			EXTENDED TO AUGUST 16, 20		OMD No. 1545 0047
For		90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations	OMB No. 1545-0047
•		Jary 2020) If the Treasury	Do not enter social security numbers on this form as it may		Open to Public
Inter	nal Rever	nue Service	► Go to www.irs.gov/Form990 for instructions and the lat ar year, or tax year beginning OCT 1, 2019 and ending		Inspection
-					
B	Check if applicable	e:	f organization	D Employer identifica	tion number
	_]change ⊐Name		BALL FOUNDATION INC.	65-078575	1
	_ change Initial		usiness as		<u>L</u>
	return _Final	890	and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone number 706-714-4	200
	return/ termin- ated	_	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	744,118.
	Amenc		NS, GA 30606	H(a) Is this a group retu	-
	return Applic: tion		nd address of principal officer:KATHERINE KIRBO	for subordinates?	
	pendin		AS C ABOVE	H(b) Are all subordinates inclu	
<u> </u>	Fax-exe			- `'	t. (see instructions)
			REEFBALL.ORG	H(c) Group exemption r	
κ	orm of	organization:	X Corporation Trust Association Other ► L Y	ear of formation: 1993 M	
Pa		Summary			
e	1	Briefly describ	be the organization's mission or most significant activities: TO REHAB	ILITATE OUR WO	RLD'S
anc		OCEANRE	EF ECOSYSTEMS AND TO PROTECT OUR NATU	RAL REEF SYSTE	MS USING
Activities & Governance	2	Check this bo	$x \triangleright$ if the organization discontinued its operations or disposed of m	nore than 25% of its net asse	
20K			ting members of the governing body (Part VI, line 1a)		12
ۍ ه			lependent voting members of the governing body (Part VI, line 1b)		11
ies			of individuals employed in calendar year 2019 (Part V, line 2a)		2
ivit	6	Total number	of volunteers (estimate if necessary)		0
Act			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, line 39		
		Oostuikustionoo		Prior Year 29,365.	Current Year 82,123.
Revenue			and grants (Part VIII, line 1h)	162,515.	201,260.
ver		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
Re			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,946.	460,735.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	226,826.	744,118.
			milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
			to or for members (Part IX, column (A), line 4)	0.	0.
ŝ			r compensation, employee benefits (Part IX, column (A), lines 5-10)	151,797.	170,278.
nse			undraising fees (Part IX, column (A), line 11e)	0.	0.
Expense			ing expenses (Part IX, column (D), line 25) ► 18,921.		
Ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	91,392.	348,919.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	243,189.	519,197.
	19	Revenue less	expenses. Subtract line 18 from line 12	-16,363.	224,921.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
sset: 3alar	20		Part X, line 16)	26,181.	241,410.
et A: nd E	21		(Part X, line 26)	12,227.	2,535.
	22		fund balances. Subtract line 21 from line 20	13,954.	238,875.
					and a data and the Processing
			I declare that I have examined this return, including accompanying schedules and sta		nowledge and belief, it is
true	, correc	t, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	arer nas any knowledge.	

-												
Sign Here	Signature of officer KATHERINE KIRBO, EXECU Type or print name and title	KATHERINE KIRBO, EXECUTIVE DIRECTOR										
Paid	Print/Type preparer's name G. BLISS JONES	Preparer's signature Date	Check PTIN if self-employed P00087087									
Preparer	Firm's name 🕨 JONES AND KOLB		Firm's EIN 58-1763570									
Use Only	Firm's address 3475 PIEDMONT RO	AD NE, SUITE 1500										
	ATLANTA, GA 30305 Phone no. (4											
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No									
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2019) REEF BALL FOUNDATION INC.	65-0785	751 _F	age
Par	t 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 T NATURAL REEF SYSTEMS USING REEF BALL ARTIFICIAL REEF T REEF BALLS ARE ARTIFICIAL REEF MODULES PLACED IN THE C	TECHNOLOGI	ES.	
	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? If "Yes," describe these new services on Schedule O.	Г	Yes Σ	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	es?	Yes Σ	No
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or revenue, if any, for each program service reported.		-	ł
4a			201,26	50.
	SARASOTA BAY ESTUARY PROGRAM			
	FOR MORE THAN A DECADE, SBEP HAS BEEN CREATING ARTIFIC SARASOTA BAY. THE ARTIFICIAL REEF PROGRAM BEGAN WITH	H THE DEVE		
	OF A MASTER PLAN IN 1996. ONE OUTCOME OF THIS PLAN WA IDENTIFICATION OF TWENTY POSSIBLE SITES FOR THE CREATI REEFS. THE TWO MAIN CRITERIA FOR SITE SELECTION WERE	ION OF ART		L
	SEDIMENT CHARACTERISTICS (FOR SUPPORTING THE REEF STRU PROPER DEPTH AND LOCATION SO AS NOT TO IMPEDE NAVIGATI	JCTURE) AN	D 2)	
4b	(Code:) (Expenses \$ including grants of \$) (Ref			
4c	(Code:) (Expenses \$) (Re	evenue \$		
4d	Other program services (Describe on Schedule O.)			
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 441,479.)	
	see SCHEDULE O FOR CONTINUATION	1(S)	Form 990	(2019
60	2 708 751928 REEFBALL 2019.06000 REEF BALL FOUNDATI	ON INC.	REEFB	AL1

Form 990 (2019)

Part IV Checklist of Required Schedules

REEF BALL FOUNDATION INC.

