	•	-'-	-	I						93F9	40	810 OMB	a 9 No 1545-0047			
I	orm	.99	0 .	Return	of Org	anization E	xempt	From Incor	ne T	ax			2018			
•		f +	* *	Under section 501(c)	, 527, or 49	47(a)(1) of the Int	ernal Reve	nue Code (excep	ot priva	ate founda	tions)					
	•		e Treasury			ecurity numbers						I -	n to Public			
	Internal Revenue Service											Inspection . 20				
i		eck if ap		C Name of organization REEF		MENTAL EDUC	ATION F		lung			<u>_</u>	identification no			
	٦.	dress ch		Doing business as								65-0270				
إ	Na	me chan	ge	Number and street (or P O box	of mail is not de	elivered to street address	s)		Room	/suite	E	Telephone	number			
Ļ	Ξ,	Initial return		PO BOX 0246			_				_	(305)85				
Ļ	₹ .	al return nended re	/terminated	City or town, state or province, Key Largo, FL 3	•				ľ	G Gross receipts \$ 1,741,658						
į	7	plication	-	F Name and address of principal									Yes X No			
1-		15 CENTER MEETING RD,, Wilmington, DE 19807-1301 H(b) Are all subordinates								included?	Yes No					
<u> </u>		x-exempl		501(c)(3)) (insert no	4947(a)(1)	or 5	27				list (see instri	uctions)			
y :		ebsite I		REEF.ORG	ociation 0	Other ▶	1	Year of formation 1	991	M State			FL			
j	Part	- 1	Summary		ciation c	Juliei P		Year or iorniation 1	991	III State	or regar	domicile	<u> </u>			
				e the organization's missi	on or most s	significant activities	COND	UCT UNDERWA	TER S	SURVEYS	то	COLLECT	DATA ON			
	e.	Ī	FISH & RE	EF CONDITIONS, P	ROMOTE E	ENVIORNMENTA	L PROTE	CTION AND A	WAREN	ESS THE	ROUG	H NEWSL	ETTER &			
	Janc	Į	PUBLIC AC	TIVITIES.												
	Activities & Governance	2	Check this box	x ▶ ☐ if the organization	discontinue	d its operations or	disposed o	of more than 25%	of its ne	et assets						
	ž Čć	l		ting members of the gove		•					3	<u></u>	12			
	es 6	4 1	Number of inc	dependent voting members	of the gove	erning body (Part \	/I, line 1b)				4		11			
	tiviti	l		of individuals employed in	-	ear 2018 (Part V, III	ne 2a)				5		10			
	Ac	6 7a	lotal number Total unrelate	of volunteers (estimate if r d business revenue from f	ecessary)	iran (Claine 12		· · · · · · · · · · · · · · ·			6 7a		100			
		, a b 1	Net unrelated	business taxable income	from Form 9	RECE	IVED				7b					
						12				Pnor Year		Curr	ent Year			
7				and grants (Part VIII, line		MAY 2	2019	. 13 · · · ·			, 998		735,465			
•	anue	9 [Program serv	ice revenue (Part VIII, line	2g)			⋽≝⊦⋯⋯⊦		745	,794		1,005,853			
	Revenue	10 11 (invesiment ind Other revenue	come (Part VIII, column (A e (Part VIII, column (A), lin	.), iines 3, 4, es 5 6d 8c	OGDE	N, UT	<u>∵</u> · · · ·		17	171 ,360		274 66			
		1		- add lines 8 through 11 (i	,,,	, , , , , , , , , , , , , , , , , , , ,				1,461			1,741,658			
		13 (Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)								0				
)	•	to or for members (Part IX		•				453	443		0			
	ses			r compensation, employee undraising fees (Part IX, o			(1198 5-10)			453	,443		680,214			
	Expenses	1		ing expenses (Part IX, col			၂ပ္တ	316,970								
	Exj			es (Part IX, column (A), lin			Ö			200	,841		1,058,813			
		18	Total expense	s Add lines 13-17 (must	(4) Part I	X, column (A), line	程	[, 284		1,739,027			
		19 1	Revenue less	expenses Subtract line	B from tine	DEN, UT					,039		2,631			
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)					Beginnii	ng of Current 1,370			1,950,124			
	Assed Bal		,	s (Part X, line 26)							, <u>130</u> , 275		578,573			
,			Net assets or	fund balances Subtract	ine 21 from	line 20	<u></u>	<u> [</u>		1,215			1,371,551			
	Part		Signatur				ad statements	and to the heat of my								
	true, co	orrect, an	id complete Deci	are that I have examined this return aration of preparer (other than offi	per) is based on	all information of which	preparer has	any knowledge		e and beller, it	is					
		h		aide (1.5	hur	nwas						5/15	-/15			
	Sign	17	Signature	of officer		0					Date					
	Here	•			TIVE DIF	RECTOR										
				rint name and title	Organizate sugr	natura		Date		Check	,, ,					
	Paid		Print/Type prep	arers name	Preparer's sign	nature		05-14-2019		self-employe	- 1	P0036	1139			
		arer	Firm's name		Forensi	ic Group, In			Firm's	EIN ►						
	Use	Only	Firm's address	▶ 2610 Mar	ina Bay	Dr. E-Suite	505		Phone	no		· <u></u>	_			
	Mc "		docus : "			FL 33312	 -		<u> </u>				(as []]			
		the IRS discuss this return with the preparer shown above? (see instructions)									<u>rm 900 (2019)</u>					
	EEA	ahei W(ork ivenaciio	n act House, see the Se	ai ate ili SU	uctivia.						FO.	rm 990 (2018)			
												(914			
													′ (

