional use by domestic private	foundati	ons subject to the section 4	1940(a) tax on	i net investment ir	ncom	e.)					
If section 4940(d)(2) applies, leave th	ns part bl	ank.									
Was the foundation liable for the sect				· ·	riod?					Yes	X No
If "Yes," the foundation doesn't qualif											
1 Enter the appropriate amount in 6	each colu	mn for each year; see the ir	nstructions be	fore making any e	entrie	S				(4)	
(a) Base period years		(b)	tributions	Mot value of no	(c)		una accete		Distrib	(d) ution ratio	
Calendar year (or tax year beginnii	ng in)	Adjusted qualifying dis		Net value of no	Jucua	Hable			(col. (b) div		
2018			4,596.				3,329				<u>27456</u>
2017			4,046.				1,249				41873
2016			6,700.				2,192.				04745
2015			9,800.				3,228.				<u> 27509</u>
2014		9	1,031.				<u>1,399.</u>	 		<u>65.0</u>	<u>68620</u>
2 Total of line 1, column (d)								2		<u> 270.5</u>	<u>70203</u>
3 Average distribution ratio for the	5-year ba	se period - divide the total o	on line 2 by 5.0	0, or by the numb	er of	years					
the foundation has been in exister	nce if less	than 5 years						3		<u>54.1</u>	<u> 14041</u>
4 Enter the net value of noncharitab	le-use as	sets for 2019 from Part X,	line 5					4			993.
5 Multiply line 4 by line 3								5		53	,735.
· ····································											
6 Enter 1% of net investment incon	ne (1% of	Part I, line 27b)						6			0.
7 Add lines 5 and 6								7		53	,735.
										-	
8 Enter qualifying distributions from	n Part XII,	, line 4						8		<u>8</u> 7	,024.
If line 8 is equal to or greater than	n line 7. ct	neck the box in Part VI. line	1b, and comr	olete that part usin	ng a 1	% tax	rate.				
See the Part VI instructions.											
923521 12-17-19									F	orm 990 -	PF (2019