1 Is the organization described in section 2015(k) or 4947(a)(1) (other than a private foundation)? 1 X 2 Is the organization engage in direct or index position (bice) asnaps and oxibities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 3 Section 501(c)(3) organization. Dift the organization onagae in lobbying activities, or have a section 501(t) office/in office/i 4 X 5 Is the organization asset and Schedule C, Part I 4 X 5 Is the organization marken and order or any dired ford and order or any dired ford and ford or any similar funds or accountal ford or any similar announts as defined in Revenue Procedure 38:191 /* Yes,' complete Schedule C, Part II 6 X 7 Did the organization returns or ordia concervation gene on to accountal // Yes,' complete Schedule D, Part II 7 X 8 Did the organization marken on anount in Part X, Ine 21, for second or calcing and the margement, credit regulation services? 9 X 9 Did the organization reports an amount in Part X, Ine 21, for second or calcing and the margement, credit regulation services? 9 X 10 Dis the organization report an amount in Part X, Ine 21, for second or calcing and the margement, credit regulation services? 9 X 11 </th <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No			
2 Is the organization required to complete Schedule 0. Schedule of Contributord Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I Scheton 501(E)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(F) election in offect during the taxy and If 'Yes,' complete Schedule C, Part I Scheton 501(E)(4). Schedule C, Part I Scheton 501(F)(4). Schedule C, Part I Scheton 501(F) election in or investment of anounds in such Indira organization that receives membership dues, assessments, or similar anounds as defined in ensures in such Indira elections of 'Nes', complete Schedule D, Part I Scheton 501(F)(4). Schedule C, Part II Schedule C, Part II Schedule C, Part II Schedule organization martain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II Schedule O, Part II Schedule organization martain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II Schedule and Part X, inc 21, for secreto or custodial account liability, serve as a custodian for an organization anower to any of the following questions is 'Yes,' then complete Schedule D, Part IV. Schedule organization report an amount for investments - other securities in Part X, line 12, that IS % or more of Is total assets reported in Part X, line 12/ 'Yes,' complete Schedule D, Part V. Schedule organization report an amount for investments - other securities in Part X, lin	1			v				
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public unles? If Yes, 'complete Schedule C, Part I 3 X 4 Section SOI(c)S) organizations. Did the organization rangage in lobbying activities, or have a section SOI(f) electronic to the section SOI (f) electronic to SOI(c)SO (f) electronic to SOI(c)SO (f) electronic to SOI(c)SO (f) electronic to SOI(c)SO (f) electronic to the section SOI (f) electronic to the section SOI (f) electronic to SOI (f) electronic	~							
public office/If // Yes, 'complete Schedule C, Part I 3 X 4 Sector 60/(CS) organization. Did the organization engage in lobbying activities, or have a sector 501(h) election in effect 4 X 5 Is the organization a section 501(h) (SI)(K) (SI)(K			2					
4 Section 50 ft(c)K) organizations. Did the organization ergage in lobbying activities, or have a section 50 ft(r) election in effect during the taxy year <i>II</i> "Yes," complete Schedule C, Pert II 4 X 5 Is the organization a section 50 ft(r)(s), 50 ft(c)(s), 50 ft(c)(s	3		2		x			
during the tax year/# Yrse," complete Schedule Q, Part II 4 X 6 Is the organization a section Schedule Q, Part III 5 7 X 5 8 Did the organization maintain any donce advised funds or any similar funds on accounts for which donors have the right to provide advice on the distitution or investment of amounts in such thands or accounts for which donors have the right to provide advice on the distitution or investment of amounts in such thands or accounts for which donors have the right to provide advice on the distitution or investment of amounts in such thands or accounts for which donors have the right to provide advice on the distitution or investment of amounts in such thands or accounts for which donors have the right to provide advice on the distitution or investment on transment, including assements to preserve open space, the environment, historical transac, or historical transactive or custodial account liability, serve as a custodian for amounts in the fart X, line 21, for secrov or custodial account liability, serve as a custodian for amounts not fire, "complete Schedule D, Part IV 8 X 10 Ub the organization field in Part X, line 21, for secrov or custodial account liability, serve as a custodian for amounts not fire, "complete Schedule D, Part VI 10 X 11 If the organization report an amount for fire Schedule D, Part VI 10 X 12 If the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total aseste reported in Part X, line 167 H *%s, "complete Sch	4							
5 Is the organization acetion 501(c)(d), 000(c) or 501(c)(d) or 501(c	-		4		x			
similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part II 5 X 6 Dott the organization maintain any door advised funds or any sources for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X 7 Dott the organization maintain any door advised funds or any sources, or other similar asset? If 'Yes,' complete Schedule D, Part II 7 X 8 Dott the organization maintain collections of works of art, historical ressures, or other similar asset? If 'Yes,' complete Schedule D, Part II 7 X 9 Dott the organization maintain collections of works of art, historical ressures, or other similar asset? If 'Yes,' complete Schedule D, Part II 8 X 9 Dott the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endownerst? If 'Yes,' complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11 X 11 Did the organization report an amount for investments - ordpate schedule D, Part XI 111 X 12 Did the organization report an amount for investments - ordpate schedule D, Part XI 111 X 13 Did the organization report an amount for investments - ordpate schedule D, Part	5							
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provide advice on the distribution or investment of announts in such funds or accounts // "Yes," complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation easement, including easements for preserve open space, the environment, historic land areas, or historic structures // "Yes," complete Schedule D, Part // 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part // 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or cutodial account liability, serve as a cutodian for amounts no listed in Part X, or provide credit conseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a valated organization, hold assets in donor-restricted endowments 10 X 11 H the organization report an amount for leads buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - organization report an amount for investmenents for tha taxy ear include a tochoule D, Part X <	6							
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9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 14 Did the organization report an amount for other assets in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11d X 14 Did the organization report an amount for other assets in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 14 Did the organization othan separate, independent audited financial statemen	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete						
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11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VX, or X as applicable. In the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11d X e Did the organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization notuded in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a X Did the organization matum an office, e	10				37			
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	17							
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18							
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		1c and 8a? If "Yes," complete Schedule G, Part II	18					
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19				~			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	00	Complete Schedule G, Part III						
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X								
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200					
	21		21		x			
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			Yes	No
22	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	22		x
23	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	23		X
24a	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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	25b		X
26	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%	00		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_ <u>л</u>
21	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	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u>-</u> -
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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Part V

019) REEF BALL FOUNDATION INC. Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return 2a 2a											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?											
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b										
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X								
b	b If "Yes," enter the name of the foreign country ►											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?											
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
	any contributions that were not tax deductible as charitable contributions?	6a		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?	7c		X								
	If "Yes," indicate the number of Forms 8282 filed during the year7d											
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h										
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?											
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.	0										
a		9a										
	Did the sponsoring organization make any taxable distributions under section 4966?	9b										
10	Section 501(c)(7) organizations. Enter:											
	Initiation fees and capital contributions included on Part VIII, line 12 10a											
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders											
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?	13a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans 13b											
	Enter the amount of reserves on hand 13c											
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v								
	excess parachute payment(s) during the year?	15		X								
	If "Yes," see instructions and file Form 4720, Schedule N.			v								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X								
	If "Yes," complete Form 4720, Schedule O.											

Form **990** (2019)

932005 01-20-20

Form 990	(2019)
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REEF BALL FOUNDATION INC.

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.

600	Check if Schedule O contains a response or note to any line in this Part VI										
Sec	tion A. Governing Body and Management				Vac						
10	Enter the number of voting members of the governing body at the end of the tax year	1a	1	2	Yes	┢					
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year			-							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b		1b	1	1		L					
2	Enter the number of voting members included on line 1a, above, who are independent			-		L					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?										
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision										
3	of officers, directors, trustees, or key employees to a management company or other person?										
						╀					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's a					╀					
6	Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or			_		l					
	more members of the governing body?			7a		╀					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockhol	ders, or								
	persons other than the governing body?			7b		ł					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	-	-		37	ł					
а	The governing body?			8a	X	╀					
	Each committee with authority to act on behalf of the governing body?			8b	X	╀					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					l					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9							
sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	Code.)		1	т					
					Yes	ļ					
	Did the organization have local chapters, branches, or affiliates?			10a		ļ					
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,	affiliates,			l					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		ļ					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before	e filing the form?	11a		ļ					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		ļ					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b		ļ					
с											
	in Schedule O how this was done			12c							
13	Did the organization have a written whistleblower policy?			13							
14	Did the organization have a written document retention and destruction policy?			14							
15	Did the process for determining compensation of the following persons include a review and appro	val by ind	ependent			T					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?				l					
а	The organization's CEO, Executive Director, or top management official			15a		I					
	Other officers or key employees of the organization					T					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					t					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement wit	h a			1					
	taxable entity during the year?			16a		1					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					t					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	•				I					
	exempt status with respect to such arrangements?			16b		I					
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright { m GA}$										
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 onl	v) avai	Ŀ					
	for public inspection. Indicate how you made these available. Check all that apply.			(0)0 011	<i>,,</i> a.a.						
	Own website Another's website X Upon request Other (expla	in on Sch	edule ()								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,		,	and fina	ncial						
	statements available to the public during the tax year.		interest policy, a		noidi						
20	State the name, address, and telephone number of the person who possesses the organization's to	ooke and	records								
20	KATHY KIRBO - 770-752-0202										
	890 HILL STREET, ATHENS, GA 30606										
				Eor	n 990	1					
32000	6 01-20-20 6			FULL	1 990	(,					
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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.

