

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation THE REED FOUNDATION		A Employer identification number 26-1477372	
Number and street (or P.O. box number if mail is not delivered to street address) 40 STRATFORD PLACE NE		B Telephone number (see instructions) (404) 572-3393	
City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 303423956		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 5,585,073		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	317,027			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	101,955	101,955	101,955	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	209,514			
	b Gross sales price for all assets on line 6a 4,278,953				
	7 Capital gain net income (from Part IV, line 2) . . .		209,514		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	-57,300	4,570	-57,300	
	12 Total. Add lines 1 through 11	571,196	316,039	44,655	
	13 Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	4,420	0	0	0
	c Other professional fees (attach schedule)	689	689	0	0
	17 Interest	2,998	2,998	0	0
	18 Taxes (attach schedule) (see instructions)	52	52	0	0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	55,734	0	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	63,893	3,739	0	0
	25 Contributions, gifts, grants paid	237,420			237,420
	26 Total expenses and disbursements. Add lines 24 and 25	301,313	3,739	0	237,420
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	269,883			
	b Net investment income (if negative, enter -0-)		312,300		
				44,655	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	-578,000	-652,535	-652,535
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ 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 (attach schedule)			
	b Investments—corporate stock (attach schedule)	4,126,944	4,489,786	5,764,901
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	491,131	472,707	472,707
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	4,040,075	4,309,958	5,585,073	
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 (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	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	4,040,075	4,309,958	
	29 Total net assets or fund balances (see instructions)	4,040,075	4,309,958	
30 Total liabilities and net assets/fund balances (see instructions) .	4,040,075	4,309,958		

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	4,040,075
2 Enter amount from Part I, line 27a	2	269,883
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	4,309,958
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	4,309,958

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-36,288
b			200,752
c			45,050
d			
e			

2	Capital gain net income or (net capital loss)	<div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;">If gain, also enter in Part I, line 7</div> <div style="display: inline-block; vertical-align: middle;">If (loss), enter -0- in Part I, line 7</div> </div>	2	209,514
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) (see instructions). If (loss), enter -0- in Part I, line 8		3	-36,288

1 Reserved									
(a) Reserved		(b) Reserved		(c) Reserved		(d) Reserved			
2 Reserved						2			
3 Reserved.						3			
4 Reserved						4			
5 Reserved						5			
6 Reserved						6			
7 Reserved						7			
8 Reserved ,						8			

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved.	1	4,341
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	4,341
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.	5	4,341
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	2,560
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	2,560
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> 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	1,781
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10	
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
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?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="text"/> \$ <u>0</u> (2) On foundation managers. <input type="text"/> \$ <u>0</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="text"/> \$ <u>0</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
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? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="text"/> GA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes
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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	Yes

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► GLEN REED Telephone no. ► (404) 572-3393			

Located at **►** 40 STRATFORD PLACE NE ATLANTA GAZIP+4 **►** 303423956

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2020, 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?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/>	1b	
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 2020? <input type="checkbox"/>	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
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.) <input type="checkbox"/>	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. ► 20____, 20____, 20____, 20____		
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 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) <input type="checkbox"/>	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
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 2020?	4b	No

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

5a	During the year did the foundation pay or incur any amount to:		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		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input 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? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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	6b	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.			
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		7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment 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, foundation managers and their compensation. See instructions				
(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 303423956	PRESIDENT 0.00	0	0	0
EDITH REED 40 STRATFORD PLACE NE ATLANTA, GA 303423956	VICE PRESIDENT/TREASURER 0.00	0	0	0
ALEC B REED 40 STRATFORD PLACE NE ATLANTA, GA 303423956	SECRETARY 0.00	0	0	0
ADAM C REED 40 STRATFORD PLACE NE ATLANTA, GA 303423956	EXECUTIVE DIRECTOR 0.00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	3,539,643
b	Average of monthly cash balances.	1b	631,259
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,170,902
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	4,170,902
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	62,564
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,108,338
6	Minimum investment return. Enter 5% of line 5.	6	205,417

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	205,417
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	4,341
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	4,341
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	201,076
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	201,076
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	201,076

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	237,420
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	237,420
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. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	237,420

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				201,076
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			201,482	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.				
c From 2017.				
d From 2018.				
e From 2019.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 237,420				
a Applied to 2019, but not more than line 2a			201,482	
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 2020 distributable amount.				35,938
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2020. (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:	0			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				165,138
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 2015 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	0			
10 Analysis of line 9:				
a Excess from 2016.				
b Excess from 2017.				
c Excess from 2018.				
d Excess from 2019.				
e Excess from 2020.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not 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:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year 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 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.	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input checked="" type="checkbox"/> 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. See instructions	
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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				237,420
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
Enter gross amounts unless otherwise indicated.				
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. . . .				
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.				
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 BOOK GAIN LOSS BASIS ADJUSTMENT				
b				
c				
d				
e				
12 Subtotal. Add columns (b), (d), and (e).				
13 Total. Add line 12, columns (b), (d), and (e).				

