L2 Net As Fund Bs	Total liabilities (Part X, line 26)			
[ଁ] ଅନ୍ମ 22	Net assets or fund balances. Subtract line 21 from line 20			
Part II				
Form 990 nder per	alties of pReturm of Organization Exempt Fromg ct, and complete. Declaration of preparer (other than officer) is based on all informat	ion of which prepar	at Kents, and to the Mest of the Mest of the mass any knowledge.	1ર્ક્4≹તરીબીedge and belief
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for	oundations) ∠	21
Department of the measury	Signador anotoeinter social security numbers on this form as it ma	ay be made publ	ic. Open to	o Public
Internal Revenue	Go to www.irs.gov/Form990 for instructions and the late	est information.	Inspe	ection
A For the 2021 calend	dar year) one taxe year abegan with 07/01/2021 and ending	g 06/3	0/2022	
B Check if applicable:	CNaRrint/Forganizationar' REED INSTITUTE Preparer's signature	E	^{)aie} D Employer identificat	ion num BerN
	Proing business as REED COLLEGE		93-038690	Bloyed
Name changes Or	Nurinbersanadmatreet (or P.O. box if mail is not delivered to street address)	Room/suite	E TelephoFinnennisunEnllover	
Initial return	3208iGFEsVAddodesstock Blvd		Phone no.	
Final return/Manhalae	RScaljscussatbistretyrovwith date preparer showigadowe?oSee instru	uctions		Yes 🗌 🛛
Amended raftom Paper	work! Reduction Act Nonce, see the separate instructions.	Cat.	Nc. 6:10:802 845 receipts \$	296,549,568 _{Orm} 990 (2
Application pending	F Name and address of principal officer: Robert Tust	H(a) Is this a	group return for subordinates?	Yes 🖌 No
	Business Office, 3203 SE Woodstock Blvd, Portland, OR 97202	H(b) Are al	I subordinates included?	Yes 🗌 No
I Tax-exempt status:	✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52	27 If "No," att	ach a list. See instructions.	
J www.re	ed.edu	H(c) Group	exemption number	
~		1908		OR

Provide education in the liberal arts and sciences

		28
		27
		1,709
		828
		653,565
		0
	15,742,377	24,672,636
	93,997,871	115,186,295
	25,778,534	38,832,631
	-28,956	6,131,447
	135,489,826	184,823,009
	30,733,155	38,834,177
	0	0
	61,224,735	64,446,582
	40,700	0
5,082,286		
	37,620,366	43,080,669
	129,618,956	146,361,428
	5,870,870	38,461,581
	1,033,562,980	1,011,067,544
	167,550,739	181,952,607
	866,012,241	829,114,937

Robert Tust, Associate Treasurer and Controller

Form 99	Page 2
Part	
1	Briefly describe the organization's mission:
•	The mission of Reed College is to provide education in the liberal arts and sciences.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,090,845 including grants of \$) (Revenue \$ 2,090,845) The Institute had 29 research grants funded with federal funds. Departments funded were Biology, Chemistry, Humanities, Physics, Psychology, Math, and the nuclear reactor.
4b	(Code:) (Expenses \$110,291,130 including grants of \$0) (Revenue \$102,224,251) 1,532 FTE Students as of Fall 2021, 302 degrees conferred 21/22.
4c	(Code:) (Expenses \$20,358,740 including grants of \$) (Revenue \$) Auxiliary services - students living in dorms, using dining facilities and bookstore.
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Tatal program convice expenses
4e	Total program service expenses 132,740,715

Part	V Checklist of Required Schedules			
		١	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
с	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		

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Page 4

Form 9	90 (2021)				F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1709			
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax re	turns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See ins	tructio	ons.			
					~	
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						~
						<i>v</i> <i>v</i>

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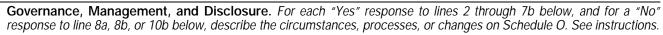
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Part VI



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Page **6**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