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• 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)	(B)	(C)						(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one					one	Reportable	Estimated					
	hours per	per box, unless person				is bot	h an	compensation	compensation	amount of				
	week		er an		recio	n/trus	lee)	from	from related	other				
	(list any	irecto						the	organizations	compensation				
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization				
	organizations	ruste	ll trus		vee	mpen		(** 2/1000 10100)		and related				
	below	Individual trustee or director	In stitutional trustee	5	Key employee	est co oyee	er			organizations				
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			-				
(1) TODD BARBER	40.00													
BOARD CHAIRMAN		Х		X				82,344.	0.	0.				
(2) LARRY BEGGS	25.00													
VICE PRESIDENT		Х		X				0.	0.	0.				
(3) KATHERINE KIRBO	40.00													
EXECUTIVE DIRECTOR		Х		X				75,833.	0.	0.				
(4) JERRY BARBER	1.00													
DIRECTOR		Х						0.	0.	0.				
(5) DON BRAWLEY	1.00													
DIRECTOR		Х						0.	0.	0.				
(6) MARSHA PARDEE	3.00													
DIRECTOR		Х						0.	0.	0.				
(7) JAVIER DAJER	2.00													
DIRECTOR		Х						0.	0.	0.				
(8) DOUG HOLLINGSWORTH	5.00													
DIRECTOR		Х						0.	0.	0.				
(9) LORNA SLADE	2.00													
DIRECTOR		Х						0.	0.	0.				
(10) ERIC KRASLE	3.00													
DIRECTOR		Х						0.	0.	0.				
(11) J. WADE	1.00													
DIRECTOR		Х						0.	0.	0.				
(12) JIM STRACK	1.00									_				
DIRECTOR		Х						0.	0.	0.				
(13) DR. CATHERINE JADOT	1.00									_				
DIRECTOR		Х						0.	0.	0.				
932007 01-20-20										Form 990 (2019)				

932007 01-20-20

Form **990** (2019)

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E)												(F)	
	Name and title	Average hours per week (list any	Average Position (do not check more than on box, unless person is both a week officer and a director/truster				than (is botl	h an	Reportable Reportable compensation compensati			Estimate on amount d other		
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	org and	om the anizati d relate anizatio	ion ed
1b	Subtotal								158,177.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 158,177.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportable	e			0
3	Did the organization list any former officer,			key e	empl	loye	e, or	' hig	phest compensated emp	oloyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	ation	n and	d otl		the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indiv			4 5		x x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										pensa	ation f	rom	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	C	(C ompe	;) nsatio	n
								-						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot li	mite	d to	tho:	se lis 7	stec	d above) who received n	nore than				
	wroo,ooo or compensation nom the organi						-					Form	990 (2	2019)

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			2019) REEF BALL FO	UNDATION	INC.		65-0785	751 Page 9
Pa	rt \	/11						
			Check if Schedule O contains a response	e or note to any lir	e in this Part VIII		(0)	
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts Its	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Am 6			Fundraising events 1c					
ar Gift		d	Related organizations					
ini,		е	Government grants (contributions) 1e					
er S		f	All other contributions, gifts, grants, and					
Ęġ			similar amounts not included above 1f	82,123.				
and of the		g	Noncash contributions included in lines 1a-1f		00 100			
<u>a O</u>		h	Total. Add lines 1a-1f	1	82,123.			
			DDO THOM THOOME	Business Code	201 260	201 260		
Program Service Revenue	2		PROJECT INCOME	900099	201,260.	201,260.		
Servine		b						
E P		C						
Be		d e						
Pro			All other program service revenue					
		g	Total. Add lines 2a-2f		201,260.			
	3	-	Investment income (including dividends, inte					
			other similar amounts)					
	4		Income from investment of tax-exempt bond					
	5		Royalties		460,735.	460,735.		
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
		h	assets other than inventory 7a Less: cost or other basis	-				
e		D	and sales expenses 7b					
evenue		c	Gain or (loss)					
			Net gain or (loss)					
Other R	8		Gross income from fundraising events (not					
ŧ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
		b	Less: direct expenses 8	5				
			Net income or (loss) from fundraising events	►				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses	-				
	40		Net income or (loss) from gaming activities	····· P				
	10	а	Gross sales of inventory, less returns					
		h	and allowances 10 Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
		<u> </u>		Business Code				
sno	11	а						
ane		b						
cell:		с						
Miscellaneous Revenue		d	All other revenue					
			Total. Add lines 11a-11d	►				
	12		Total revenue. See instructions	►	744,118.	661,995.	0.	0.

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REEF BALL FOUNDATION INC. 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 respons Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	1 5 0 1 7 7	100 015		15 010
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	12,101.	7,866.	3,025.	1 210
10 Payroll taxes	12,101.	7,000.	5,025.	1,210
11 Fees for services (nonemployees):				
a Management	186.	186.		
b Legal	10,500.	100.	10,500.	
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,	3,443.	1,841.	1,318.	284
column (A) amount, list line 11g expenses on Sch 0.)	5,445.	1,011.	1,510.	2010
12 Advertising and promotion	2,965.	1,927.	741.	297.
13 Office expenses	3,812.	2,478.	953.	381
14 Information technology	5,012.	2,470.	555.	501
15 Royalties				
16 Occupancy	443.	443.		
 17 Travel 18 Payments of travel or entertainment expenses 	115.	113.		
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 0.)				
a PROJECT EXPENSE	317,874.	317,874.		
b TELECOMMUNICATIONS	4,429.	2,879.	1,107.	443
c BUSINESS EXPENSE	2,997.	1,948.	749.	300
d MEALS AND ENTERTAINMENT	1,187.	771.	297.	119
e All other expenses	280.	117.	145.	18
25 Total functional expenses. Add lines 1 through 24e	519,197.	441,479.	58,797.	18,921
26 Joint costs. 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)				
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		Check if Schedule O contains a response or no	te to any	line in this Part X			
		·	<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			24,883.	1	240,625.
	2	Savings and temporary cash investments			113.	2	113.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial co	ntributor, or 35%			
		controlled entity or family member of any of the	se persor	ns		5	
	6	Loans and other receivables from other disqua	ified perso	ons (as defined			
		under section 4958(f)(1)), and persons describe	ed in secti	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	43,923.			
	b	Less: accumulated depreciation	10b	43,251.	1,185.	10c	672.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15					15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 33))	26,181.	16	241,410.
	17	Accounts payable and accrued expenses	12,227.	17	2,535.		
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
es	22	Loans and other payables to any current or for	ner office	r, director,			
Ē		trustee, key employee, creator or founder, subs	stantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the	se persor	ns		22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate	ed third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables to	related third			
		parties, and other liabilities not included on line	s 17-24). (Complete Part X			
		of Schedule D			10 007	25	0 5 2 5
	26	Total liabilities. Add lines 17 through 25			12,227.	26	2,535.
S		Organizations that follow FASB ASC 958, ch	eck here				
nce		and complete lines 27, 28, 32, and 33.			12 054		220 075
ala	27	Net assets without donor restrictions			13,954.	27	238,875.
dВ	28	Net assets with donor restrictions				28	
'n		Organizations that do not follow FASB ASC	958, chec	k here 🕨 🛄			
ъ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
∋t A	31	Retained earnings, endowment, accumulated in			12 054	31	120 07F
ž	32	Total net assets or fund balances			13,954.	32	238,875.
	33	Total liabilities and net assets/fund balances			26,181.	33	241,410.