[illegible]

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?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions:				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.				

[illegible]

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

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.		
	*****	2022-08-11	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01240918
	DAVID J SCHUCHMANN				
	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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
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 FROM AHS WILL BE A WONDERFUL EXPERIENCE.	5,000
CARE151 ELLIS STREET NE ATLANTA, GA 30303			OUR MISSION IS TO SERVE INDIVIDUALS AND FAMILIES IN THE POOREST COMMUNITIES IN THE WORLD. WE FACILITATE LASTING CHANGE BY: STRENGTHENING CAPACITY FOR SELF-HELP, PROVIDING ECONOMIC OPPORTUNITY, DELIVERING RELIEF IN EMERGENCIES, INFLUENCING POLICY DECISIONS AT ALL LEVELS, AND ADDRESSING DISCRIMINATION IN ALL ITS FORMS.	12,500
CATHOLIC MEDICAL MISSION BOARD 10 WEST 17TH STREET NEW YORK, NY 100115765			CATHOLIC MEDICAL MISSION BOARD PROVIDES MEDICINES AND MEDICAL SUPPLIES, FREE OF CHARGE, TO PARTNER ORGANIZATIONS OVERSEAS. OUR PARTNERS THEN DISTRIBUTE THESE MEDICINES TO THOSE WHO LIVE IN SUBSTANDARD CONDITIONS AND HAVE LITTLE OF NO HOPE OF RECEIVING EVEN BASIC MEDICAL CARE.	30,000
Total			► 3a	237,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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 OUR MISSION OF EDUCATING STUDENTS, FOSTERING CUTTING-EDGE PUBLIC HEALTH RESEARCH, AND PROTECTING LIVES WORLDWIDE.	8,000
FACING HUNGER FOOD BANK 1327 7TH AVE HUNTINGTON, WV 25701			ACING HUNGER FOODBANK IS A PRIVATE, NON-PROFIT, CHARITABLE ORGANIZATION FOUNDED IN 1983 AND IS INCORPORATED IN WEST VIRGINIA. FORMERLY KNOWN AS THE HUNTINGTON AREA FOOD BANK, THE FOODBANK INITIALLY SERVED CABELL AND WAYNE COUNTIES. THE NEED WAS SO GREAT ACROSS THE REGION THAT THE FOODBANK EXPANDED ITS SERVICE AREA AFTER JUST ITS FIRST YEAR OF OPERATION. THE FOODBANK'S SERVICE AREA CURRENTLY INCLUDES 248 AGENCIES ACROSS 17 COUNTIES IN WEST VIRGINIA, EASTERN KENTUCKY AND SOUTHEASTERN OHIO.	8,000
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
Total			3a	237,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
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, PROVIDE EXCELLENCE IN EDUCATION AND ARTS EXPERIENCES, MAINTAIN A PLANT CONSERVATORY AND NATURE TRAILS, AND EXPAND ITS SERVICE POPULATION.	5,000
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 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.	51,420
MEDSHARE INTERNATIONAL 3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034			MEDSHARE IS A NONPROFIT ORGANIZATION DEDICATED TOIMPROVING THE ENVIRONMENT AND HEALTHCARE THROUGHTHE EFFICIENT RECOVERY AND REDISTRIBUTION OFSURPLUS MEDICAL SUPPLIES AND EQUIPMENT TOUNDERSERVED HEALTHCARE	35,000
Total			3a	237,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Provided for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MONONGALIA ARTS CENTER 107 HIGH ST MORGANTOWN, WV 26505			MONONGALIA ARTS CENTER IS GREATLY APPRECIATIVE FOR THE FUNDING WE 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.	4,000
MS CENTER OF ATLANTA 3200 DOWNWOOD CIR NW STE 550 ATLANTA, GA 30327			THE MULTIPLE SCLEROSIS CENTER OF ATLANTA IS A NOT-FOR-PROFIT 501(C)(3) ORGANIZATION PROVIDING COMPREHENSIVE HEALTH CARE SERVICES FOR PEOPLE LIVING WITH MULTIPLE SCLEROSIS.	5,000
SHEPHERD CENTER 2020 PEACHTREE RD ATLANTA, GA 30309			SHEPHERD CENTER IS A PRIVATE, NOT-FOR PROFIT HOSPITAL IN ATLANTA, GEORGIA. FOUNDED IN 1975, THE 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.	10,000
Total ► 3a				237,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RECEIVING HANDS OF HOPE 170 GREEN MEADOW LANE FAYETTEVILLE, GA 30215			TO IMPROVE THE HEALTH OF THE COMMUNITY.	3,000
CHRISTIAN HELP MORGANTOWN WV 219 WALNUT STREET MORGANTOWN, WV 26505			TO RESPOND TO SITUATIONS OF EMERGENCY AND NEED, WITH IMMEDIACY AND SIMPLICITY RESPECTING THE DIGNITY OF ALL PERSONS IN THE SPIRIT OF JESUS CHRIST	3,000
CATHOLIC CHARITIES OF WV 2000 MAIN STREET WHEELING, WV 26003			GUIDED BY GOD'S LOVE, CATHOLIC CHARITIES COLLABORATES WITH COMMUNITY PARTNERS, PARISHES AND FAMILIES TO PROVIDE CARING AND COMPASSIONATE SERVICES TO PEOPLE IN NEED AND WORK TOWARD LASTING AND MEANINGFUL CHANGE.	8,000
Total ► 3a				237,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FEEDING AMERICA 161 NORTH CLARK STREET SUITE 700 CHICAGO, IL 60601			FEEDING AMERICA IS DEDICATED TO ENDING THE FIGHT AGAINST HUNGER.	15,000
WELLS BRING HOPE16563 PARK LN CIR LOS ANGELES, CA 90049			WELLS BRING HOPE IS DEDICATED TO SAVING LIVES WITH SAFE WATER IN NIGER, AFRICA.	10,000
SUDAN RELIEF FUND 3220 N STREET NW SUITE 302 WASHINGTON, DC 20007			SUDAN RELIEF FUND GENERATES LONG TERM SOLUTIONS BY BUILDING SCHOOLS, HOSPITALS, AND DEVELOPING IMPORTANT PROGRAMS TO HELP EMPOWER AND EDUCATE THE PEOPLE OF SOUTH SUDAN.	12,500
Total ▶ 3a				237,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ATLANTA COMMUNITY FOOD BANK 3400 N DESERT DR EAST POINT, GA 30344			ATLANTA COMMUNITY FOOD BANK'S MISSION IS TO FIGHT HUNGER BY ENGAGING, EDUCATING, AND EMPOWERING THE COMMUNITY.	10,000
Total ▶ 3a				237,420