1a Complete this table for all persons required to ired

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

				(C)					
(A)	(B)				ition			<u>(D)</u>	<u>(E)</u>	(F)
Name and title	Average		(do not check more t					Reportable	Reportable	Estimated amount
	hours		officer and a director/trustee)						compensation	of other
	per week (list any	Inc or	Ins	Ofi	Ke	Hic	Fo	<u>from</u> the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	lividi direc	titut	Officer	y en	ploy	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	Individual trustee or director	Institutional trustee		Key employee	ee		<u>1099-NEC)</u>	<u>1099-NEC)</u>	related organizations
	below	ruste	tr		yee	npei				
	dotted line)	e e	stee			Highest compensated employee				
Dr Michael S Axley '89	1.00		-			<u>م</u>				
Trustee	0.00	~						0	0	0
Carla J Beam '76	1.00									
Trustee	0.00	~						0	0	0
Peter J Bragdon	1.00									
Trustee	0.00	~						0	0	0
	1.00									
Trustee	0.00	~						0	0	0
Thomas O Daniel MD	1.00									
Trustee	0.00	~						0	0	0
Kurt Delbene	1.00									
Trustee (through 12/2021)		~						0	0	0
Nicholas Galakatos '79	1.00									
Trustee	0.00	~						0	0	0
Edward Hall '87	1.00	-								
Trustee	0.00	~						0	0	0
Dr Dennis James Henner	1.00	-								
Trustee (through 4/2022)	0.00	~						0	0	0
Linda G Howard '70	1.00	-								
Trustee	0.00	~						0	0	0
George M James '77	1.00	-								
Trustee	0.00	~						0	0	0
Deborah D Kamali '85	1.00	1								
Trustee	0.00	~						0	0	0
Christine E Lewis '07	1.00	-								
Trustee	0.00	~						0	0	0
Amy M Madigan	1.00	l .								
Trustee	0.00	~						0	0	0

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

				(C)					
(A)	(B)		Position do not check more than one box, unless person is both an					<u>(D)</u>	<u>(E)</u>	(F)
Name and title	Average							Reportable	Reportable	Estimated amount
	hours per week		-	-		or/trust	· ·	compensation from the	compensation from related	of other compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	organization (W-2/	organizations (W-2/	from the
	hours for related	vidu	tutio	Per	em	nest	ner	<u>1099-MISC/</u> 1099-NEC)	<u>1099-MISC/</u> 1099-NEC)	organization and related organizations
	organizations	al tri	onal		oloy	eom		<u></u>	<u></u>	l'olatoù ol gallizationo
	below dotted line)	Jste	trus		ee	pen				
		CD (D	tee			Highest compensated employee				
Alex J Martinez '73	1.00									
Trustee	0.00	~						0	0	0
Winthrop McCormack	1.00									
Trustee	0.00	~						0	0	0
	1.00	-								
Trustee	0.00	~						0	0	0
Margaret Hill Noto '75	1.00	-								
Trustee-Secretary	0.00	~						0	0	0
Eduardo Ochoa '73	1.00	-								
Trustee	0.00	~						0	0	0
Darlene Pasieczny	1.00									
Trustee (through 4/2022)	0.00	~						0	0	0
Roger M Perlmutter MD '73	1.00									
	0.00	~						0	0	0
Gary Rieschel '79	1.00									
Trustee	0.00	~						0	0	0
Lisa Saldana '94	1.00									
Trustee	0.00	~						0	0	0
John P Sheehy '82	1.00									
Trustee	0.00	~						0	0	0
Alice Larkin Steiner '74	1.00									
Trustee	0.00	~						0	0	0
Peter C Stockman '77	1.00	~						_	_	_
Trustee	0.00	~						0	0	0
Richard H Wollenberg '75	1.00	~						_	_	
	0.00	~						0	0	0
	+	-								

Part VII Section A. Officers, Directors,	rustees,	Key I	Emj	oloy	yee	s, an	d H	lighest Compe	nsated Emplo	yees (continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directo	unles	neck is pe	ition more rson	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations

Form	990	(2021)
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		Check if Schedule O contains a re	spor	ise or note to ar				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaigns	1a					
Dun	b	Membership dues	1b					
<u>ק</u>	С	Fundraising events	1c					
ifts	d	Related organizations	1d					
Jil O	е	Government grants (contributions)	1e					
tions er Sir	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
Contributions, Gifts, Grants, and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f .	1g	\$				
ar C	h	Total. Add lines 1a-1f						
				Business Code				
Program Service Revenue	2a							
le C	b							
Jram Ser Revenue	С							
ran Rev	d							
<u>в</u> е	е							
ት	f	All other program service revenue .						
	<u>g</u> 3	Total. Add lines 2a–2f						

Other Revenue

Part IX Statement of Functional Expenses

i ai					
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. Al	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response	e or note to any line	e in this Part IX .		🗌
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				

8 Pension plan accruals and contributions (include

Form 990 (2021)

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		1	
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17–24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	

Form 99	90 (2021)		Page 12
Par	t XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	
3	Revenue less expenses. Subtract line 2 from line 1	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end od 0 TNet7.12 0 Txsu3 0 m 22.1 3r.75 6e14se2efaQassets22.1 C) I e6C	Con333 0 Tdd (.)6 648.218

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2021 Open to Public Inspection

Name of the organization

Employer identification number

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

control or management of the supporting organization(s). You must complete Part IV, Section

С

- Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Schedule A (Form 990 or 990-EZ) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that

Yes No

1

Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? I1a I1a b A family member of a person described on line 11a above? I1b I1b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. I1c Section B. Type I Supporting Organizations

- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

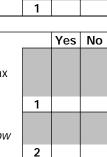
Section C. Type II Supporting Organizations

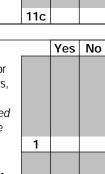
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 3iii)Byteerateouroofhtheratelationship described on line 2, a1ther (i) 900942.894 313.542 Tm (3)Tj EMC /Content <</MCID 42 >> BDC /T1_0





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Yes No

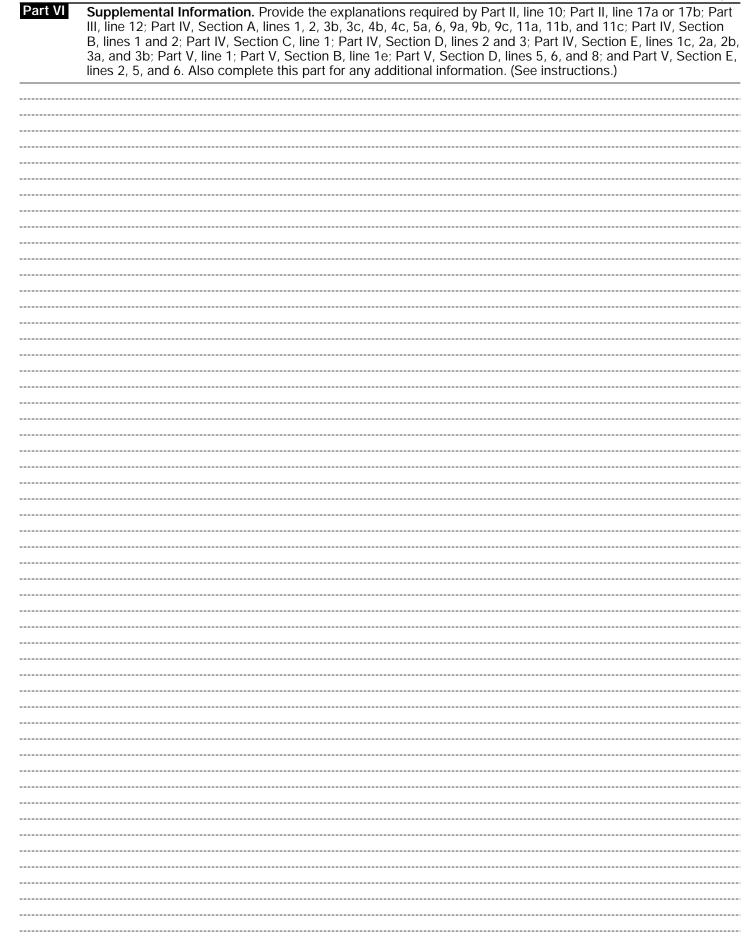
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	· ·			•