Form 990 (2019)

Form 990 (2019)
Part X | Balance Sheet

Form	1990 (2019) REEF BALL FOUNDATION INC.	65-0785	751	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			18.
2	Total expenses (must equal Part IX, column (A), line 25)	2	519	9,1	97.
3	Revenue less expenses. Subtract line 2 from line 1	3	224	1,9	21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1:	3,9	54.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	238	3,8	75.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990	-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047						
	2019						
	Open to Public Inspection						
Employer	Employer identification number						

REEFBAL1

Name of the organization

				DATION INC.					5-0785751
Pa	art I	Reason for Public (Charity Status	(All organizations must co	omplete th	nis part.) S	ee instructions	S.	
The	organ	ization is not a private found	ation because it is:	(For lines 1 through 12, c	heck only	one box.))		
1		A church, convention of ch	urches, or associati	on of churches described	d in sectio	on 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	onjunction with a hospital	describe	d in sectic	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a g	jovernmental ι	ınit descril	oed in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)						
6		A federal, state, or local gov	vernment or govern	mental unit described in s	section 1	70(b)(1)(A))(v).		
7		An organization that norma	lly receives a subst	antial part of its support f	rom a gov	vernmenta	l unit or from t	he genera	l public described in
		section 170(b)(1)(A)(vi). (Co							
8		A community trust describe	ed in section 170(b))(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultural research org	anization described	d in section 170(b)(1)(A)(ix) operat	ed in conji	unction with a	land-grant	college
		or university or a non-land-g	grant college of agri	culture (see instructions).	Enter the	name, cit	y, and state of	the collec	je or
		university:							
10	X	An organization that norma	lly receives: (1) mor	e than 33 1/3% of its sup	port from	contributi	ions, members	hip fees, a	and gross receipts from
		activities related to its exem							-
		income and unrelated busir		e (less section 511 tax) fr	om busine	esses acqu	uired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor							
11	\square	An organization organized a	-	•	•				
12		An organization organized a more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
a		Type I. A supporting orga	• •			-		-	/ aivina
· ·		the supported organization		-	•	-			
		organization. You must c		• • • •	, majority				sapporting
b		Type II. A supporting orga	-		tion with i	ts support	ed organizatio	n(s), by ha	avina
		control or management o	-				-		-
		organization(s). You mus		-	·				
c	:	Type III functionally inte	grated. A supportir	ng organization operated	in connec	tion with,	and functional	lly integrat	ed with,
		its supported organization	n(s) (see instruction	s). You must complete I	Part IV, Se	ections A,	D, and E.		
c		Type III non-functionally	/ integrated. A sup	porting organization oper	ated in co	nnection	with its suppo	ted organ	ization(s)
		that is not functionally int	egrated. The organ	ization generally must sat	isfy a dist	ribution re	equirement and	d an attent	tiveness
		_ requirement (see instruct	ions). You must co	mplete Part IV, Sections	A and D	, and Part	v .		
e		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-function	onally integrated support	ing organi	zation.			
f		er the number of supported o	•						
<u> </u>		vide the following information	about the support (ii) EIN	1	(iv) is the ora	anization listed	(v) Amount of	ma a la ata la l	(ui) Amount of other
	,	 Name of supported organization 		(iii) Type of organization (described on lines 1-10		anization listed ing document?	support (see in	,	(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No		,	
Tota	al								
LHA	For F	Paperwork Reduction Act N	lotice, see the Inst	ructions for Form 990 o 13		932021 09	-25-19 Schee	lule A (Fo	rm 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 REEF BALL FOUNDATION INC.

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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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)	•	•	12	•
13	First five years. If the Form 990 is for	the organization'				on 501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
1 6a	33 1/3% support test - 2019. If the c	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶∟
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	imstances" test, o	heck this box and	d stop here. Explai	n in Part VI how the	e
	organization meets the "facts-and-circ		-	-			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17		and see instruction	

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 REEF BALL FOUNDATION INC.

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	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.
2	Gross receipts from admissions, merchandise sold or services per- formed, 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.
3	Gross receipts from activities that		-	-		-	
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	387,203.	401,732.	474,454.	226,826.	744,118.	2234333.
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						0.
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.
с	Add lines 7a and 7b	40,000.	35,000.	35,000.			110,000.
8	Public support. (Subtract line 7c from line 6.)						2124333.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	387,203.	401,732.	474,454.	226,826.	744,118.	2234333.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2.					2.
13	Total support. (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	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2019 (line 8, column (f), d	livided by line 13,	column (f))		15	95.08 %
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	90.73 %
Sec	ction D. Computation of Invest	stment Incom	e Percentage				
17	Investment income percentage for 20) 19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.00 %
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	.01 %
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3% , and line 1	7 is not
	more than 33 1/3%, check this box a						► X
b	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						.
	23 09-25-19					edule A (Form 990	or 990-EZ) 2019
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^{2019.06000} REEF BALL FOUNDATION INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **c** 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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? *If "Yes," provide detail in* Part VI.
- 7 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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** 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))? *If* "*Yes*," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- c 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? *If "Yes," provide detail in* **Part VI.**
- **10a** 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)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	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.	1		
2	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.	2		
Sec	tion C. Type II Supporting Organizations	2		
000			Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		165	NU
1				
	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	-		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
1	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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	-		
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in</i> Part VI.	3a		
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.	3b		
93202	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019

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Schedule A (Form 990 or 990-EZ) 2019 REEF BALL FOUNDATION INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b,	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
	Multiply line 5 by .035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C - Distributable Amount			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		
	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
-	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	ed Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Part VI	(Form 990 or 990-EZ) 2019 REEP							85751 Pa
	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 ar	c, 4b, 4c, 5 nd 3; Part I\	a, 6, 9a, 9b, 9c, 1 [·] /, Section E, lines	1a, 11b, a 1c, 2a, 2b	nd 11c; Pa), 3a, and 3	art IV, Section B, lines 3b; Part V, line 1; Part	1 and 2; Part V, Section B,	IV, Section C, line 1e; Part V
	Section D, lines 5, 6, and 8; and Pa (See instructions.)	art V, Sectio	on E, lines 2, 5, an	d 6. Also	complete	this part for any addition	onal informati	on.
32028 09-25-1	9					Schedu	le A (Form 9	90 or 990-EZ)
	751928 REEFBALL			20		FOUNDATION		

REEF BALL FOUNDATION INC.

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2019

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
KIRBO CHARITABLE				_	_
TRUST	20,000.	20,000.	20,000.	0.	0
BRYANT FOUNDATION	20,000.	15,000.	0.	0.	0
BROWN FOUNDATION	0.	0.	15,000.	0.	0
Fotal to Schedule A, Part III, Line 7b	40,000.	35,000.	35,000.		

Department of the Treasury Internal Revenue Service

or 990-PF

Schedule of Contributors

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

2019

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Name of the organizat	tion	Employer identification nun
	REEF BALL FOUNDATION INC.	65-0785751
Organization type (ch	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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

X 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).