TY 2020 Accounting Fees Schedule**Name:** THE REED FOUNDATION**EIN:** 26-1477372

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	4,420	0	0	0

TY 2020 Investments Corporate Stock Schedule**Name:** THE REED FOUNDATION**EIN:** 26-1477372**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
FIDELITY	4,489,786	5,764,901

TY 2020 Investments - Other Schedule

Name: THE REED FOUNDATION

EIN: 26-1477372

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
KIVA.ORG	AT COST	285,207	285,207
LOAN TO CARE	AT COST	187,500	187,500

TY 2020 Other Expenses Schedule**Name:** THE REED FOUNDATION**EIN:** 26-1477372**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE PREMIUMS	55,734	0	0	0

TY 2020 Other Income Schedule

Name: THE REED FOUNDATION

EIN: 26-1477372

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PAYMENTS IN LIEU	4,570	4,570	4,570
BOOK GAIN LOSS BASIS ADJUSTMENT	-61,870		-61,870

TY 2020 Other Professional Fees Schedule**Name:** THE REED FOUNDATION**EIN:** 26-1477372

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BROKER FEES	689	689	0	0

**TY 2020 Substantial Contributors
Schedule****Name:** THE REED FOUNDATION**EIN:** 26-1477372**Name****Address**

GLEN REED

40 STRATFORD PLACE NE
ATLANTA, GA 30342

TY 2020 Taxes Schedule

Name: THE REED FOUNDATION
EIN: 26-1477372

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	52	52	0	0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047
		2020
Name of the organization THE REED FOUNDATION		Employer identification number 26-1477372