Form	,990 (2018) REEF ENVIRONMENTAL EDUCATION FDN	65-0270064	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u> </u>
1	Briefly describe the organization's mission		
	CONDUCT UNDERWATER SURVEYS TO COLLECT DATA ON FISH & REEF CONDITIONS, PROMOTE	ENVIORNME	NTAL
	PROTECTION AND AWARENESS THROUGH NEWSLETTER & PUBLIC ACTIVITIES.		
٠		7	
2	Did the organization undertake any significant program services during the year which were not listed on the	п.,	□
	prior Form 990 or 990-EZ?	∐ Yes	IX No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ v	₩.
		L	[X] NO
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured	by	
4	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported	C13,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 1,409,177 including grants of \$) (Revenue	\$)
	REEF & FISH MONITORING, PROMOTE ENVIORNMENTAL PROTECTION AND AWARENESS THROUG		ERS,
	WEBSITE AND PUBLIC ACTIVITIES.		
		_	
		_	
			
	(Code) (Expenses \$ including grants of \$) (Revenue	<u>_</u>	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	σ	
		·	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		_	
			
			-
4d	Other program services (Describe in Schedule O)		
4u	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ► 1,409,177		
EEA		For	m 990 (2018)



Part IV Checklist of Required Schedules

Pai	rt IV Checklist of Required Schedules	<u> </u>		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	. 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	Х	
3	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	. 3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	+	
7				v
٠.	election in effect during the tax year? If "Yes," complete Schedule C Part II	. 4	 	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1 _	1	.,
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	. 5	┼	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If]]	
	"Yes," complete Schedule D, Part I	. 6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes."			
	complete Schedule D. Part III	. 8		Х
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	- {	1 1	l
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9	!	X
40	·	`	 	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	100]	v
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	. 10	+	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		!	
	VII, VIII, IX, or X as applicable		.	<u> </u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes."	Ì		
	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		!	1
	of its total assets reported in Part X, line 16? If "Yes " complete Schedule D, Part VII	. 11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes " complete Schedule D, Part VIII	. 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 IX	. 11d	!	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes " complete Schedule D, Part X		 	Х
f		1	+ - 1	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	115	1 1	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes" complete	·	 	<u> </u>
12a		. 12a	!	X
	Schedule D, Parts XI and XII	· 12a	+	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		
	"Yes," and if the organization answered "No" to line 12a then completing Schedule D. Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			l
	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts I and IV	. 14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F. Parts II and IV	. 15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	·	+	
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I (see instructions)	. 17		Х
10		· '' -	+	-43
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
4-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	+	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	-	 	<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20b	$\perp \perp \perp$	
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 IL	. 21		<u>X</u>
REA		Form	990 (2	018)