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

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

REEF BALL FOUNDATION INC.

Name of organization

Employer identification number

65-0785751

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional 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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ARGOSY FOUNDATION 555 E. WELLS ST STE 1650 MILWAUKEE, WI 53202	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NO SHOES REEFS 1283 JULIET AVENUE ST. PAUL, MN 55105	\$27,155.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-0	6-19	\$ \$ Schedule B (Form	Person Payroll On Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

65-0785751

REEF BALL FOUNDATION INC.

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-06-19			990, 990-EZ, or 990-PF

Page 4

EEF BAI	LL FOUNDATION INC.			65-0785751
art III E	clusively religious, charitable, etc., contributions			
cc	om any one contributor. Complete columns (a) three mpleting Part III, enter the total of exclusively religious, chari	able, etc., contributions of \$1,000 c	entry. For organizations or less for the year. (Enter this in	Ifo. once.) > \$
U	se duplicate copies of Part III if additional spa	ce is needed.		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
Part I		., .		
<u> </u>	_			
		(e) Transfer of g	ift	
	Transferee's name, address, and 2		Polationship o	f transferor to transferee
			Relationship t	
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
	_			
		(e) Transfer of g		
		(e) Transfer of g	int int	
	Transferee's name, address, and a	2IP + 4	Relationship o	f transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
Part I		(c) Use of gift	(u)	Description of now gift is neid
		(e) Transfer of g	ift	
	Transferencia name address and		Polotionshin a	f transforar to transforas
	Transferee's name, address, and a		neiationship t	f transferor to transferee
-				
a) No.				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
a) No. from Part I	(b) Purpose of gift			Description of how gift is held
a) No. from Part I	(b) Purpose of gift	(c) Use of gift (c) Use of gift (e) Transfer of g		Description of how gift is held
a) No. from Part I	(b) Purpose of gift	(e) Transfer of g	 ift	Description of how gift is held
a) No. from Part I		(e) Transfer of g	 ift	
a) No. From Part I		(e) Transfer of g	 ift	
a) No. from Part I		(e) Transfer of g	 ift	

SCHEDULE	ΞD
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(Form 9	90)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

65-0785751

Name of the organizati				
Internal Revenue Service				
Department of the Treasury				

REEF BALL FOUNDATION INC.

1		(a) Donor advis	ed funds	(b) Funds and other accounts
	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 w	riting that the assets	held in donor advised fur	nds
-	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
Č	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	,	, , ,	Ň E E
٦a	t II Conservation Easements. Complete if the orga			
1	Purpose(s) of conservation easements held by the organization			,
•	Preservation of land for public use (for example, recreat			orically important land area
	Protection of natural habitat		Preservation of a cert	
	Preservation of open space			
。		ad apparentian contr	ibution in the form of a a	anonyotion accoment on the la
2	Complete lines 2a through 2d if the organization held a qualified and the territory of	ed conservation contr	ibution in the form of a co	Held at the End of the Tax
_	day of the tax year.			
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, c	r terminated by the orgai	nization during the tax
	year ►			
4	Number of states where property subject to conservation eas	ement is located 🕨 _		
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing conservat	ion easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and e	enforcing conservation ea	asements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?			L Yes
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
9	In Part XIII, describe how the organization reports conservation	on easements in its rev	enue and expense state	ment and
9		on easements in its rev	enue and expense state	ment and
	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnet organization's accounting for conservation easements.	on easements in its revote to the organization	renue and expense state 's financial statements th	ment and nat describes the
	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footne organization's accounting for conservation easements. TIII Organizations Maintaining Collections of	on easements in its revolute to the organization Art, Historical T	renue and expense state 's financial statements th	ment and nat describes the
° a	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footne organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	on easements in its rev ote to the organization Art, Historical T 990, Part IV, line 8.	renue and expense state o's financial statements the statements the statements the statement of the statemen	ment and hat describes the Similar Assets.
	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footne organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958	on easements in its revolute to the organization Art, Historical T 990, Part IV, line 8. 3, not to report in its re	renue and expense state a's financial statements the reasures, or Other evenue statement and ba	ment and hat describes the Similar Assets. llance sheet works
° a	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footne organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public	on easements in its revolute to the organization Art, Historical T 990, Part IV, line 8. 3, not to report in its re- lic exhibition, education	renue and expense state o's financial statements the reasures, or Other evenue statement and ba on, or research in furthera	ment and hat describes the Similar Assets. llance sheet works
Pa 1a	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footne organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publi service, provide in Part XIII the text of the footnote to its finantial of the footnote to	Art, Historical T 990, Part IV, line 8. 3, not to report in its re- cial statements that d	renue and expense state of s financial statements the reasures, or Other evenue statement and bas on, or research in further escribes these items.	ment and hat describes the Similar Assets. lance sheet works ance of public
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Sche		LL FOUNDAT						5-07			age 2
Par	t III Organizations Maintaining (Collections of A	rt, Hist	orical Tr	easures, c	or Othe	er Simila	r Asse	ts (contir	nued)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other record	ds, check	any of the	following tha	t make s	significant u	ise of its			
а	Public exhibition			oon or ovel	hange progra	m					
	Scholarly research	U			nange progra						
b		e									
C A	Preservation for future generations			الحرير والمراجع					. VIII		
4	Provide a description of the organization's c							se in Par			
5	During the year, did the organization solicit of		,		,				Yes		1
Da											
1 0	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.										
10	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
Id									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ ـــــ	1162		
D		and complete the ic	nowing t	able.					A may 10		
-	Decipning belonce						10		Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
t Oo	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII]]
Par								<u></u>			1
		(a) Current year		rior year	(c) Two year			ars hack	(a) Four	vears	hack
10	Beginning of year balance	(a) ourient year		nor year		3 Duck	(u) mice ye		(e) i oui	yours	buok
	Contributions										
0	Net investment earnings, gains, and losses										
с А	Grants or scholarships										
	Other expenditures for facilities										
e											
f	Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the cur		L co (lino 1)	a column (c)) hold as:						
	Board designated or quasi-endowment	•	، عارال) عد %	y, column (a	u) neiu as.						
a b	Permanent endowment		70								
	· · · · · · · · · · · · · · · · · · ·	%									
C	The percentages on lines 2a, 2b, and 2c sho	-									
20	1 0 / /		ation the	t ara hald a	nd adminiata	rad for t	ho organiza	tion			
Ja	Are there endowment funds not in the posse	ession of the organiz	alion ina	it are neiu a	nu aunimiste		ne organiza		Г	Yes	No
	by: (i) Unrelated organizations								22(i)	165	NU
									3a(i)		
h	(ii) Related organizations	ationa listad as requi	rod on S	abadula P2					3a(ii)		
4									3b		
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		JWITHETTET	unus.							
. a	Complete if the organization answere		0 Part IV	line 11a S	See Form 990) Part X	line 10				
	Description of property	(a) Cost or c		(b) Cost			ccumulated	4	(d) Boo	k value	
	becomption of property	basis (investr		basis			oreciation	·	(u) 000	. value	-
1a	Land		,		. ,	-1					
	Buildings										
	Leasehold improvements										
	Equipment			4	3,923.		43,25	1.		6	72.
	Other									-	0.
	Add lines 1a through 1e. (Column (d) must e		X. colum	nn (B), line 1	0c.)					6	72.
			.,					<u> </u>	D /F	- 000)	0040

Schedule D (Form 990) 2019

932052 10-02-19

Complete if the organization answered "Yes" of	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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (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	<u>5.</u>
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	

(8)		
(9)		
Total. (Colun	(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...

