

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>REEF BALL FOUNDATION INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>890 HILL STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>ATHENS, GA 30606</b>	<b>D</b> Employer identification number <b>65-0785751</b>  <b>E</b> Telephone number <b>706-714-4399</b>
<b>F</b> Name and address of principal officer: <b>KATHERINE KIRBO</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>744,118.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.REEFBALL.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1993</b> <b>M</b> State of legal domicile: <b>GA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO REHABILITATE OUR WORLD'S OCEANREEF ECOSYSTEMS AND TO PROTECT OUR NATURAL REEF SYSTEMS USING</b>				
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>12</b>	
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>11</b>	
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>		<b>2</b>	
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		<b>0</b>	
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0.</b>	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>		<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>		<b>Current Year</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>29,365.</b>		<b>82,123.</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>162,515.</b>		<b>201,260.</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>		<b>0.</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>34,946.</b>		<b>460,735.</b>	
		<b>226,826.</b>		<b>744,118.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>		<b>0.</b>	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>		<b>0.</b>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>151,797.</b>		<b>170,278.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>		<b>0.</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>18,921.</b>				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>91,392.</b>		<b>348,919.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>243,189.</b>		<b>519,197.</b>		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-16,363.</b>		<b>224,921.</b>		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>		<b>End of Year</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>26,181.</b>		<b>241,410.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>12,227.</b>		<b>2,535.</b>	
		<b>13,954.</b>		<b>238,875.</b>	

**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>KATHERINE KIRBO, EXECUTIVE DIRECTOR</b> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>G. BLISS JONES</b>	Preparer's signature	Date
	Firm's name ▶ <b>JONES AND KOLB</b>	Firm's EIN ▶ <b>58-1763570</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00087087</b>
	Firm's address ▶ <b>3475 PIEDMONT ROAD NE, SUITE 1500 ATLANTA, GA 30305</b>	Phone no. (404) 262-7920	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO REHABILITATE OUR WORLD'S OCEANREEF ECOSYSTEMS AND TO PROTECT OUR NATURAL REEF SYSTEMS USING REEF BALL ARTIFICIAL REEF TECHNOLOGIES. REEF BALLS ARE ARTIFICIAL REEF MODULES PLACED IN THE OCEAN TO FORM REEF HABITAT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 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 \$ 441,479. including grants of \$ ) (Revenue \$ 201,260.) PROTECT NATURAL REEF SYSTEMS THROUGH EDUCATION AND COMMUNITY INVOLVEMENT.

SARASOTA BAY ESTUARY PROGRAM

FOR MORE THAN A DECADE, SBEP HAS BEEN CREATING ARTIFICIAL REEFS WITHIN SARASOTA BAY. THE ARTIFICIAL REEF PROGRAM BEGAN WITH THE DEVELOPMENT OF A MASTER PLAN IN 1996. ONE OUTCOME OF THIS PLAN WAS THE IDENTIFICATION OF TWENTY POSSIBLE SITES FOR THE CREATION OF ARTIFICIAL REEFS. THE TWO MAIN CRITERIA FOR SITE SELECTION WERE 1) APPROPRIATE SEDIMENT CHARACTERISTICS (FOR SUPPORTING THE REEF STRUCTURE) AND 2) PROPER DEPTH AND LOCATION SO AS NOT TO IMPEDE NAVIGATION. CURRENTLY,

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 441,479.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'Yes' or 'No' with 'X'.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'Yes' or 'No' with 'X'.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TODD BARBER BOARD CHAIRMAN	40.00	X		X				82,344.	0.	0.
(2) LARRY BEGGS VICE PRESIDENT	25.00	X		X				0.	0.	0.
(3) KATHERINE KIRBO EXECUTIVE DIRECTOR	40.00	X		X				75,833.	0.	0.
(4) JERRY BARBER DIRECTOR	1.00	X						0.	0.	0.
(5) DON BRAWLEY DIRECTOR	1.00	X						0.	0.	0.
(6) MARSHA PARDEE DIRECTOR	3.00	X						0.	0.	0.
(7) JAVIER DAJER DIRECTOR	2.00	X						0.	0.	0.
(8) DOUG HOLLINGSWORTH DIRECTOR	5.00	X						0.	0.	0.
(9) LORNA SLADE DIRECTOR	2.00	X						0.	0.	0.
(10) ERIC KRASLE DIRECTOR	3.00	X						0.	0.	0.
(11) J. WADE DIRECTOR	1.00	X						0.	0.	0.
(12) JIM STRACK DIRECTOR	1.00	X						0.	0.	0.
(13) DR. CATHERINE JADOT DIRECTOR	1.00	X						0.	0.	0.