			•	•	
rm 990-PF (2019) CALVIN H. REED FAMILY FOUND	ATION, INC	2.		<u>668924</u>	Page
RartiVI Excise Tax Based on Investment Income (Section			<u> 4948 - s</u>	ee instru	ctions)
1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔙			E. 254 323 525		
Date of ruling or determination letter: (attach copy of letter			5. VETE 110		
${f b}$ Domestic foundations that meet the section 4940(e) requirements in Part V, check her	re 🕨 🔀 and ent	er 1%	1 (3) (6) (1)	LYLANI LEST GET 184	0
of Part I, line 27b			27577 1 20 27 27 27 27 27 27 27 27 27 27 27 27 27	12	
$oldsymbol{c}$ All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, en					
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of	nly; others, enter -0-)		2		0
Add lines 1 and 2			3		0
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations o	nly; others, enter -0-))	4		0
Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	-		5		0
Credits/Payments:			77872-48 848 7 888381 8771 7 9 887481 1848 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	SPINITED IN THE STATE	
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0	### 12 A T T T T T T T T T T T T T T T T T T		
b Exempt foreign organizations - tax withheld at source	6b	0	• ICE GARAGE		1 14 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c Tax paid with application for extension of time to file (Form 8868)	6c	0	**************************************		
d Backup withholding erroneously withheld	6d	0			147518,448,345181
Total credits and payments. Add lines 6a through 6d			7		0
Enter any penalty for underpayment of estimated tax. Check here if Form 2220 i	s attached		8		0
Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9		0
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpayment.	aid	•	10		
Enter the amount of line 10 to be: Credited to 2020 estimated tax		Refunded >	11		
art VII A Statements Regarding Activities			•		
a During the tax year, did the foundation attempt to influence any national, state, or loca	l legislation or did it p	articipate or interver	ne in	7279255 E	Yes No
any political campaign?		•		1a	Х
Did it spend more than \$100 during the year (either directly or indirectly) for political p	ourposes? See the ins	structions for the def	inition	1b	Х
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co				~~27 ² ^1 ~~1	TOTAL SECTION
distributed by the foundation in connection with the activities.	,				
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	no the vear:			THE CAL	
(1) On the foundation. > \$ 0. (2) On foundation man		0		10 to 1 - 75 1 - 15 to 1 - 75	
e Enter the reimbursement (if any) paid by the foundation during the year for political ex		d on foundation	_		
managers. ► \$ 0.	•				12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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.				********	
Has the foundation made any changes, not previously reported to the IRS, in its gover	ning instrument, artic	cles of incorporation	. or	18,93 m2,53 31,935 12,53 31,71,71,71	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		, , ,	, -	3	X
a Did the foundation have unrelated business gross income of \$1,000 or more during the				4a	· X
b If "Yes," has it filed a tax return on Form 990-T for this year?			N/2		
Was there a liquidation, termination, dissolution, or substantial contraction during the	vear?		,	5	X
If "Yes," attach the statement required by General Instruction T	,			13276.50	
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis	fied either:	-		itin-titel	101 Pair - 112
By language in the governing instrument, or	= *\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			\$51.0 (\$1.2 \$31.0 (\$1.2 \$1.0 (\$1.2	
 By state legislation that effectively amends the governing instrument so that no mar 	idatory directions tha	t conflict with the sta	ite law	A TANA A	12 Late 1
remain in the governing instrument?				6	X
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		7	Х
2.2 Sundanian hard an idadi pojoso in accord at any timo doring the year. It is tog		1-11		WARN AND	CHENN GES
a Enter the states to which the foundation reports or with which it is registered. See inst	ructions.	ONE		# 1 NKMFFAL ## 237 41 W #### 27 W #### 27 ## 27 41	
2 Enter the states to which the foundation reports of with which it is registered. Occ mat				**************************************	CONFESSION CONFESSION
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		SEE STATE	мемт і	2 8b	************ X
				- 31. Fin	
Is the foundation claiming status as a private operating foundation within the meaning year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,		, 0, 7072())(0) 101 60	aoridal	#35565546. 9	#1795 381939 #1795 381939
Did any nersons become substantial contributors during the tax year? If "yes," attach a				10	- 2
THE ADVIDED OF SOME DECEMBERS OF SHARE CONTROLLED FOR CONTROLLED BY A VEHICLE CONTROLLED AND A VEHICLED AND A V	schedule listing their nam	ses and addresses		1 10 1	

Form **990-PF** (2019)

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

Form 990-PF (2019) CALVIN H. REED FAMILY FO	UNDATION, INC	<u>. </u>	<u> 26-36689</u>	24 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be	Required (contin	ued)	
5a Quring the year, did the foundation pay or incur any amount to:			1	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y6	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,	,.	A Sulve St.
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y6	s X No -	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
4945(d)(4)(A)? See instructions		Y€	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			
the prevention of cruelty to children or animals?		Y6	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations	_ `	* \$ a
section 53.4945 or in a current notice regarding disaster assistance? See instri		•	N/A	5b
Organizations relying on a current notice regarding disaster assistance, check l			▶□□□	* - 3 , 3 , - 3
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		uned		
expenditure responsibility for the grant?		N/A 🗌 Ye	ıs 🔲 No 🗔	` , <u></u>
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	pav premiums on		٠,	
a personal benefit contract?		☐ Ye	s 🗓 No 📝	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		1.	6b X
If "Yes" to 6b, file Form 8870.				* M. F. H. C
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s 🗶 No 📑	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$		r		1 3 4
excess parachute payment(s) during the year?	,,		s X No	
Part VIII Information About Officers, Directors, Trust	ees. Foundation Ma			
Paid Employees, and Contractors	,		,	
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
	······································	,		
SEE STATEMENT 3		0.	0.	0.
			-	
-				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE."		
() Name and address of each analysis and many than \$50,000	(b) Title, and average	4 . 0	(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE	······································			
			- '	
		ľ		
Total number of other employees paid over \$50,000				0
			Form	990-PF (2010)