	The state of the s		T	т—
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	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	-23		1.
244	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	Ì		1
•	through 24d and complete Schedule K If "No " go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	1
c	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		
ď	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		1	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	ļ		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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,			1 2 1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	100		, (j. 3
а	A current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L. Part IV	_28a		Х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	_28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		•	١,,
	was an officer, director, trustee, or direct or indirect owner? If "Yes " complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
24	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		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
22	complete Schedule N, Part II	32		
33	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,			-12
34	or IV. and Part V, line 1	34	ĺ	Х
35a	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 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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		,	
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and]:
	reportable gaming (gambling) winnings to prize winners?	1c	X	
EEA		Form	990 (2018)

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	1		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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
. 4a	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	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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
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).			
a	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
b	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_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued duning the year			
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			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which		J	
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44=	-	37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in 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			3.7
	excess parachute payment(s) dunng the year	15		_X
16	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O			

Page 6

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

_	ı	

Sec	tion A. Governing Body and Management				
	Take the second at a second at the second at the second of the tension	10	ı	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	12	 		
-	If there are material differences in voting rights among members of the governing body, or		;		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O	• •			
b	Enter the number of voting members included in line 1a, above, who are independent	11	<u></u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v	
_	any other officer, director, trustee, or key employee?	• • • • •	_2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct				3.7
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5	7.	<u>X</u>
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-			
	one or more members of the governing body?		7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following				L _
а	The governing body?		8a	X	
b	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 reached at				
	the organization's mailing address? If "Yes." provide the names and addresses in Schedule O	<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	!	10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	!	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	1?	11a	X	ļ
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990				d
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confli	cts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	_X_	
14	Did the organization have a written document retention and destruction policy?	!	14	_X_	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				الــــــــــــــــــــــــــــــــــــ
а	The organization's CEO, Executive Director, or top management official		15a		_X_
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		ŀ		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				!
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		ŀ		١,
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		_		,
	organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Florida				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 50)1(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and			
	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books and records	>			
	CAROLY SHUMWAY (305)852-0030, 98300 OVERSEAS HWY, Key Largo, FL 33037				

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	3941	1/(//////	

organization's tax year

REEF ENVIRONMENTAL EDUCATION FDN

65-0270064

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box in heither the organization nor any re	Jacob Organizacio	1 00,	,		C)	<u> </u>	l l l l l l l l l l l l l l l l l l l		
(A)	(B)		Position				(D)	(E)	(F)
رم) Name and Title	Average	,			ore than on son is both		Reportable	Reportable	(F) Estimated
Haine die Hile	hours per week (list any				ector/truste		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	Institutional trustee Individual trustee or director		Officer	Highest compensated employee Key eniployee Key eniployee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAUL HUMANN	4.00				\dashv	+	<u> </u>		
PRESIDENT		X		X		<u> </u>		0	0
(2) ANDY DEHART	1.00								
DIRECTOR		Χ		_		_		0_	0
(3) MARY "MEL" MCCOMBIE DIRECTOR	<u>1.00</u>	х						0	0
(4) ANNA DELOACH DIRECTOR	1.00	х						0	0
(5) MARTY SNYDERMAN DIRECTOR	1.00	Х						0	0
(6) PETER HUGHES	1.00	7,		+		+			
DIRECTOR		X						o	o
(7) ALEXANDER ALEXIOU DIRECTOR	1.00_	х						0	0
(8) ROBERT RAMIN	1.00			7	+-	1			
DIRECTOR		Х			_		<u></u>	0	0
(9) HARRIS FRIEDBERG DIRECTOR	1.00_	Х						0	0
(10)JANET CAMP	1.00			7		\top			
DIRECTOR		Х		_		\perp	c	0	0
(11) JAMES DALLE PAZZE ESO TREASURER	4.00_			Х				0	0
(12)CHRISTY SEMMENS	40.00			х			72 200	0	0
OFFICER (13)MARTHA KLITZKIE	40.00		\vdash	^		+	73,208		
OFFICER				Х		L	38,981	О	0
(14) JOHN AKINS	40.00			Х			53,354		0
OFFICER EEA				Δ			33,354		0 Form 990 (2018)