**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	82,123.					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f .....			82,123.				
<b>Program Service Revenue</b>	<b>2 a</b> PROJECT INCOME	<b>Business Code</b>	900099	201,260.	201,260.			
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			201,260.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....							
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....			460,735.	460,735.			
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>						
	<b>c</b> Gain or (loss) .....	<b>7c</b>						
	<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>							
<b>b</b> Less: direct expenses .....	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events .....								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
<b>b</b> Less: direct expenses .....	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
<b>b</b> Less: cost of goods sold .....	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....				744,118.	661,995.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	158,177.	102,815.	39,544.	15,818.
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 section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	12,101.	7,866.	3,025.	1,210.
11 Fees for services (nonemployees):				
a Management				
b Legal	186.	186.		
c Accounting	10,500.		10,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,443.	1,841.	1,318.	284.
12 Advertising and promotion				
13 Office expenses	2,965.	1,927.	741.	297.
14 Information technology	3,812.	2,478.	953.	381.
15 Royalties				
16 Occupancy				
17 Travel	443.	443.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	290.		290.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	513.	334.	128.	51.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROJECT EXPENSE</b>	317,874.	317,874.		
b <b>TELECOMMUNICATIONS</b>	4,429.	2,879.	1,107.	443.
c <b>BUSINESS EXPENSE</b>	2,997.	1,948.	749.	300.
d <b>MEALS AND ENTERTAINMENT</b>	1,187.	771.	297.	119.
e All other expenses	280.	117.	145.	18.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	519,197.	441,479.	58,797.	18,921.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	24,883.	<b>1</b>	240,625.
	<b>2</b> Savings and temporary cash investments .....	113.	<b>2</b>	113.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 43,923.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 43,251.	1,185.	<b>10c</b> 672.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	26,181.	<b>16</b>	241,410.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	12,227.	<b>17</b>	2,535.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	12,227.	<b>26</b>	2,535.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	13,954.	<b>27</b>	238,875.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	13,954.	<b>32</b>	238,875.
<b>33</b> Total liabilities and net assets/fund balances .....	26,181.	<b>33</b>	241,410.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	744,118.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	519,197.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	224,921.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	13,954.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	238,875.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	54,818.	209,657.	220,955.	29,365.	82,123.	596,918.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	332,385.	192,075.	253,499.	197,461.	661,995.	1637415.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	387,203.	401,732.	474,454.	226,826.	744,118.	2234333.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....	40,000.	35,000.	35,000.			110,000.
<b>c</b> Add lines 7a and 7b .....	40,000.	35,000.	35,000.			110,000.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						2124333.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....	387,203.	401,732.	474,454.	226,826.	744,118.	2234333.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2.					2.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	387,205.	401,732.	474,454.	226,826.	744,118.	2234335.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	15	95.08 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	16	90.73 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	17	.00 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	18	.01 %

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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**

	Yes	No
<b>1</b> 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**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

1  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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**REEF BALL FOUNDATION INC.**

Employer identification number

**65-0785751**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization  <b>REEF BALL FOUNDATION INC.</b>	Employer identification number  <b>65-0785751</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
1	KIRBO CHARITABLE TRUST  112 WEST ADAMS ST., SUITE 1111  JACKSONVILLE, FL 32202	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ARGOSY FOUNDATION  555 E. WELLS ST STE 1650  MILWAUKEE, WI 53202	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NO SHOES REEFS  1283 JULIET AVENUE  ST. PAUL, MN 55105	\$ 27,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>REEF BALL FOUNDATION INC.</b>	Employer identification number  <b>65-0785751</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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization  <b>REEF BALL FOUNDATION INC.</b>	Employer identification number  <b>65-0785751</b>
--	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **REEF BALL FOUNDATION INC.** Employer identification number **65-0785751**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019

**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  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		43,923.	43,251.	672.
e Other				0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				672.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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...



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

REEF BALL FOUNDATION INC.

Employer identification number

65-0785751

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REEF BALL ARTIFICIAL REEF TECHNOLOGIES. REEF BALLS ARE ARTIFICIAL REEF  
MODULES PLACED IN THE OCEAN TO FORM REEF HABITAT.

FORM 990, PAGE 2, LINE 4A

CONFEDERACY OF MAINLAND MI'KMAQ, NOVA SCOTIA, CANADA

MI'KMAQ CONSERVATION GROUP REEF BALL PROJECT CONTINUED. THE GOAL OF  
THEIR PROJECT IS TO RESTORE COASTAL HABITATS ALONG THE NORTHUMBERLAND  
STRAIT & THE BAY OF FUNDY. THE CUSTOM REEF BALL SYSTEM THAT WILL BE  
DEPLOYED TO PROVIDE SHELTER AND HABITAT FOR FISH AND LOBSTER. MEMBERS  
OF THE MI'KMAW CONSERVATION GROUP, A PROGRAM RUN BY THE CONFEDERACY OF  
MAINLAND MI'KMAQ, SPENT THE SUMMER BUILDING THE LARGE CONCRETE REEF  
BALLS, WHICH WEIGH BETWEEN 70 AND 90 KILOGRAMS. THE UNIQUE PROJECT HAS  
BEEN MET WITH ENTHUSIASM FROM MEMBERS OF THE COMMUNITY, MANY OF WHOM  
HAVE BEEN HIRED OVER THE LAST SEVERAL MONTHS TO BE PART OF IT, SAID  
FRANCIS. IT'S BEEN REALLY GREAT FOR ME TO BE ABLE TO DO GOOD WORK LIKE  
THIS IN MY OWN HOME COMMUNITY," HE SAID. N THE FUTURE, FRANCIS HOPES TO  
USE ARTIFICIAL REEFS TO OFFSET DAMAGE DONE BY DEVELOPMENT PROJECTS.  
COMPANIES WOULD PAY TO CREATE THE HABITAT IF THEIR PROJECTS ENCROACH ON  
SENSITIVE ECOSYSTEMS, HE SAID. TO MAKE SURE THE ARTIFICIAL REEFS ARE  
DOING WHAT THEY'RE SUPPOSED TO, A DIVE TEAM WILL CHECK ON THEM OVER THE  
NEXT FEW YEARS. "WE'LL BE RECORDING SPECIES THAT HAVE COME IN AND  
COLONIZED [THE REEF BALLS] AND WHAT SORT OF CHANGES ARE GOING ON DOWN  
THERE," FRANCIS SAID.