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	ed)	Page I
	on D—Distributions	, oupporting organi			Current Year
1	Amounts paid to supported organizations to accomplish e	1			
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets		1.00	4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions. Total annual distributions. Add lines 1 through 6.			6 7	
<u>7</u> 8	Distributions to attentive supported organizations to which	h the organization is res	nonsive	 /	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required— <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990 or 990-EZ) 2021



SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Par	t I Organizations Maintaining Donor Advis Complete if the organization answered "Y			or Acco	ounts.
1 2	Total number at end of year		dvised funds	(b) F	unds and other accounts
6	Did the organization inform all grantees, donors, and only for charitable purposes and not for the benefit conferring impermissible private benefit?	of the donor or d		iny other	purpose
Par	t II Conservation Easements. Complete if the organization answered "Y	es" on Form 990), Part IV, line 7.		
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (for example, recrea Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	tion or education)	 Preservation of a Preservation of a 	certified	ally important land area historic structure n of a conservation
	easement on the last day of the tax year.				Held at the End of the Tax Year
a b	Total number of conservation easements Total acreage restricted by conservation easements			. 2b	
С	Number of conservation easements on a certified his	sone snuclure inc		. 2c	

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Dublic exhibition
- **b** Scholarly research

c 🗌

747,245,126	545,093,997	552,893,342	555,583,468	516,219,094
8,981,442	3,583,571	10,392,051	5,887,789	13,379,574
-29,276,734	228,220,147	10,802,125	19,616,221	53,942,948
9,254,153	9,007,314	8,809,045	8,653,378	8,519,878
20,216,123	19,705,050	19,215,535	18,923,206	18,859,390
1,044,355	940,225	968,941	617,552	578,880
696,435,203	747,245,126	545,093,997	552,893,342	555,583,468

51

20

29

~ ~

0	14,330,063		14,330,063
0	245,870,625	107,711,219	138,159,406
0	0	0	0
0	18,336,534	16,765,733	1,570,801
0	5,458,638	0	5,458,638
			159,518,908

Schedule D (Form 990) 2021 Investments—Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives 0 (2) Closely held equity interests 0 (3) Other Alternative Investments 635,272,450 End-of-Year Market Value (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 635.272.450 Investments—Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) 25,247,779 (3) Liability for split-interest agreements 10,820,407 (4) Asset retirement obligation 6,180,831 (5) Refundable loan programs 990,392 (6) Other 848,152 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 44,087,561

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2021				Page 4
Par				Retu	rn.
	Complete if the organization answered "Yes" on Form 990, I	Part I	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	71,620,460
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-75,358,886		
b	Donated services and use of facilities	2b	0		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	-75,358,886
3	Subtract line 2e from line 1			3	146,979,346
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	37,843,663		
С	Add lines 4a and 4b			4c	37,843,663
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	184,823,009
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents	With Expenses pe	r Re	turn.
	Complete if the organization answered "Yes" on Form 990, I	Part IV	/, line 12a.		
1	Total expenses and losses per audited financial statements			1	108,556,076
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а			0		
			0		
			0		
			0		
					0
					108,556,076
			0		
			37,805,352		
					37,805,352

146,361,428

Schedule D, Part V, Line 4 - The college's endowment funds are used for scholarships, chairs, academic support, library support, student services, and general operating support.

Schedule D, Part XI, Line 4b - Scholarships 37,004,425;Rental expenses -276,526; Loss on bond refunding 1,050,764; Grayco 65,000.

Schedule D, Part XII, Line 4b - Scholarships 37,004,425; Loss on debt refinancing 1,050,764; Grayco 26,689; Rental expenses -276,526;

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number

Part I

YES NO

 1
 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

 1
 1

rning body? | 1 | during the peri registrationperiod if it has no solicitationprogram, in a way that makes

Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.				
Schedule E	, Part I, Line 6 - Financial assistance is from Title IV programs and Federal emergency grants (Higher Education Emergency				
	and Federal Emergency Management Agency).				