Form 990-PF (2019) CALVIN H. REED FAMILY FOUNDATION,	INC. 26-	3668924 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	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		T
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produce	l information such as the ed, etc.	Expenses
1 <u>N/A</u>		
2		
		1
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 line 1 N/A	es 1 and 2.	Amount
2		
All other program-related investments. See instructions.		
3		-
		1
Total, Add lines 1 through 3	>	0.
		Form 990-PF (2019)

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations, se	e 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	0.
	Average of monthly cash balances	1b	1,008.
	Fair market value of all other assets	1c	
-	Total (add lines 1a, b, and c)	1d	1,008.
	Reduction claimed for blockage or other factors reported on lines 1a and	- · ,	
Ī	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,008.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	993.
6	Minimum investment return. Enter 5% of line 5	6	50.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	50.
2a	Tax on investment income for 2019 from Part VI, line 5		
Ь	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	50.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	50.
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	50.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		05.004
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	87,024.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	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	87,024.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	87,024.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for th	e section

Form **990-PF** (2019)

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2018	2018	2019
1 Distributable amount for 2019 from Part XI, line 7				50.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014 90,961.				
b From 2015 49,639.				
c From 2016 46,590.				
d From 2017 163,984.				
e From 2018 124, 430.				
f Total of lines 3a through e	475,604.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ► \$ 87,024.				
a Applied to 2018, but not more than line 2a			0.	
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				50.
e Remaining amount distributed out of corpus	86,974.			
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:				
7 Corpus Add lines 3t, 4c and 4e Subtract line 5	562,578.			
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				0.
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	22.24			
not applied on line 5 or line 7	90,961.			
9 Excess distributions carryover to 2020.	454 645			
Subtract lines 7 and 8 from line 6a	471,617.			
10 Analysis of line 9:				
a Excess from 2015 49,639.				
b Excess from 2016 46,590.				
c Excess from 2017 163,984.				
d Excess from 2018 124, 430.				
e Excess from 2019 86,974.				

923581 12-17-19

Form **990-PF** (2019)

Form 990-PF (2019) CALVIN Part XIV Private Operating F		ILY FOUNDAT		26-36 N/A	68924 Page 10
1 a If the foundation has received a ruling of			A, question 3)	N/A	
foundation, and the ruling is effective fo					
b Check box to indicate whether the found			n section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	lg roundation described in	Prior 3 years	1 10 12(j)(0) 01 <u> </u>	1
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a				-	
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not	<u> </u>				
used directly for active conduct of					
•					
exempt activities				-	
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		\ \ \			
alternative test relied upon:			\setminus		
a "Assets" alternative test - enter:					
(1) Value of all assets	ļ				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6, for each year			\		
listed				\	
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,	}				
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV. Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t			N/A		
1 Information Regarding Foundation	on Managers:		· · · · · · · · · · · · · · · · · · ·		
a List any managers of the foundation wh	•	than 2% of the total conti	ributions received by the	foundation before the clo	ose of any tax
year (but only if they have contributed if					,
b List any managers of the foundation wh	no own 10% or more of th	e stock of a corporation (or an equally large porti	on of the ownership of a r	partnership or
other entity) of which the foundation ha			to, an edeant, in Selbern		
2 Information Regarding Contribut	on Grant Gift Loan	Scholarship, etc., Pr	ograms:	· · · · · ·	
Check here X if the foundation of				not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	•	•	-		
a The name, address, and telephone num					- <u>-</u>
a The hame, address, and telephone han	ioor or ornan address or a	to porcon to amon applic		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b The form in which applications should l	pe submitted and informa	tion and materials they st	nould include:		
A control of a distance		· ·			
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors:	
					Earm QQA-PF (2010)

Form 990-PF (2019) CALVIN H. REED FAMILY FOUNDATION, INC.