Name of the organization <b>REEF BALL FOUNDATION INC.</b>	Employer identification number <b>65-0785751</b>
--	---

**PRESIDIO TRUST: SAN FRANCISCO BAY, CALIFORNIA**

CONTINUING OUR PROJECT IN SAN, FRANCISCO. THIS PROJECT WAS INITIATED BY THE PRESIDIO TRUST IN PARTNERSHIP WITH OTHER LOCAL ORGANIZATIONS TO RESTORE THE OYSTER POPULATION AND HELP FORGE OUT THE WATER. ONE OF ITS KEY FUNCTIONS IS ITS ABILITY TO ACT AS A MINI-FILTER. ALTHOUGH SMALL, THE OYSTER CAN TAKE IN LARGE QUANTITIES OF SEA WATER - AS MUCH AS 20 TO 30 QUARTS AN HOUR - AND EXTRACT POLLUTANTS AND ALGAE-CAUSING PLANKTON. THE REEFS MAY ALSO SERVE TO PROTECT SHORELINES FROM WAVE ACTION AND EROSION, KEY AS THE REGION FACES SEA-LEVEL RISE. THE WORK IS PART OF A LARGER PROJECT TO CREATE A LIVING SHORELINE AND IMPROVE HABITAT FOR PACIFIC HERRING, SALMON, FISH, BIRDS, AND A VARIETY OF OTHER SPECIES IN THE SAN FRANCISCO BAY.

**CHESAPEAKE BAY FOUNDATION**

CONTINUED LONG TERM PARTNERSHIP WITH CBF. PROJECTS FOR OYSTER HABITAT RESTORATION, SHORELINE RENEWAL, RESEARCH AND COMMUNITY EDUCATION. THE CHESAPEAKE BAY FOUNDATION DEVOTES A LOT OF TIME AND ENERGY INTO HANDS-ON REEF BALL EDUCATIONAL PROJECTS FOR STUDENTS AND VOLUNTEERS.

**PHILIPPINES: MASBATE REEF BALL PROJECT**

REEF BALL NEWS FROM THE PHILIPPINES VIA DEPARTMENT OF THE ENVIRONMENT AND NATURAL RESOURCES- MGB REGION 5  
IN LINE WITH THIS EVENT AND CONSISTENT WITH THE CONSTITUTIONAL PROVISION THAT RECOGNIZES THE RESPONSIBILITY OF THE STATE TO PROTECT THE NATION'S MARINE WEALTH, THE MASBATE GOLD PROJECT IN ARORAY, MASBATE

Name of the organization

REEF BALL FOUNDATION INC.

Employer identification number

65-0785751

UNDER THE SUPERVISION OF THE MINES AND GEOSCIENCES BUREAU REGIONAL OFFICE NO. V HAS PARTNERED WITH THE MUNICIPALITY OF AROROY TO ESTABLISH THE COLORADA MARINE PROTECTED AREA (CMPA) IN SITIO COLORADA, BARANGAY TIGBAO, AROROY, MASBATE THRU MUNICIPAL ORDER NO. 031-2017 SIGNED LAST SEPTEMBER 12, 2017.

THE PROJECT AIMS TO REVIVE THE CORAL COVER AROUND THE COASTAL COMMUNITY OF PORT BARERA IN AROROY, MASBATE; TO HELP AROROY'S MARINE RESOURCES RECOVER AND TO PROVIDE LIVELIHOOD OPPORTUNITIES FOR THE COMMUNITY IN PARTNERSHIP WITH THE LOCAL GOVERNMENT, COMMUNITY, AND PRIVATE SECTOR.

THE PROJECT SITE HAD BEEN THE SUBJECT OF HUMAN NEGLECT AND ABUSE.

FORTUNATELY, HOWEVER, AS OF JANUARY 2021, A TOTAL OF 2,203 REEF BALLS DEPLOYED SINCE 2017 AND 1,603 REEF BALLS ARE OFF FOR DEPLOYMENT WITH AN APPROXIMATELY OF 23,100 CORALS PROPAGATED. THIS EXEMPLARY MOVE WILL IMPROVE THE FISH POPULATION IN REEF BALLS DEPLOYMENT SITES. HOWEVER, THIS PROJECT NEEDS A CONTINUOUS ENGAGEMENT WITH THE LGU-AROROY TO STRENGTHEN MANAGEMENT AND LAW ENFORCEMENT AT THE SAID MARINE PROTECTED AREA.