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	(A) Name and title	(B) Average hours per week (list any	box, u office	ınless r and	perso a dire	ion re tha on is t	an one ooth an rustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual (rustee or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	on	npensation from the ganization nd related ganization	n d
	ROLY SHUMWAY ECUTIVE DIRECTOR						Х		34,712	0			0
<u>(16)</u>													
<u>(17)</u>									1 1				
(18)							-						
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)							_			-	_		
(24)			·							-			
(25)									· · · · · · · · · · · · · · · · · · ·				
1b c	Sub-total							-	· · ·				
d	Total (add lines 1b and 1c)							•	200,255	0			0
2	Total number of individuals (including but not limited reportable compensation from the organization	d to those list	ed abo	ve) v	who	rece	eived	more	than \$100,000 of	. 0			
												Yes	No
3	Did the organization list any former officer, director employee on line 1a? <i>If</i> "Yes." <i>complete Schedule</i>										3		
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater than					ete .	Sche	dule	J for such				
5	Individual					ted	 orgar	 nzati	on or individual		4		X
	for services rendered to the organization? If "Yes,"									<u> </u>	5		X
	on B. Independent Contractors								# #100 000	-5			
1	Complete this table for your five highest compensate compensation from the organization. Report compenses												
	(A) Name and business address								(B) Description of			(C) pensation	
	Traine and passings address			-					2 ccampion of				
						_							
	·								1				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded from tax under sections 512-514 Related or Total revenue Unrelated exempt function business revenue Federated campaigns 1a ons, Gifts, Grants Similar Amounts Membership dues 1b c Fundraising events 1c d Related organizations 1d Contributions, and Other Sim Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 735,465 g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 735,465 **Business Code** Revenue 2a REEF TRIP INCOME 900099 837,935 837,935 b SPECIAL PROJECTS 900099 25,307 25,307 Program Service c EDUCATION & OUTREACH 900099 129,415 129,415 d INTERN RENT INCOME 900099 13,196 13,196 f All other program service revenue 1,005,853 Investment income (including dividends, interest, and other similar amounts) ▶ 274 274 Income from investment of tax-exempt bond proceeds (ı) Real (II) Personal 6a Gross rents b Less rental expenses c Rental income or (loss) . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a **b** Less direct expenses b c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 a **b** Less direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances a **b** Less cost of goods sold b c Net income or (loss) from sales of inventory . . Miscellaneous Revenue **Business Code** 11a Sales Tax Collection 900099 66 66 b d All other revenue e Total. Add lines 11a-11d 66 12 Total revenue. See instructions 1,741,658 1,006,193

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII expenses general expenses expenses 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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 360,447 73,693 85,499 201,255 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 240,913 159,731 81,182 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 5,500 44,483 38,983 10 34,371 29,559 3,093 1,719 Fees for services (non-employees) 10,844 10,844 C 10,138 10,138 d Lobbying Professional fundraising services See Part IV, line 17 . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 16,244 14,700 1,544 13 29,317 11,909 2,638 14,770 14 6,015 6,015 15 16 56,914 48,946 5,122 2,846 17 107,490 107,490 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,924 1,924 20 2,400 2,400 21 22 Depreciation, depletion, and amortization 23 11,990 10,311 1,079 600 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) BOAT CHAPTERS/ACCOMODATION 430,613 430,613 b CONTRACT LABOR 69,365 69,365 BANK FEES 24,348 24,348 d BOAT CHARTERS/DIVING 29,418 29,418 All other expenses 251,793 216,542 27,697 7,554 Total functional expenses. Add lines 1 through 24e 25 1,739,027 1,273,547 148,510 316,970 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 following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 500,636 1 768,962 2 268,972 2 3 3 4 12,140 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Assets 8 8,741 8 9 Prepaid expenses and deferred charges 968 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 138,101 588,284 10c 1,169,022 11 11 Investments - other securities See Part IV, line 11 12 12 13 13 14 14 15 2,829 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,370,430 16 1,950,124 17 28,850 17 578,573 18 18 19 66,425 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 60,000 231 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 Total liabilities. Add lines 17 through 25 26 155,275 578,573 Organizations that follow SFAS 117 (ASC 958), check here 🕨 💹 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 697,625 1,371,551 28 517,530 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 📙 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 1,215,155 33 1,371,551 Total liabilities and net assets/fund balances 34 1,370,430 1,950,124