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of recipient Amount contribution any foundation manager Name and address (home or business) or substantial contributor a Paid during the year ACADEMY OF THE HOLY NAMES TO SUPPORT THE 500. ORGANIZATION TO SUPPORT THE AMERICAN HEART ASSOC 100. ORGANIZATION TO SUPPORT THE AMERICAN LUNG ASSOC ORGANIZATION 100. TO SUPPORT THE AMERICAN PARKINSON DISEASE 200. ORGANIZATION **ASSOCIATION** AMERICAN RED CROSS TO SUPPORT THE ORGANIZATION 1,000. SEE CONTINUATION SHEET(S) ▶ 3a 87.024. Total **b** Approved for future payment NONE **▶** 3b Total

(e)

Excluded by section 512, 513, or 514

Enter gross amounts unless otherwise indicated.

Unrelated business income

ĺ	Part XVI-A	Analysis of Income-Producing A	ctivities
ŀ		, manyolo or moonilo i roullo mg	

1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	55			_	
a					
b	 	•			
c					
d					
e	-		-		
f	-		 		
g Fees and contracts from government agencies			ļ		
2 Membership dues and assessments			<u> </u>	-	
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					`
a Debt-financed property			İ		
b Not debt-financed property				·	
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	1			· ·	
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			 	<u> </u>	
11 Other revenue:					
a			ļ		
b					
c	<u> </u>				
d					
-			li .		
e					
е		0.		0.	
e		0.			0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.			
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	to the Acco			13 _	
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t		mplishment of E	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	mplishment of Example 1 and 1	xemp	13 _ ot Purposes	0.

Form 99	0-PF (20)19) CAT.VT	N H. REEI	D FAMIL	Y FOUND	ATTON.	INC	26-	-3668924	Pa	age 13
Part		Information Re	egarding Tran	nsfers to a	nd Transa	ctions an	d Relation				
·		Exempt Organ							_		
1 Dic	the org	anization directly or indi	rectly engage in any	y of the following	ng with any othe	er organization	described in se	ction 501(c)		Yes	No
		section 501(c)(3) organ							İ		
a Tra	ansfers f	rom the reporting found:	ation to a noncharit	able exempt or	ganization of:						
(1)	Cash								1a(1)		X
(2)	Other	assets							1a(2)		X
b Otl	her trans	actions:							-		,
(1)	Sales	of assets to a noncharita	ble exempt organiza	ation					1b(1)		Х
(2)	Purcha	ases of assets from a no	ncharitable exempt	organization					1b(2)		X
(3)	Rental	of facilities, equipment,	or other assets						1b(3)		X
(4)	Reimb	ursement arrangements							1b(4)		X
(5)	Loans	or loan guarantees							1b(5)		X
(6)	Perfor	mance of services or me	mbership or fundra	aising solicitatio	ons				1b(6)		X
c Sh	aring of	facilities, equipment, ma	uling lists, other ass	sets, or paid em	ployees				1c		X
		er to any of the above is								ets,	
or	services	given by the reporting for	oundation. If the foi	undation receiv	ed less than fai	r market value	ın any transactı	on or sharing arrang	gement, show in		
CO		the value of the goods,									
(a) Line r	10 (b) Amount involved	(c) Name o		e exempt organ	ızatıon	(d) Descript	ion of transfers, transac	tions, and sharing an	rangeme	ents
		•		N/A							
				_							
	_										
							ļ				
							 				
		···					 				
		<u> </u>	·			 -					
		 .							<u>.</u>		
	_										
	_		-			_					
	-		-								
			-	-			-				
0- 10	l	dation directly or indirec	L	r rolated to .a.c.	or more tay-ex	empt organize	dione decribed				
		dation directly or indirec 501(c) (other than sectio	-		OF THOSE LAX 67	compt organize	illoria deacribed		Yes	X	No
		mplete the following sch	` '` ''	30011011 327							
וו ט	163, 60	(a) Name of ord			(b) Type of o	rganization		(c) Description of	relationship		
		N/A			1	Ť	-		· · · · · · · · · · · · · · · · · · ·		
											