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization THE REED FOUNDATION	Employer identification number 26-1477372
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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
—	See Additional Data Table _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Name of organization THE REED FOUNDATION	Employer identification number 26-1477372
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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
—	See Additional Data Table	\$	
(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
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$	

26-1477372

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Additional Data

Software ID:
Software Version:
EIN: 26-1477372
Name: THE REED FOUNDATION

Form 990 Schedule B, 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
<u>1</u>	GLEN REED	\$ 13,551	Person <input checked="" type="checkbox"/>
	40 STRATFORD PLACE NE		Payroll <input type="checkbox"/>
	ATLANTA, GA 30342		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
<u>2</u>	GLEN REED	\$ 67,842	Person <input checked="" type="checkbox"/>
	40 STRATFORD PLACE NE		Payroll <input type="checkbox"/>
	ATLANTA, GA 30342		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
<u>3</u>	GLEN REED	\$ 39,907	Person <input checked="" type="checkbox"/>
	40 STRATFORD PLACE NE		Payroll <input type="checkbox"/>
	ATLANTA, GA 30342		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
<u>4</u>	GLEN REED	\$ 4	Person <input checked="" type="checkbox"/>
	40 STRATFORD PLACE NE		Payroll <input type="checkbox"/>
	ATLANTA, GA 30342		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
<u>5</u>	GLEN REED	\$ 4	Person <input checked="" type="checkbox"/>
	40 STRATFORD PLACE NE		Payroll <input type="checkbox"/>
	ATLANTA, GA 30342		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
<u>6</u>	GLEN REED	\$ 135,668	Person <input checked="" type="checkbox"/>
	40 STRATFORD PLACE NE		Payroll <input type="checkbox"/>
	ATLANTA, GA 30342		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
<u>7</u>	GLEN REED	\$ 18,537	Person <input checked="" type="checkbox"/>
	40 STRATFORD PLACE NE		Payroll <input type="checkbox"/>
	ATLANTA, GA 30342		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
<u>8</u>	GLEN REED	\$ 1,323	Person <input checked="" type="checkbox"/>
	40 STRATFORD PLACE NE		Payroll <input type="checkbox"/>
	ATLANTA, GA 30342		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
<u>9</u>	GLEN REED	\$ 3,148	Person <input checked="" type="checkbox"/>
	40 STRATFORD PLACE NE		Payroll <input type="checkbox"/>
	ATLANTA, GA 30342		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
<u>10</u>	GLEN REED	\$ 4,007	Person <input checked="" type="checkbox"/>
	40 STRATFORD PLACE NE		Payroll <input type="checkbox"/>
	ATLANTA, GA 30342		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
<u>11</u>	GLEN REED	\$ 33,036	Person <input checked="" type="checkbox"/>
	40 STRATFORD PLACE NE		Payroll <input type="checkbox"/>
	ATLANTA, GA 30342		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	DEUTCHE BANK ETF WIDE MOAT	<u>\$ 13,551</u>	<u>2020-01-02</u>
<u>2</u>	DEUTCHE BANK ETF WIDE MOAT	<u>\$ 67,842</u>	<u>2020-01-02</u>
<u>3</u>	DEUTCHE BANK ETF WIDE MOAT	<u>\$ 39,907</u>	<u>2020-01-02</u>
<u>4</u>	DEUTCHE BANK ETF WIDE MOAT	<u>\$ 4</u>	<u>2020-01-02</u>
<u>5</u>	DEUTCHE BANK ETF WIDE MOAT	<u>\$ 4</u>	<u>2020-01-02</u>
<u>6</u>	DEUTCHE BANK ETF WIDE MOAT	<u>\$ 135,668</u>	<u>2020-12-15</u>
<u>7</u>	BLACKROCK MUNI ENHANCED FUND	<u>\$ 18,537</u>	<u>2020-12-15</u>
<u>8</u>	BNY MELLON STRATEGIC NUM BD FD	<u>\$ 1,323</u>	<u>2020-12-15</u>
<u>9</u>	GRAYSCALE BITCOIN TRUST	<u>\$ 3,148</u>	<u>2020-12-15</u>
<u>10</u>	SCHWAB HEALTHCARE FUND	<u>\$ 4,007</u>	<u>2020-12-15</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>11</u>	VANGUARD GLOBAL CAP CYCLES FD	<u>\$ 33,036</u>	<u>2020-12-15</u>