		55 <u>-02700</u>	64	P	age 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	1,	741,	658		
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,	739,	027		
3	Revenue less expenses Subtract line 2 from line 1	. 3		2,631			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	215,			
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 in Schedule O)	9			0		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	. 10	1,:	217,	786		
Pa	rt XII Financial Statements and Reporting	<u></u>					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			. 🗌		
	•			Yes	No		
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		ŀ				
	Schedule O ,						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both		Ī	,			
	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						
	separate basis, consolidated basis, or both		ľ				
	Separate basis Consolidated basis Both consolidated and separate basis			-	<u> </u>		
, C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight						
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in	•	-	- •			
	Schedule O .						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?		. 3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				
EEA			Form	990 (2018)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2018

Open to Public Inspection

OMB No 1545-0047

Name of the organization

MUTDONMENTAL PRICATION FON

Employer identification number

REE	FE	NVIRONMENTAL EDUCATION F	DN				65-02700	64				
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must c	omplete	this part	t.) See instruction	<u>n</u> s				
The	orgai	nization is not a private foundation bec	ause it is (For lines	s 1 through 12, check onl	y one box)		1	,			
1		A church, convention of churches, or	association of chu	irches described in sect	ion 170(b)(1)(A)(i).	,	~				
2	П	A school described in section 170(b)(1)(A)(ii), (Attach	Schedule E (Form 990 o	or 990-EZ))	f.	1 1				
3	Ī	A hospital or a cooperative hospital s					\	/ 1				
4	Ħ	A medical research organization ope	_			,, ,)(1)(A)(iii) Enter the					
•		hospital's name, city, and state	rated in conjunctio	iii wilii a nospital desene	ca iii seci	מוסוו ווסוב	() () () (inj. Linci tile					
_	П	· · · · · · · · · · · · · · · · · · ·	Stafa sallass sa.									
5	Ш	An organization operated for the bene		university owned or opera	ated by a c	jovernmen	nai uniit described in					
		section 170(b)(1)(A)(iv). (Complete										
6		A federal, state, or local government										
7	X	An organization that normally receive	s a substantial part	of its support from a gov	vernmental	unit or fro	m the general public					
		described in section 170(b)(1)(A)(vi). (Complete Part I	1)								
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II)								
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university or a non-land-grant colle	ge of agriculture (s	see instructions) Enter th	e name, ci	ty, and stat	te of the college or	-				
		university		,		•	Ū					
10	\Box	An organization that normally receive	s (1) more than 33	3 1/3% of its support from		ons memb	pership fees, and gros					
		receipts from activities related to its e	• •	• •		•	, ,					
		support from gross investment income	-	-	•							
		acquired by the organization after Ju		•		,	iioiii busiilesses					
44		, ,		, ,, , ,	•	•						
11	H	An organization organized and opera										
12	Ш	An organization organized and opera	· ·	·								
		of one or more publicly supported org	•	, ,, ,			,	. ,				
		Check the box in lines 12a through 12	2d that describes th	e type of supporting org	anızatıon a	nd comple	te lines 12e, 12f, and	12g				
	а		n operated, superv	ised, or controlled by its	supported	l organızat	lion(s), typically by gi	ving				
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the c	lirectors or	trustees of the					
		supporting organization You mu	ist complete Part	IV, Sections A and B.								
	ь	Type II. A supporting organization	n supervised or co	entrolled in connection w	ith its supp	orted orga	anızatıon(s), by havın	g				
		control or management of the sup	porting organization	on vested in the same pe	rsons that	control or r	manage the supporte	d				
		organization(s) You must comp	olete Part IV. Sect	ions A and C.								
	С	Type III functionally integrated			nection w	ith and fu	nctionally integrated	with				
	_	its supported organization(s) (see		· ·			• •	,				
	d	Type III non-functionally integr	•					uon(e)				
	u						•	• •				
		that is not functionally integrated		·		-	it and an attenuvenes	5				
	_	requirement (see instructions) Y	·				T 11 T 111					
	е	Check this box if the organization				sa Type I,	Type II, Type III					
	_	functionally integrated, or Type III	-					1				
	f	Enter the number of supported organ						• • • • •				
	g	Provide the following information about	ut the supported or	ganization(s)	1		1					
	(1)	Name of supported organization	(II) EIN	(III) Type of organization	(IV) Is the o	-	(v) Amount of monetary	(vi) Amou				
				(described on lines 1-10 above (see instructions))	docum	ir governing lent?	support (see instructions)	other suppo				
		;		,		,	,		,			
				41.42	Yes	No						
/A\												
(A)												
		-										
(B)					}							
			_				-					
(C)												
(D)												
						 			 			