932053 10-02-19

(6) (7)

Sche	chedule D (Form 990) 2019 REEF BALL FOUNDATION INC.		65-0785751 _{Page} 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	_ 2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	_ 2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

11360708 751928 REEFBALL

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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 for the latest information.

EZ 2019 Open to Public Inspection Employer identification number

65-0785751

OMB No 1545-0047

REEF BALL FOUNDATION INC.

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'KMAO 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'KMAO, 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 "WE'LL BE RECORDING SPECIES THAT HAVE COME IN AND NEXT FEW YEARS. COLONIZED [THE REEF BALLS] AND WHAT SORT OF CHANGES ARE GOING ON DOWN THERE, " FRANCIS SAID.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

11360708 751928 REEFBALL

29

2019.06000 REEF BALL FOUNDATION INC. REEFBAL1

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 AROROY, MASBATE932212 09-06-19Schedule O (Form 990 or 990-EZ) (2019)303011360708 751928 REEFBALL2019.06000 REEF BALL FOUNDATION INC. REEFBAL1

Page 2

Schedule O (Form 990 or 990-EZ) (2019)	Page 2	
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 ARORO	Y TO ESTABLISH	
THE COLORADA MARINE PROTECTED AREA (CMPA) IN SITIO COLORA	DA, 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 COA	STAL COMMUNITY	
OF PORT BARERA IN AROROY, MASBATE; TO HELP AROROY'S MARIN	E RESOURCES	
RECOVER AND TO PROVIDE LIVELIHOOD OPPORTUNITIES FOR THE C	OMMUNITY IN	
PARTNERSHIP WITH THE LOCAL GOVERNMENT, COMMUNITY, AND PRI	VATE SECTOR.	
THE PROJECT SITE HAD BEEN THE SUBJECT OF HUMAN NEGLECT AN	D 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 MAR	INE PROTECTED	
AREA.		
THIS YEAR'S MONTH OF THE OCEAN'S THEME: "THE SCIENCE WE N	EED 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.	11	
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

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

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 11360708 751928 REEFBALL
 2019.06000 REEF BALL FOUNDATION INC. REEFBAL1

Schedule O (Form 990 or 990-EZ) (2019) Page 2			
Name of the organization REEF BALL FOUNDATION INC.	Employer identification number 65-0785751		
LAUNCHED A NEW WEBSITE AND PSA VIDEO ON REEF BALL. OUR W	ORKED 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" REEF BALL MODULES ARE CEMENT DOMES- HEMISPHERES-OF VARIOUS MODULES. 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 932212 09-06-19 32 11360708 751928 REEFBALL 2019.06000 REEF BALL FOUNDATION INC. REEFBAL1

65-0785751

COAST."

CONNECTICUT-STRATFORD POINT LIVING SHORELINE WITH REEF BALLS WINS

NATIONAL AWARD

11360708 751928 REEFBALL

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 SALTMARSH 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 SALTMARSH, 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 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

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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

 Schedule O (Form 990 or 990-EZ) (2019)

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 11360708 751928 REEFBALL
 2019.06000 REEF BALL FOUNDATION INC. REEFBAL1

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization REEF BALL FOUNDATION INC.	Employer identification number $65 - 0785751$
IN THE ENVIRONMENT & ENERGY CATEGORY. KATERVA'S MISSION I	S TO IDENTIFY,
EVALUATE & ACCELERATE GAME-CHANGING INNOVATION. THE KATER	VA AWARDS ARE
THE PINNACLE OF GLOBAL SUSTAINABILITY RECOGNITION. KATERV	A USES THE
POWER OF TECHNOLOGY TO ENGAGE A GLOBAL NETWORK OF EXPERTS	WHO HELP US
FIND THE MOST INTERESTING INNOVATIONS ON THE PLANET-THE B	EST IDEAS YOU
HAVE NEVER HEARD OF. WE HAVE OVER 1200 IN OUR FORMAL NETW	ORK OF
SPOTTERS AND PANELISTS AND IT GROWS DAILY. TO SCALE TO A	MUCH WIDER
COMMUNITY WE ARE DEVELOPING WEB & MOBILE PLATFORMS THAT W	ILL 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 932212 09-06-19 35 11360708 751928 REEFBALL 2019.06000 REEF BALL FOUNDATION INC. REEFBAL1

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization REEF BALL FOUNDATION INC.	Employer identification number 65-0785751
HAVE ABOUT 50 SEEDLINGS IN THE GROUND AND 500 GROWING IN	THE NURSERY.
THANKS TO TO TEACHER JESSICA WHO HAS BEEN HELPING WITH TH	E NURSERY!
PHOTO CAPTION; GOVERNOR'S OFFICE SUPPORTING JVDPS MANGRO	VE 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 PRIO	RITY 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. 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 36 11360708 751928 REEFBALL 2019.06000 REEF BALL FOUNDATION INC. REEFBAL1 Name of the organization

REEF BALL FOUNDATION INC.

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.

932212 09-06-19

11360708 751928 REEFBALL

Schedule O (Form 990 or 990-EZ) (2019)

2019.06000 REEF BALL FOUNDATION INC.

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2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C Lir o Lir n No v	De 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.
	COMPUTER EQUIPMENT - CIRCUIT CITY	10/19/05	200DB	5.00	HY17	319.				319.	319.		٥.	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.		٥.	171.
8	COMPUTER EQUIPMENT - CIT	01/18/06	200DB	5.00	HY17	267.				267.	267.		٥.	267.
9	COMPUTER GEEKS - EQUIP.	03/28/06	200DB	5.00	HY17	2,650.				2,650.	2,650.		٥.	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.		٥.	1,504.
12	COMPUTER EQUIPMENT	09/30/07	200DB	5.00	MQ17	2,205.				2,205.	2,205.		٥.	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.
	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.		٥.	281.
21	COMPUTER EQUIPMENT	05/05/09	200DB	5.00	HY17	315.			158.	157.	157.		0.	157.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

|--|

							330							
Asset No.	Description	Date Acquired	Method	Life	C Lin o No v	e 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.		٥.	454.
23	COMPUTER EQUIPMENT	07/05/09	200DB	5.00	HY17	1,000.			500.	500.	500.		٥.	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.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