THIS YEAR'S MONTH OF THE OCEAN'S THEME: "THE SCIENCE WE NEED FOR THE OCEAN WE WANT" HIGHLIGHTS THE IMPORTANCE OF SCIENCE AS A RELIABLE METHOD TO ADDRESS THE ADVERSE IMPACTS OF CLIMATE CHANGE, MARINE POLLUTION, LOSS OF MARINE SPECIES AND MARINE DEGRADATION. "

CONFERENCES & OUTREACH

THIS YEAR WAS CHALLENGING FOR CONFERENCES AND OUTREACH DUE TO THE PANDEMIC, SO WE ATTENDED CONFERENCES BY VIDEO- ZOOM. REEF BALL TEAM MEMBERS PARTICIPATED IN COVID SAFE OUTDOOR EVENTS FOR COMMUNITY OUTREACH AND EDUCATION THROUGHOUT THE YEAR. DURING THIS COVID WE



Name of the organization

REEF BALL FOUNDATION INC.

Employer identification number

65-0785751

LAUNCHED A NEW WEBSITE AND PSA VIDEO ON REEF BALL. OUR WORKED APPEARED  
IN VARIOUS SCIENTIFIC PAPERS AND MEDIA OUTLETS AROUND THE GLOBE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE SBEP CURRENTLY HAS EIGHT ARTIFICIAL REEFS WITHIN SARASOTA BAY.

THESE REEFS WERE CREATED PRIMARILY FROM PREFABRICATED "REEF BALL"

MODULES. REEF BALL MODULES ARE CEMENT DOMES- HEMISPHERES-OF VARIOUS

DIAMETERS WITH PERFORATIONS FOR THE PASSAGE OF FISH. SINCE 2000,

ROUGHLY 2,500 REEF MODULES HAVE BEEN USED TO CREATE THE EXISTING REEFS.

OTHER MATERIALS, SUCH AS PVC PIPE, HAVE BEEN USED SUCCESSFULLY AT TWO

ADDITIONAL ARTIFICIAL REEFS IN SARASOTA BAY. FURTHERMORE, REEF BALLS

ARE BEING DEPLOYED AROUND NAVIGATION CHANNEL MARKERS THROUGHOUT THE BAY

TO CREATE ADDITIONAL OPEN WATER JUVENILE FISH HABITAT. THE SBEP IS

SUPPORTING A STUDY BY MOTE MARINE LABORATORY TO DETERMINE THE MOST

OPTIMAL CONFIGURATION OF REEF MODULES FOR MAXIMIZING FISH USAGE. BY

DIRECT UNDERWATER OBSERVATIONS, SCIENTISTS ARE TABULATING FISH

DIVERSITY AND ABUNDANCE ON REEF MODULES OF DIFFERENT SIZES DURING EACH

SEASON. THE FINDINGS FROM THIS STUDY WILL IDENTIFY REEF DESIGNS AND

DEPLOYMENTS THAT WILL SUPPORT THE MOST FAVORABLE FISH COMMUNITIES.

ST. LUCIE, FL NUCLEAR POWER PLANT

REEF BALLS WERE PLACED OFF THE SHORE OF THE FLORIDA POWER AND LIGHT ST.

LUCIE NUCLEAR POWER PLANT TO ABSORB WAVE ENERGY AND PROTECT THE

SHORELINE FROM EROSION. "ONE OF THE BENEFITS TO BE ABLE TO PUT IT

HERE," HOLLOWELL SAID, "WE ARE GOING TO HAVE TO MONITOR IT FOR 4 YEARS

TO UNDERSTAND THE IMPACTS. WE'RE GOING TO BE ABLE TO LEARN A LOT, AND

IF IT WORKS, IT WILL BE VERY BENEFICIAL FOR PEOPLE UP AND DOWN THE

Name of the organization

REEF BALL FOUNDATION INC.

Employer identification number

65-0785751

COAST. "

CONNECTICUT-STRATFORD POINT LIVING SHORELINE WITH REEF BALLS WINS  
NATIONAL AWARD

STRATFORD POINT LIVING SHORELINE, A RESEARCH PROJECT HEADED BY SACRED HEART UNIVERSITY BIOLOGY PROFESSOR JENNIFER MATTEI WITH MEMBERS OF HER LAB, HAS RECEIVED THE BEST RESTORED SHORE AWARD FROM THE AMERICAN SHORE & BEACH PRESERVATION ASSOCIATION (ASBPA) THE PROJECT IS MANAGED BY AUDUBON CONNECTICUT. IT COMPRISES ARTIFICIAL "REEF BALLS;" SMOOTH, CORDGRASS MARSH; HIGH MARSH; COASTAL DUNES AND COASTAL FOREST/GRASSLAND MOSAICS. ITS PURPOSE IS TO ESTABLISH A SHELLFISH REEF, ESTABLISH NATURAL PROTECTIONS AGAINST WAVE ENERGY AND DISRUPT COASTAL EROSION. IN 2014, A PILOT PROJECT WAS INSTALLED AT THE SITE USING 64 CEMENT REEF BALLS, EACH WEIGHING 1,500 POUNDS, TO ABSORB WAVE ENERGY AND REDUCE EROSION. AS A RESULT OF THESE STRUCTURES, IN JUST TWO YEARS, SAND DEPOSITS ROSE 12 INCHES BOTH BEHIND AND IN SOME AREAS IN FRONT OF THE REEF. IN ONE YEAR, THE PLANTED SALT MARSH GRASSES DOUBLED IN SIZE. THE LIVING SHORELINE HAS SINCE GROWN INTO THE LARGEST IN NEW ENGLAND, WITH 900 FEET OF COASTAL EROSION CONTROL AND RESILIENCY, FOUR ACRES OF INTERTIDAL HABITAT, ONE ACRE OF COASTAL DUNE HABITAT AND 25 ACRES OF WOODLAND AND MEADOW HABITAT.