		** *									
_		penalties of perjury, I declare								discuss	this
Sign	and bel	ief, it is true, correct, and cor	nplete Declaration of p	preparer (other tha			tion of which prepared	arer has any knowledge	return with the	e prepa	rer
Here		/ Me			6	-1-2020	Fn	551000t	X Yes		⊒ No
	Signa	ature of officer or trustee	}		Date		Title				
		Print/Type preparer's na	ame	Preparer's s	ignature		Date	Check if	PTIN		
				10.	Λ	_	_ _	self- employed	1		
Paid	L	SAM A. LAZ		Libe a	· ^~	_,	5 26 20	1	P01342)
Prep	arer	Firm's name ► RIV	ERO, GOR	DIMER &	COMPA	NY, P.A	Α.	Fırm's EIN ►	59-30407	05	

Form **990-PF** (2019)

Phone no. (813) 875-7774

Use Only

Firm's address ▶ P. O. BOX 172359

TAMPA, FL 33672

CALVIN H. REED FAMILY FOUNDATION, INC. Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor BE THE MATCH FOUNDATION TO SUPPORT THE ORGANIZATION 1,000. BOY SCOUTS OF AMERICA TO SUPPORT THE ORGANIZATION 1,000. CHURCH PLANTING INT. TO SUPPORT THE ORGANIZATION 250. TO SUPPORT THE CHURCH WORLD SERVICE ORGANIZATION 15,100. TO SUPPORT THE CORPORATION TO DEVELOP COMMUNITIES OF ORGANIZATION 15,000. **TAMPA** TO SUPPORT THE CYSTIC FIBROSIS FOUNDATION 100. ORGANIZATION DISABLED AMERICAN VETERANS TO SUPPORT THE 300. ORGANIZATION TO SUPPORT THE EASTER SEALS ORGANIZATION 100. TO SUPPORT THE FIRST PRESBYTERIAN CHURCH OF TAMPA 5,000. ORGANIZATION

Total from continuation sheets

FLORIDA ORCHESTRA

TO SUPPORT THE

ORGANIZATION

500.

85 124.

Part XV Supplementary Information	. REED FAMILY I		N, INC. 26-36	
3 Grants and Contributions Paid During the Ye	If recipient is an individual,			
Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
HEARING LOSS ASSOC. OF AMERICA			TO SUPPORT THE	10
HERSHEL WOODY WILLIAMS MEDAL OF HONOR			TO SUPPORT THE ORGANIZATION	2,00
HOUSING FIRST STEPS FORWARD			TO SUPPORT THE ORGANIZATION	30,00
LIFE PATH HOSPICE			TO SUPPORT THE DRGANIZATION	1,50
MARCH OF DIMES			TO SUPPORT THE ORGANIZATION	10
MEMORIAL SLOAN KETTORING			TO SUPPORT THE ORGANIZATION	1,00
MERCY SHIPS			TO SUPPORT THE	
MET BROADCAST CAMPAIGN			ORGANIZATION TO SUPPORT THE	20
Division diameter			ORGANIZATION	15
METRO MINISTRIES			TO SUPPORT THE ORGANIZATION	1,00

MUSCULAR DYSTROPHY ASSOCIATION

Total from continuation sheets

TO SUPPORT THE ORGANIZATION

100.

Part XV Supplementary Information	1		N, INC. 26-36	
3 Grants and Contributions Paid During the Y				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
NATIONAL MULTIPLE SCLEROSIS SOCIETY			TO SUPPORT THE ORGANIZATION	100
NF2 BIOSOLUTIONS			TO SUPPORT THE ORGANIZATION	2,500
PLAN INTERNATIONAL USA			TO SUPPORT THE ORGANIZATION	574
SALVATION ARMY			TO SUPPORT THE ORGANIZATION	1,000
SKY HIGH FOR KIDS			TO SUPPORT THE	2,500
SMILE TRAIN			TO SUPPORT THE ORGANIZATION	500
STRAZ CENTER			TO SUPPORT THE ORGANIZATION	1,600
TAMPA LIGHTHOUSE			TO SUPPORT THE ORGANIZATION	500
THE METROPOLITAN OPERA GUILD			TO SUPPORT THE	250
UNITED STATES NAVAL ACADEMY FOUNDATION			TO SUPPORT THE ORGANIZATION	600

CALVIN H. REED FAMILY FOUNDATION, 26-3668924 INC. Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of recipient Name and address (home or business) WEDU TO SUPPORT THE <u>ORGANIZATION</u> 500. Total from continuation sheets

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 for the latest information.