	EDULE F State	ement of	f Activitie	s Outside the Uni	ted States	C	OMB No. 1545-0047
(1 01)	-	te if the organ	ization answer	ed "Yes" on Form 990, Part IV	/, line 14b, 15, or 1	16.	2021
	ment of the Treasury	Go to www.irs		ich to Form 990. or instructions and the latest	information.		pen to Public
	I Revenue Service						entification number
	D INSTITUTE						3-0386908
Par	t I General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the orga	nization ar	nswered "Yes" on
1 2	For grantmakers. Does the other assistance, the granter award the grants or assistant For grantmakers. Describe	ees' eligibility ce?	for the grant	ts or assistance, and the s	selection criteria	used to	Yes No other assistance
	outside the United States.						
3	Activities per Region. (The fo	llowing Part	1	an be duplicated if addition	al space is need	ed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed a program ser describe specific service(s) in the	vice, type of	(f) Total expenditures for and investments in the region
(1)	Central America and the Caribb			Investments			24,634,903
(2)	South Asia			Investments			4,957,453
(3)	East Asia and the Pacific			Investments			
(4)				Investments			3,669,559
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
		1	1				

(14)			
(15)			
(16)			
(17)			
3a	Subtotal		
b	Total from continuation sheets to Part I		
C	Totals (add lines 3a and 3b)	0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(12)

(13)

35,730,162

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	
---	--------------------------	--	-------------------	--

Part III can be duplica (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2021

Page **3**

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	✓ Yes	🗌 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	🖌 No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	🗌 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	🖌 Yes	🗌 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	🗌 No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	🗌 Yes	🖌 No

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.							
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
1								
2								
3								
4								
5								
6								
7								
Part IV	Supplemental Information. Provide	e the information r	equired in Part I, Iir	ne 2; Part III, colum	n (b); and any other addit	ional information.		

Schedule I (Form 990) 2021

SCHEDULE J
(Form 990)

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by al directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the





0 0

0

15,197

18,720 0 Schedule J, Part I, Line 1a - Housing is required as a condition of employment for the President and is provided as a taxable benefit.

			_		Yes	No	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
2	Enter the amount of tax incurre	ed by the organization managers or dis	qualified persons during the year				
	under section 4958			\$			
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization						

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		from the		from the		from the		from the		from the		loan from		(e) Original principal amount	(f) Balance due	(g) In c	lefault?	by bo	oroved ard or hittee?	(i) Wr agreer	
			То	From			Yes	No	Yes	No	Yes	No												
(1)																								
(2)																								
(3)																								
(4)																								
(5)																								
(6)																								
(7)																								
(8)																								
(9)																								
10)																								
otal						\$																		

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person (b) Relationship between interested

person and the organization

person and T /Content <89.501 I S Q Btent C/0999 re f BT /CoTj /. t1.6 303.584 ested person organizationI person andT /Content <89.501 I S Q Btent C/0999 re f BT /CoTj /. t1.6 303.584 este(i9e5t1.6 303.584 S33 0 Td (.)Tj 1.333 0 TeY9

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Department of the Treasury Internal Revenue Service

1	Art—Works of art						
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles)			
7	Boats and planes	26	Other ()			
8	Intellectual property	27	Other ()			
9	Securities—Publicly traded	28	Other (
10	Securities—Closely held stock						
11	Securities—Partnership, LLC,					_	
	or trust interests						
12	Securities-Miscellaneous						
13	Qualified conservation						
	contribution—Historic						
	structures						
14	Qualified conservation						
	contribution—Other						
15	Real estate—Residential						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens					_	
24	Archeological artifacts					_	
25	Other (

25 Other (

Schedule M (Fe	P0) 2021 Page 2							
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.							
Schedule M	, Part I, Line 9 - The number reported in Part I, column (b) represents a combination of contributions and items contributed.							
	······································							

REED INSTITUTE

93-0386908

Form 990, Part VI, Section B, Line 11b - An electronic draft of the Form 990 is provided to the Audit Committee of the Board of Trustees. The committee reviews, discusses, and provides input to management. After the Audit Committee accepts the Form 990, it is made available to all trustees for review. After any further trustee questions are resolved and a final copy of the return has been provided to the entire board, the Form 990 is filed.