orm 990-T	Exempt Or	ganization Bu	isines	s Income Ta	ax Return	OMB No. 1545-004
	For calendar year 2019 or other	(and proxy tax un	ider sec 201	tion 6033(e)) 9 SEI	> 30 2020	2019
		www.irs.gov/Form990T for				
epartment of the Treasury ternal Revenue Service		imbers on this form as it m				Open to Public Inspect 501(c)(3) Organizations
Check box if address changed	Name of organizatio	n (Check box if name	e changed a	nd see instructions.)	_ (E	mployer identification num Employees' trust, see Instructions.)
Exempt under section	Print REEF BALL	FOUNDATION	INC.			65-0785751
X 501(c)(3) 408(e) 220(e)	or Number, street, and 890 HILL	room or suite no. If a P.O. t STREET	oox, see ins	tructions.	E U (S	nrelated business activity of See instructions.)
408A 530(a) 529(a)	City or town, state o ATHENS, G	r province, country, and ZIF A 30606	or foreign	postal code		
Book value of all assets at end of year		number (See instructions.)				
	10. G Check organizatio			501(c) trust	401(a) tru	
	organization's unrelated trade	s or businesses. 🕨	1		he only (or first) unrela	
trade or business here			<u> </u>		complete Parts I-V. If m	
	lank space at the end of the p	revious sentence, complete	Parts I and	II, complete a Schedule	M for each additional ti	rade or
business, then complete		a an affiliated every average		ion controlled means		Yes X No
	the corporation a subsidiary i and identifying number of the		rent-subsid	lary controlled group?	▶∟	Yes X No
	► KATHY KIRE			Telenho	ne number 🕨 770	-752-0202
	d Trade or Business			(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sale				. ,	(/ 1	
b Less returns and allow		c Balance 🕨	► 1c			
	Schedule A, line 7)					
3 Gross profit. Subtract						
4 a Capital gain net incon	ne (attach Schedule D)					
	4797, Part II, line 17) (attach					
c Capital loss deduction	n for trusts		. 4c			
	partnership or an S corporati					
	le C)					
	ed income (Schedule E)					
	valties, and rents from a contr					
	f a section 501(c)(7), (9), or (
	vity income (Schedule I)					
	Schedule J)					_
	structions; attach schedule)			0.		
Part II Deductio	3 through 12	horo (Cas instructions				
	must be directly connect					
-	icers, directors, and trustees			-	1	4
						5
	ance					6
						7
8 Interest (attach sche	dule) (see instructions)				1	8
						9
0 Depreciation (attach	Form 4562)			20		
1 Less depreciation cla	aimed on Schedule A and else	where on return		21a	2	1b
						2
	erred compensation plans					3
4 Employee benefit pro	ograms					4
	nses (Schedule I)					5
5 Excess exempt expe	osts (Schedule J)					6
5 Excess exempt expe6 Excess readership content	lacii schedule)					8
 5 Excess exempt expe 6 Excess readership content 7 Other deductions (at 				from line 13		8 19
 Excess exempt expe Excess readership c Other deductions (at Total deductions. A 	dd lines 14 through 27	rating loss deduction. Subt	ract line 20		4	
 Excess exempt expe Excess readership cr Other deductions (at Total deductions. A Unrelated business t 	dd lines 14 through 27 axable income before net ope	rating loss deduction. Subt				
 5 Excess exempt expe 6 Excess readership c 7 Other deductions (at 8 Total deductions. A 9 Unrelated business t 0 Deduction for net op 	dd lines 14 through 27 axable income before net ope erating loss arising in tax yea	rating loss deduction. Subt rs beginning on or after Jan	uary 1, 201	8		0
 5 Excess exempt expe 6 Excess readership content 7 Other deductions (at 8 Total deductions. A 9 Unrelated business to 0 Deduction for net op (see instructions) 	dd lines 14 through 27 axable income before net ope	rating loss deduction. Subti rs beginning on or after Jan	uary 1, 201	8		0

Form 990-T (2019) REEF BALL FOUNDATION INC.

	III Total Unrelated Business Taxable Income					
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	instruct	ions)	32		0
	Amounts paid for disallowed fringes			33		
34	Charitable contributions (see instructions for limitation rules)			34		0
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line			35		
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc			36		
	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	1,0	00
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37					
ſ	enter the smaller of zero or line 37			39		0
Part	IV Tax Computation					
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		►	40		0
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on	n line 39	from:			
[Tax rate schedule or Schedule D (Form 1041)		►	41		
42	Proxy tax. See instructions			42		
43	Alternative minimum tax (trusts only)			43		
44	Tax on Noncompliant Facility Income. See instructions			44		
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45		0
Part	V Tax and Payments					
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				
	Credit for prior year minimum tax (attach Form 8801 or 8827)					
	Total credits. Add lines 46a through 46d			46e		
47	Subtract line 46e from line 45			47		0
48	Other taxes. Check if from: 🛛 Form 4255 🔄 Form 8611 🛄 Form 8697 🛄 Form 88	66 📖	Other (attach schedule)	48		
49	Total tax. Add lines 47 and 48 (see instructions)			49		0
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			50		C
51 a 1	Payments: A 2018 overpayment credited to 2019	51a				
	2019 estimated tax payments	51b				
	Tax deposited with Form 8868	51c				
	Foreign organizations: Tax paid or withheld at source (see instructions)	51d		1		
	Backup withholding (see instructions)	51e				
	Credit for small employer health insurance premiums (attach Form 8941)	51f				
	Other credits, adjustments, and payments: Form 2439					
Ĩ	Form 4136 Other Total	51g				
52	Total payments. Add lines 51a through 51g			52		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗌			53		
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			54		
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			55		
	Enter the amount of line 55 you want: Credited to 2020 estimated tax		Refunded	56		
Part		on (se				
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		,		Yes	N
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization n		-		100	<u> </u>
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	-				
	here \blacktriangleright	n orgin ot	Junay			2
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tran	eferor t	o a foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.					
	Enter the amount of tax-exempt interest received or accrued during the tax year S					
<u> 38</u>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statemen	ts, and to the best of my kno	wledge and I	belief, it is true,	
59		rer has ar	ny knowledge.			_
	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare			low the IDC di	iscuss this return	with
ign		VE	<u>הכתהמה</u>			
ign		VE	DIRECTOR tt	ne preparer sl		N
ign	Signature of officer Date EXECUTI			ne preparer sh istructions)?		N
ign ere	EXECUTI		DIRECTOR tr	ne preparer sh nstructions)? if PTIN		N
ign Iere Paid	Signature of officer Date EXECUTI Print/Type preparer's name Preparer's signature Date			if PTIN	X Yes	
ign ere Paid Prep	Signature of officer Date EXECUTI Print/Type preparer's name Preparer's signature Date G. BLISS JONES Date Date		DIRECTOR tr	ne preparer sł nstructions)? if PTIN P0(X Yes 0087087	,
ign ere Paid Prep	Signature of officer Date EXECUTI Print/Type preparer's name Preparer's signature Date G. BLISS JONES Firm's name ► JONES AND KOLB	te	DIRECTOR tr	ne preparer sł nstructions)? if PTIN P0(X Yes	,
ign Iere Paid Prep	Signature of officer Date EXECUTI Print/Type preparer's name Preparer's signature Date G. BLISS JONES Firm's name ► JONES AND KOLB 3475 PIEDMONT ROAD NE, SUITE 1	te	DIRECTOR tr ir Check self- employed	if PTIN PO(58-58-	X Yes 0087087	0
ign lere Paid Prep Jse	Signature of officer Date EXECUTI Print/Type preparer's name Preparer's signature Date G. BLISS JONES Firm's name ► JONES AND KOLB	te	DIRECTOR tr ir Check self- employed	if PTIN PO(58- (404):	X Yes 0087087	0

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	aluation 🕨 N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor				from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a			Do the rules of section				Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property	Lease	ed With Real Pro	per	ty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receive	ed or accrued				3(a) Deductions directly			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige			(attach schedule)	n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En n (A)	ter ►			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb			instru	ctions)		•			
			2	Gross income from		3. Deductions directly cor to debt-finant			
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	IS
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-final	adjusted basis Ilocable to nced property i schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column (
Totals Total dividends-received deductions in						0			0.
		U							<u> </u>

Form **990-T** (2019)

65-0785751

Page 3

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Form 990-T (2019) REEF BALL FOUNDATION INC. Schedule F - Interest, Annuities. Rovalties. and Rents From Controlled Org

65-	0	78	35	7	5	1
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Page 4

0.