CALVIN H. REED FAMILY FOUNDATION, INC.

OMB No 1545-0047

2019

Name of the organization

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

26-3668924

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Organization type (check one)						
Filers of	f:	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 99	00-PF	X 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions				
X	_	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1 Complete Parts I and II				
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals Complete Parts I, II, and III				
	year, contributions is checked, enter he purpose Don't cor	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				

Employer identification number

CALVIN	н.	REED	FAMILY	FOUNDATION,	INC.

26-3668924

Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	iditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALVIN H. REED 3301 BAYSHORE BLVD., UNIT 1706 TAMPA, FL 33629-8845	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)

Employer identification number

CALVIN H. REED FAMILY FOUNDATION, INC.

26-3668924

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Employer identification number

CALVI	N H. REED FAMILY FOUNDAT	rion, inc.	26-3668924				
Part III	Exclusively religious, charitable, etc., contribute	ons to organizations described in	section 501(c)(7), (8), or (10) that total more than \$1,000 for the				
% = ~ ">1 48mm	 from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl 	through (e) and the following line e haritable, etc., contributions of \$1,000 o	or less for the year (Enter this info once) \$				
	Use duplicate copies of Part III if additional s	space is needed					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) Ful pose of gift	(c) Ose or grit	(a) Description of not given min				
		(e) Transfer of gi	ift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transieree's name, address, an	UZIF + 4	netationalip of transfer of to transfer ce				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
,							
			<u>-</u>				
		(e) Transfer of g	μft				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g	yift				
			D. I. S. Market and A. Annual Control				
	Transferee's name, address, an	<u> </u>	Relationship of transferor to transferee				
							
(a) No.			405 111 111				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g	μπt				
	Tuesdanata sous adduction	.d 71D + 4	Bulliotte and the office of the state of the				
	Transferee's name, address, an	<u>u </u>	Relationship of transferor to transferee				

10010500 705300 017700

3

STATEMENT

ENSES NET		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
1,200.	0.		0.
1,200.	0.		0.
	BOOKS MENT 1,200.	BOOKS MENT INCOME 1 1,200. 0.	ENSES NET INVEST- ADJUSTED NET INCOME 1,200. 0.

EXPLANATION

THERE IS NO REQUIREMENT IN FLORIDA THAT THE FOUNDATION FILE A COPY OF ITS FORM 990-PF WITH THE FLORIDA DEPARTMENT OF REVENUE OR THE FLORIDA ATTORNEY GENERAL.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS

TRUSTEES AND FOUNDATION MANAGERS							
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE			
CALVIN H. REED 3301 BAYSHORE BLVD. UNIT 1706 TAMPA, FL 336298845	PRESIDENT & DI	RECTOR 0.	0.	0.			
DAVID H. REED 1210 S. DRUID LANE TAMPA, FL 33629	VICE PRESIDENT 0.00	, SECRETARY 0.	0.	0.			
KATHERINE CHASE REED 4003 W. MULLEN AVE. TAMPA, FL 33629	DIRECTOR 0.00	0.	0.	0.			
CHRISTOPHER ALLABEN REED 2094 MCKINLEY RD. NW ATLANTA, GA 30318	DIRECTOR 0.00	0.	0.	0.			
WENDY REED 3301 BAYSHORE BLVD. UNIT 1706 TAMPA, FL 336298845	DIRECTOR 0.00	0.	0.	0.			

CALVIN H. REED FAMILY FOUNDATION, INC.			26-3668924	
NEVA J. DELL 3301 BAYSHORE BLVD. UNIT 1706 TAMPA, FL 336298845	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, E	PART VIII	0.	0.	0.