"STRATFORD POINT IS PART OF AN AUDUBON IMPORTANT BIRD AREA AND IT HAS BEEN INCREDIBLE TO SEE SALT MARSH, SEASIDE, AND NELSON'S SPARROWS IN THE RE-ESTABLISHED SALT MARSH HABITAT," SAID CORRIE FOLSOM-O'KEEFE, DIRECTOR OF BIRD CONSERVATION FOR AUDUBON CONNECTICUT, A PROJECT PARTNER. "THE LONG ISLAND SOUND ECOSYSTEM IS CRITICAL TO THE HEALTH OF BIRDS AND SAFETY OF COASTAL COMMUNITIES, AND WE NEED MORE PROJECTS LIKE

Name of the organization

REEF BALL FOUNDATION INC.

Employer identification number

65-0785751

THE LIVING SHORELINE AT STRATFORD POINT TO SERVE AS MODELS FOR SUCCESS."

MALAYSIA

KUCHING: THE SARAWAK FORESTRY CORPORATION (SFC) PLACED 1,200 REEF BALLS IN THE BELAWAI-PALOH WATERS AND MIRI-SIBUTI CORAL REEFS NATIONAL PARK LAST YEAR TO CONSERVE THE ENVIRONMENT AND MARINE RESOURCES. SFC CHIEF EXECUTIVE OFFICER ZOLKIPLI MOHAMAD ATON SAID THE FLAGSHIP PROJECT WAS AIMED AT SUPPORTING TURTLE CONSERVATION AND MARINE LIFE PROTECTION. "IT WILL ALSO CONTRIBUTE TO SUSTAINABLE FISH CATCHES FOR FISHERMEN AND IMPROVE THEIR LIVELIHOODS. AWANG TENGAH EXPLAINED THAT THE REEF BALLS PROGRAM HAD YIELDED POSITIVE RESULTS AS SHOWN BY THE MARKED INCREASE IN FISH LANDING BY LOCAL FISHERMEN IN SEMATAN AND SIMILAR RESULTS ARE EXPECTED IN BELAWAI AND LAWAS. HE SAID MARINE TURTLES HAVE ALSO RETURNED TO NEST IN SIMILAJAU NATIONAL PARK AFTER AN ABSENCE OF MORE THAN SEVEN YEARS WITH THE PLACEMENT OF REEF BALLS IN ITS SURROUNDING WATERS. A TOTAL OF 10,250 REEF BALLS HAVE BEEN PLACED ALONG THE 120KM-COASTAL WATERS OF BELAWAI TO PALOH, IGAN TO MUKAH AND LAWAS SINCE 1998, SECOND URBAN DEVELOPMENT AND NATURAL RESOURCES MINISTER DATUK AMAR AWANG TENGAH ALI HASAN SAID. MALAYSIA IS PLANNING TO EXPAND THE PLACEMENT OF REEF BALLS TO COVER THE REST OF SARAWAK'S COASTAL WATERS, AS PART OF A GRAND ENDEAVOUR TO REHABILITATE CORAL REEFS AND MARINE LIFE.

KATERVA AWARD

REEF BALL FOUNDATION WAS A FINALIST AND PEOPLE'S CHOICE WINNER FOR 2020

Name of the organization

REEF BALL FOUNDATION INC.

Employer identification number

65-0785751

IN THE ENVIRONMENT & ENERGY CATEGORY. KATERVA'S MISSION IS TO IDENTIFY, EVALUATE & ACCELERATE GAME-CHANGING INNOVATION. THE KATERVA AWARDS ARE THE PINNACLE OF GLOBAL SUSTAINABILITY RECOGNITION. KATERVA USES THE POWER OF TECHNOLOGY TO ENGAGE A GLOBAL NETWORK OF EXPERTS WHO HELP US FIND THE MOST INTERESTING INNOVATIONS ON THE PLANET-THE BEST IDEAS YOU HAVE NEVER HEARD OF. WE HAVE OVER 1200 IN OUR FORMAL NETWORK OF SPOTTERS AND PANELISTS AND IT GROWS DAILY. TO SCALE TO A MUCH WIDER COMMUNITY WE ARE DEVELOPING WEB & MOBILE PLATFORMS THAT WILL BRING THE POWER OF SOCIAL ENGAGEMENT TO UNPRECEDENTED LEVELS -USING THE "CROWD" TO EXPONENTIALLY GROW THE PIPELINE OF GREAT INNOVATIONS, INNOVATORS AND YOUNG COMPANIES.