Form 990, Part VI, Section B, Line 12c - Reed requires all officers and institutional trustees to complete a conflict of interest form annually. The form includes the college's conflict of interest policy and asks each individual about the existence of conflicts of interest. If a conflict of interest exists the officer or trustee is asked to describe the situation in their response. These forms are reviewed by the Vice-President and Treasurer and the Chair of the Audit Committee of the Board. Persons with a conflict are prohibited from participating in the Board and officer deliberations and decisions in those transactions.

Form 990, Part VI, Section B, Line 15 - The Executive Committee, which is comprised of independent Trustees and which functions as the College's compensation committee, annually reviews presidential and officer compensation data from comparable colleges along with other data provided by the Human Resources Office. They also conduct an annual performance evaluation of the President. Any changes in the President's compensation are approved by the Executive Committee, and communicated by the Chair of the Board of Trustees in writing to the President. The Executive Committee review and decisions on executive compensation are documented in the minutes of the Executive Committee meetings. These reviews are completed in June of each year.

Form 990, Part VI, Section C, Line 19 - Governing documents are available upon request. Conflict of interest policy and financial statements are available on the College's Office of the Treasurer website.

Form 990, Part IX, Line 11g - Form 990, Part IX, Line 11g - Other fees and services by function are as follows: COVID testing and lab services 1,350,206; Auxiliary and food service 5,661,976; Construction and maintenance 2,835,029; Instruction 1,181,820; Student services 2,222,582; Institutional Support 1,242,859; Public affairs 945,964; Academic Support 390,325; Research 387,625.

Form 990, Part XI, Line 9 - Rounding adjustment.

SCHEDULE	R Pola	tod Oragniza	ations a	nd Unrolatod	Dartnorshing	-	OM	B No. 1545	5-0047
(Form 990) Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 3 Attach to Form 990.			-			202	1		
	Complete if the organization answered "Yes" on Form 900, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990, Torm 900, Part IV, line 33, 34, 35b, 36, or 37. Complete if the organization answered "Yes" on Form 900, Part IV, line 33, 34, 35b, 36, or 37. Complete if the organization answered "Yes" on Form 900, Part IV, line 34, 36, or 37. Complete if the organization answered "Yes" on Form 900, Part IV, line 34, because it had TUTE Complete if the organization answered "Yes" on Form 900, Part IV, line 34, because it had Mane, address, and EW or related organization Part Wine Yes" on Form 900, Part IV, line 34, because it had Name, address, and EW or related organization Part Wine Yes" on Form 900, Part IV, line 34, because it had Name, address, and EW or related organization Part Wine Yes" on Form 900, Part IV, line 34, because it had Name, address, and EW or related organization Part Wine Yes" on Form 900, Part IV, line 34, because it had Immediate tax-exempt organizations during the tax year. Name, address, and EW or related organization Part Wine Yes on Form 900, Part IV, line 34, because it had Immediate organization Part Wine Yes on Form 900, Part IV, line 34, because it had Immediatato erelated tax-exempt organization								
Department of the Internal Revenue S	Treasury Service	Go to www.irs.gov/F			atest information.			nspecti	21 p Public ction ion number 08 it had (g) tion 512(b)(13) controlled entity?
Name of the organ	nization						Employer ider	tification r	number
REED INSTITU	STITUTE								
(2)									
(3)									
			-						
(4)									
(5)			_						
(6)									
Part II	dentification of Related Tax-Exempt (Organizations. C	omplete if t	he organization a	inswered "Yes" or	Form 990, Part l	V, line 34, beca	use it h	ad
		ations during the							
	(a) Name, address, and EIN of related organization	Prima		Legal domicile (state	(d) Exempt Code section	Public charity status		g Section 512(b)(
				or foreign country)		(if section 501(c)(3))	entity		
								Yes	Public tion number
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
For Paperwork	Reduction Act Notice, see the Instructions fo	r Form 990.		L Cat.	No. 50135Y		Schedule F		90) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)

Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
С	Gift, grant, or capital contribution from related organization(s)	1c		
b	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)			

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