Schedule F - Interest	t, Annuitie	s, Royalties, a	nd Rent	s From Co	ontroll	led Organiz	atio	1S (see ins	truction	s)
			Exempt (Controlled O	rganizat	ions				
1. Name of controlled organ	1. Name of controlled organization		3. Net unrelated income (loss) (see instructions) 4. T		4. To pay	payments made		5. Part of column 4 that is included in the controlling organization's gross incon		6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Orga	anizations									
7. Taxable Income		unrelated income (loss) see instructions)	9. Total	of specified pay made	ments	10. Part of colu in the controlli gross	mn 9 tha ing orgar income	nization's		ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colun Enter here and line 8, c		e 1, Part I,	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals					►			Ο.		0.
Schedule G - Investr	nent Inco Istructions)	me of a Section	n 501(c)(7), (9), or	(17) O	rganizatior	1			
1	escription of inco	me		2 Amount of	income	3. Deductio		4. Set-	asides	5. Total deductions

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

►

Totals

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

(000			-	-	-	-
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)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals 🕒 🕨	0.	0.				0.
Schedule J - Advertisi	ng Income (see i	nstructions)				

0.

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)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

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Form 990-T (2019) REEF BALL FOUNDATION INC. Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

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)						
Totals from Part I 📃 🕨 🕨	0.	0.				0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) 🕨	0.	0.				0
Schedule K - Compensatio	n of Officers,	Directors, and	d Trustees (see in:	structions)		
1. Name			2. Title	3. Percent time devote busines	ed to to	mpensation attributable unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II, li	ine 14	·		•		0

Form 990-T (2019)

11360708 751928 REEFBALL

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(Rev. January 2020)

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 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*.

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.

Type or	Name of exempt organization or other filer, see instructions.				Taxpayer identification number (TIN)		
print	REEF BALL FOUNDATION INC.				65-0785751		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se 890 HILL STREET	1					
return. See instructions.	City, town or post office, state, and ZIP code. For a for ATHENS, GA 30606	reign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			01	
Applicati	on	Return	Application			Return	
ls For		Code Is For				Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (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						
	poks are in the care of ▶ <u>890 HILL STREET</u>	' - A'	THENS, GA 30606				
Teleph	none No. 770-752-0202		Fax No. 🕨				
 If the c 	organization does not have an office or place of business	in the Ur	nited States, check this box				
 If this i 	is for a Group Return, enter the organization's four digit G	aroup Exe	emption Number (GEN)	If this is fo	r the whole group,	check this	
box 🕨 [\square . If it is for part of the group, check this box \blacktriangleright	and atta	ch a list with the names and TINs o	f all memb	ers the extension i	s for.	
the ▶[▶[quest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or X tax year beginning OCT 1 , 2019 ne tax year entered in line 1 is for less than 12 months, ch Change in accounting period	inization's	s return for: d ending <u>SEP 30, 2020</u>		npt organization ret n	um for	
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less				
any	nonrefundable credits. See instructions.			3a	\$	0.	
b If th	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				•		
esti	imated tax payments made. Include any prior year overpa	ayment a	llowed as a credit.	3b	\$	0.	
c Bal	ance due. Subtract line 3b from line 3a. Include your pay	/ment wit	h this form, if required, by			-	
usir	using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$				0.		
	If you are going to make an electronic funds withdrawal (direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 8879-EO f		
Caution: instructio	ns.					or payment	

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(Rev. January 2020)

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 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*.

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.

Type or	Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)		
print	REEF BALL FOUNDATION INC.			65-0785751		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se 890 HILL STREET	1				
return. See instructions.	City, town or post office, state, and ZIP code. For a for ATHENS, GA 30606	reign add	lress, see instructions.			
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			07
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (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					
	ooks are in the care of ► <u>890 HILL STREET</u>	' - A'	THENS, GA 30606			
Teleph	one No.▶ 770-752-0202		Fax No. 🕨			
 If the c 	organization does not have an office or place of business	in the Ur	nited States, check this box		Þ	
 If this i 	s for a Group Return, enter the organization's four digit G	Group Exe	emption Number (GEN) I	If this is fo	r the whole group,	check this
box 🕨 🛛	\square . If it is for part of the group, check this box \blacktriangleright	and atta	ch a list with the names and TINs of	f all memb	ers the extension i	s for.
the ▶[▶[quest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or X tax year beginning OCT 1 , 2019 te tax year entered in line 1 is for less than 12 months, ch Change in accounting period	anization's	s return for: d ending <u>SEP 30, 2020</u>		npt organization ref	turn for
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less			
any	nonrefundable credits. See instructions.			3a	\$	0.
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069,	enter an	y refundable credits and			
esti	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b				0.	
c Bal	ance due. Subtract line 3b from line 3a. Include your pay	yment wit	h this form, if required, by			
usir	using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$					0.
Caution: instruction	If you are going to make an electronic funds withdrawal (ns.	(direct de	bit) with this Form 8868, see Form 8	3453-EO ai	nd Form 8879-EO 1	or payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice, s MAIL TO: DEPARTMENT INTERNAL R OGDEN, UT	OF '	THE TREASURY JE SERVICE CENTER		Form 8868 (F	Rev. 1-2020

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

Page 1

Amended	Amended due to IRS Audit	Address Chang	ge UET Annualization Exce	eption	attached				
For the taxable	e year beginning	10	/01/2019 and ending		9/30/2				
Name of Orgar	nization	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 BAL	L FOUNDATION INC.				ion 501 (a), ir 5 – 0 7 8 5 '		ification number.)		
Number and S	treet	Number and Street							
890 HILL	STREET			ΝΔΙ	CS Code	Date of current	IRS code		
City or Town		City or Town			00 0000	exemption letter.			
ATHENS							are exempt.		
State GA	ZIP Code 30606	State	ZIP Code	-					
GA	Georgia Unrelated Bus	 vinoss Taxabla I			1	SCHEDULE 1			
	Georgia Onrelated Bus		licome			SONEDOLL I			
1. Unrelated	business taxable income from Fed	eral Form 990-T (a	ttach copy)	1.			0		
2. Additions				2.					
3. Total (add Line 1 and Line 2)			3.						
4. Subtractions				4.					
5. Adjusted unrelated business taxable income (Line 3 less Line 4)			5.						
6. Income allocated everywhere			6.						
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6)				7.					
8. Apportionment ratio (Attach Computation Schedule)				8.			1.000000		
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8)				9.			0.		
10. Income allocated to Georgia (Attach Schedule)				10.					
11. Total of Lines 9 and 10			11.						
, v	et operating loss deduction (Attach	, (12.					
13. Georgia unrelated business taxable income (Line 11 less Line 12)				13.					

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Georgia Form 600-T Page 2



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		
Estimated Tax Refunded		

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.

Signature of Officer EXECUTIVE DIRECTO		Signature of Individual or Firm Preparing Return
		P00087087 Employee ID or Social Security Number
		945982 12-11-19
1360708 7519	28 REEFBALL	2 2019.06000 REEF BALL FOUNDATION INC.

REEFBAL1

Page 3



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 th		
11. Credit Used this tax year		
12. Potential carryover to next tax year (Line 10 less Line 1		

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