NO SHOES REEFS

ESTABLISHED A NEW PARTNERSHIP WITH NO SHOES REEFS TO HELP FURTHER OUR MISSION. NO SHOES REEFS IS KENNY CHESNEY'S ORGANIZATION. NSR FINDS PARTNERS TO HELP RAISE AWARENESS AND FUNDS FOR REEF BALL PROJECTS BY SELLING PRODUCTS MADE FROM RECYCLED PLASTIC, SUCH AS T-SHIRTS. PARTNERS INCLUDE THE COASTAL CONSERVATION ASSOCIATION, BUILDING CONSERVATION TRUST, DEEP APPAREL, SILIPINT, ETC.

JOST VAN DYKE PRESERVATION SOCIETY BRITISH VIRGIN ISLANDS

RIGHT BEFORE LOCKDOWN, WE EXPERIMENTED WITH A NEW METHOD FOR MANGROVE RESTORATION AND HAD A FEW JVD MEN (THANKS GUYS, ANGUILLA NATIONAL TRUST AND OFFICE OF THE GOVERNOR!) HELP BUILD THESE PLANTERS ADAPTED FROM REEF BALL ARTIFICIAL REEFS. LAST WEEK THE INTERNS FROM THE COLLEGE MANGROVE NURSERY CAME OVER AND WE TRIALED THIS METHOD.AT PRESENT WE

Name of the organization REEF BALL FOUNDATION INC.	Employer identification number 65-0785751
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HAVE ABOUT 50 SEEDLINGS IN THE GROUND AND 500 GROWING IN THE NURSERY.

THANKS TO TO TEACHER JESSICA WHO HAS BEEN HELPING WITH THE NURSERY!

PHOTO CAPTION; GOVERNOR'S OFFICE SUPPORTING JVDPS MANGROVE RESTORATION PROJECT WITH HELP FROM BVIDDM NPT & THE COMMUNITY. LAYING REEF BALLS HELPS REGROW MANGROVES WHICH ARE HOME TO IMPORTANT BIRDS, FISH AND MARINE LIFE. HELPING TO PROTECT BVI BIODIVERSITY - A PRIORITY FOR GOVERNOR @GUSJASPERT.

COASTAL CONSERVATION ASSOCIATION IN MARYLAND

MORE PROJECTS WITH CCA IN MARYLAND INCLUDING A MAPPING PROJECT OF REEF BALLS IN THE CHESAPEAKE BAY. BY WORKING WITH EDUCATORS, WE COLLECTIVELY PROVIDE A MEANINGFUL EXPERIENTIAL ENVIRONMENTAL LEARNING FOR STUDENTS. THE BUILDING CONCRETE REEF BALLS, WHICH ARE LATER SEEDED WITH OYSTER SPAT AND DEPLOYED IN THE CHESAPEAKE BAY TO CREATE NEW THREE DIMENSIONAL REEF STRUCTURES, PROVIDES A UNIQUE PERSPECTIVE FOR STUDENTS, TEACHERS AND PARENTS INTO THE IMPORTANCE OF THE OYSTER IN THE REGIONAL ECOSYSTEM.

KENTUCKY

REEF BALLS FOR FRESH WATER PROJECTS WHICH IS A NEWER APPLICATION FOR REEF BALL TECHNOLOGY. THE KENTUCKY DEPARTMENT OF FISH AND WILDLIFE RESOURCES AND THE ARMY CORPS OF ENGINEERS ARE WORKING TOGETHER TO ADDRESS SHORE EROSION AND FISH HABITAT LOSS AT NOLIN RIVER LAKE., KDFW IS COLLABORATING WITH THE CORPS ON THE SHORELINE RESTORATION & FISH HABITAT IMPROVEMENT PROJECT, WHICH WILL BE FUNDED WITH A \$30,000 GRANT FROM THE RESERVOIR FISH HABITAT PARTNERSHIP, SHIFLET SAID.

Name of the organization REEF BALL FOUNDATION INC.	Employer identification number 65-0785751
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SEE SCHEDULE O FOR ADDITIONAL ACCOMPLISHMENTS.

FORM 990, PART VI, SECTION A, LINE 2:

JERRY BARBER IS TODD BARBER'S FATHER.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE 990 IS INCLUDED IN THE BOARD BOOK MATERIALS, WHICH ARE DISTRIBUTED TO ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12:

BOARD MEMBERS ARE ADVISED OF THE CONFLICT OF INTEREST POLICY WHEN THEY JOIN THE BOARD. MEMBERS DO NOT VOTE ON ISSUES WHEN THERE MIGHT BE AN APPEARANCE OF A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST DURING REGULAR BUSINESS HOURS.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTER EQUIPMENT	03/31/05	200DB	5.00		HY17	2,510.				2,510.	2,510.		0.	2,510.
2	COMPUTER EQUIPMENT	03/31/04	200DB	5.00		HY17	6,609.				6,609.	6,609.		0.	6,609.
3	COMPUTER EQUIPMENT - BEST BUY	09/15/05	200DB	5.00		HY17	289.				289.	289.		0.	289.
4	COMPUTER EQUIPMENT - CIRCUIT CITY	10/19/05	200DB	5.00		HY17	319.				319.	319.		0.	319.
5	VIDEO EQUIPMENT - BOSE	11/04/05	200DB	5.00		HY17	320.				320.	320.		0.	320.
6	COMPUTER EQUIPMENT - BEST BUY	11/18/05	200DB	5.00		HY17	476.				476.	476.		0.	476.
7	COMPUTER EQUIPMENT - CIRCUIT CITY	01/18/06	200DB	5.00		HY17	171.				171.	171.		0.	171.
8	COMPUTER EQUIPMENT - CIT	01/18/06	200DB	5.00		HY17	267.				267.	267.		0.	267.
9	COMPUTER GEEKS - EQUIP.	03/28/06	200DB	5.00		HY17	2,650.				2,650.	2,650.		0.	2,650.
10	COMPUTER GEEKS - EQUIP.	04/07/06	200DB	5.00		HY17	432.				432.	432.		0.	432.
11	COMPUTER EQUIPMENT	09/30/07	200DB	5.00		MQ17	1,504.				1,504.	1,504.		0.	1,504.
12	COMPUTER EQUIPMENT	09/30/07	200DB	5.00		MQ17	2,205.				2,205.	2,205.		0.	2,205.
16	COMPUTER EQUIPMENT	01/05/08	200DB	5.00		MQ17	920.				920.	920.		0.	920.
17	COMPUTER EQUIPMENT	01/28/08	200DB	5.00		MQ17	335.				335.	335.		0.	335.
18	COMPUTER EQUIPMENT	08/15/08	200DB	5.00		MQ17	514.				514.	514.		0.	514.
19	HARD DRIVES, GPS AND TELEMATICS	02/21/09	200DB	5.00		HY17	472.			236.	236.	236.		0.	236.
20	COMPUTER EQUIPMENT	04/24/09	200DB	5.00		HY17	562.			281.	281.	281.		0.	281.
21	COMPUTER EQUIPMENT	05/05/09	200DB	5.00		HY17	315.			158.	157.	157.		0.	157.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
22	COMPUTER EQUIPMENT	05/18/09	200DB	5.00		HY17	909.			455.	454.	454.		0.	454.
23	COMPUTER EQUIPMENT	07/05/09	200DB	5.00		HY17	1,000.			500.	500.	500.		0.	500.
25	COMPUTER EQUIPMENT	11/05/09	200DB	5.00		HY17	2,755.				2,755.	2,755.		0.	2,755.
26	COMPUTER EQUIPMENT	02/20/13	200DB	5.00		HY17	2,413.			1,207.	1,206.	1,206.		0.	1,206.
28	COMPUTER EQUIPMENT	06/29/15	200DB	5.00		HY17	2,255.			1,128.	1,127.	1,062.		65.	1,127.
29	COMPUTER & 3D PRINTING EQUIPMENT	06/30/17	200DB	5.00		HY17	7,783.			3,892.	3,891.	2,770.		448.	3,218.
	* 990 PAGE 10 TOTAL -						37,985.			7,857.	30,128.	28,942.		513.	29,455.
13	EQUIPMENT	09/30/07	200DB	5.00		MQ17	534.				534.	534.		0.	534.
14	EQUIPMENT	09/30/07	200DB	5.00		MQ17	353.				353.	353.		0.	353.
24	EQUIPMENT	04/06/09	200DB	5.00		HY17	2,506.			1,253.	1,253.	1,253.		0.	1,253.
27	MACHINERY & EQUIPMENT	06/30/14	200DB	3.00		HY17	2,097.			1,049.	1,048.	1,048.		0.	1,048.
	* 990 PAGE 10 TOTAL -						5,490.			2,302.	3,188.	3,188.		0.	3,188.
15	SOFTWARE	09/30/07	200DB	3.00		MQ17	448.				448.	448.		0.	448.
	* 990 PAGE 10 TOTAL -						448.				448.	448.		0.	448.
	* GRAND TOTAL 990 PAGE 10 DEPR						43,923.			10,159.	33,764.	32,578.		513.	33,091.



**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2019**

For calendar year 2019 or other tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>REEF BALL FOUNDATION INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>890 HILL STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>ATHENS, GA 30606</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>65-0785751</b>  <b>E</b> Unrelated business activity code (See instructions.)
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<b>C</b> Book value of all assets at end of year <b>241,410.</b>	<b>F</b> Group exemption number (See instructions.) ▶ <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---

**H** Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **N/A**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **KATHY KIRBO** Telephone number ▶ **770-752-0202**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>0.</b>	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b> Salaries and wages		<b>15</b>	
<b>16</b> Repairs and maintenance		<b>16</b>	
<b>17</b> Bad debts		<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>	
<b>19</b> Taxes and licenses		<b>19</b>	
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>		
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	<b>21b</b>	
<b>22</b> Depletion		<b>22</b>	
<b>23</b> Contributions to deferred compensation plans		<b>23</b>	
<b>24</b> Employee benefit programs		<b>24</b>	
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>	
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>	
<b>27</b> Other deductions (attach schedule)		<b>27</b>	
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>	<b>0.</b>
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>	<b>0.</b>
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>	<b>0.</b>
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>	<b>0.</b>

<b>Part III Total Unrelated Business Taxable Income</b>	
32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 0.
33 Amounts paid for disallowed fringes	33
34 Charitable contributions (see instructions for limitation rules)	34 0.
35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35
36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37
38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
39 <b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39 0.

<b>Part IV Tax Computation</b>	
40 <b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40 0.
41 <b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41
42 <b>Proxy tax.</b> See instructions	42
43 <b>Alternative minimum tax (trusts only)</b>	43
44 <b>Tax on Noncompliant Facility Income.</b> See instructions	44
45 <b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.

<b>Part V Tax and Payments</b>	
46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a
b Other credits (see instructions)	46b
c General business credit. Attach Form 3800	46c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	46d
e <b>Total credits.</b> Add lines 46a through 46d	46e
47 Subtract line 46e from line 45	47 0.
48 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48
49 <b>Total tax.</b> Add lines 47 and 48 (see instructions)	49 0.
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51a Payments: A 2018 overpayment credited to 2019	51a
b 2019 estimated tax payments	51b
c Tax deposited with Form 8868	51c
d Foreign organizations: Tax paid or withheld at source (see instructions)	51d
e Backup withholding (see instructions)	51e
f Credit for small employer health insurance premiums (attach Form 8941)	51f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g
52 <b>Total payments.</b> Add lines 51a through 51g	52
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53
54 <b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
55 <b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55
56 Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		
57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
		X
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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.

**Sign Here** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **EXECUTIVE DIRECTOR** Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	G. BLISS JONES				P00087087
	Firm's name <b>JONES AND KOLB</b>	Firm's address <b>3475 PIEDMONT ROAD NE, SUITE 1500 ATLANTA, GA 30305</b>		Firm's EIN <b>58-1763570</b>	Phone no. <b>(404) 262-7920</b>

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6	
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No
4a	Additional section 263A costs (attach schedule) .....	4a					
b	Other costs (attach schedule) .....	4b					
5	<b>Total.</b> Add lines 1 through 4b .....	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 25. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 26. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>REEF BALL FOUNDATION INC.</b>	Taxpayer identification number (TIN) <b>65-0785751</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>890 HILL STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ATHENS, GA 30606</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KATHY KIRBO**

- The books are in the care of ▶ **890 HILL STREET - ATHENS, GA 30606**  
Telephone No. ▶ **770-752-0202** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **AUGUST 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

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	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ATHENS, GA 30606</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
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Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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Form **8868** (Rev. 1-2020)

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**



**Mailing Address:**  
 Georgia Department of Revenue  
 Processing Center  
 PO Box 740397  
 Atlanta, Georgia 30374-0397

**Page 1**

Amended  Amended due to IRS Audit  Address Change  UET Annualization Exception attached

For the taxable year beginning				10/01/2019		and ending		09/30/2020	
Name of Organization				Name of Fiduciary				Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)	
REEF BALL FOUNDATION INC.								65-0785751	
Number and Street				Number and Street					
890 HILL STREET									
City or Town				City or Town				NAICS Code	
ATHENS								Date of current exemption letter.	
								IRS code section for which you are exempt.	
State		ZIP Code		State		ZIP Code			
GA		30606							

Georgia Unrelated Business Taxable Income	SCHEDULE 1
1. Unrelated business taxable income from Federal Form 990-T (attach copy) .....	0
2. Additions .....	
3. Total (add Line 1 and Line 2) .....	
4. Subtractions .....	
5. Adjusted unrelated business taxable income (Line 3 less Line 4) .....	
6. Income allocated everywhere .....	
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6) .....	
8. Apportionment ratio (Attach Computation Schedule) .....	1.000000
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8) .....	0.
10. Income allocated to Georgia (Attach Schedule) .....	
11. Total of Lines 9 and 10 .....	
12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation) .....	
13. Georgia unrelated business taxable income (Line 11 less Line 12) .....	





2001605023

COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX		SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.75% .....	1.	
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2 .....	2.	
3. Less: Payments .....	3.	
4. Withholding Credits (G2-A, G2-LP and/or G2-RP) .....	4.	
5. Schedule 3B Refundable tax credits .....	5.	
6. Balance of tax due OR overpayment .....	6.	0
7. Interest due (See Instructions) .....	7.	
8. Underestimated tax penalty .....	8.	
9. Other penalties due (See Instructions) .....	9.	
10. Balance of tax, interest and penalties due with return .....	10.	
11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on _____		
<b>Estimated Tax</b> ▶		
<b>Refunded</b> ▶		

**A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN.**  
 DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

**KATHERINE KIRBO**  
 Signature of Officer

\_\_\_\_\_  
 Signature of Individual or Firm Preparing Return

**EXECUTIVE DIRECTOR**  
 Title Date

**P00087087**  
 Employee ID or Social Security Number



2001605033

Name REEF BALL FOUNDATION INC.

FEIN 65-0785751

CREDIT USAGE AND CARRYOVER

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply (note not all credits apply to 600-T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this taxpayer, enter this taxpayer's name and ID# below and 100% for the percentage.

1. Credit Code		
2. Credit remaining from previous years		
3. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
4. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
5. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
6. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
7. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
8. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
9. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
10. Total available credit for this tax year (sum of Lines 2 through 9)		10.
11. Credit Used this tax year		11.
12. Potential carryover to next tax year (Line 10 less Line 11)		12.