(E)												
Tota			-			t I	-					
Tota	1					L						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	485,720	558,609	398,356	697,998	735 <u>,4</u> 65	2,876,148
2	Tax revenues levied for the organization'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	485,720	558,609	398,356	697,998	735,465	2,876,148
5	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						2,876,148
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 .	Amounts from line 4	485,720	558,609	398,356	697,998	735,465	2,876,148
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,217	141	1 247	1 7 1	1 024	F 900
	Similar Sources	2,21/	141	1,347	171	1,924	5,800
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)	37	53	932	355	274	1,651
11	Total support. Add lines 7 through 10 .	'					2,883,599
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	·					▶□
	tion C. Computation of Public Su			\\\		44	22 74 2/
14	Public support percentage for 2018 (line 6, c	• •	•	•	ŀ		99.74 %
15 16a	Public support percentage from 2017 Sched 33 1/3% support test - 2018. If the organizer				,		0.47 %
IUa	box and stop here . The organization qualif			-	•		▶ 🏻
b	33 1/3% support test - 2017. If the organiz	• •					· · · · · • • • • • • • • • • • • • • •
U	this box and stop here. The organization q						⊾ □
17a	10%-facts-and-circumstances test - 2018		· -				
IIa	10% or more, and if the organization meets	=					
	Part VI how the organization meets the "fact						
	organization		•				▶ □
b	10%-facts-and-circumstances test - 2017						
J	15 is 10% or more, and if the organization r						
	Explain in Part VI how the organization mee				-	lv	
	supported organization				•	•	▶ □
18	Private foundation. If the organization did						
	instructions						▶ □
			 <u></u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if ydu checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization falls to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning ih) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fe received (Do not include any "unusual grants" Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . Total Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2014 (d) 2017 Calendar year (or fiscal year beginning in) (b)/2015 (c) 2016 (e) 2018 (f) | otal Amounts from line 6 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 c 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)........ First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 201/8 (line 8, column (f), divided by line 13, column (f)). 15 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) . Investment income percentage from 2017 Schedule A, Part III, line 1.7 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 36 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. . b 33 1/3% support yests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not move than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. . Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

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. A	All Supp	porting	Organizations
--------------	----------	---------	---------------

	tion A. All Supporting Organizations			
4	Are all of the average trade averaged average between both discussions the average trade average.		Yes	No
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			
3	class or purpose describe the designation. If historic and continuing relationship, explain	1		
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			
2-	organization was described in section 509(a)(1) or (2)	2		
зa	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u> </u>		
	(b) and (c) below	3a		
Ь	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	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	, , , , , , , , , , , , , , , , , , ,			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		L
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	4b		<u> </u>
С	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	4c		
эа	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).	5a		
D	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?	5b		
C	, , , , , , , , , , , , , , , , , , , ,	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		İ	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	i i		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
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			
	· · · · · · · · · · · · · · · · · · ·			
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
0	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)	-		
0-	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
за				
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))(2) If "Yes," provide detail in Part VI			
h	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a		
Ŋ	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	9b		
С	, , , , , , , , , , , , , , , , , , ,	-		—
۱۸-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9с		
va	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	100		

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)

Pa	rt IV Supporting Organizations (continued)			
	•		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		
				i
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 carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			Ī
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	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	I		1
	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 efficient directors, or trustoes outher (i) appointed or elected by the cupported			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	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	í l		•
	significant voice in the organization's investment policies and in directing the use of the organization's	.		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 year (see in	struct	ions)	
а	The organization satisfied the Activities Test. Complete line 2 below			
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see in	ĭ	
2	Activities Test Answer (a) and (b) below.		Yes	<u>No</u>
а				}
	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			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	,		ł
	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.			ļ
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organiz	ations			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI) See		
, instructions. All other Type III non-functionally integrated supporting organ	nizations	s must complete Section	ns A through E.		
Section À - Adjusted Net Income (A) Prior Year					
1 Net short-term capital gain	1		_		
2 Recoveries of pnor-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				
Section 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).		•			
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e 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				
6 Multiply line 5 by 035	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section 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				
4 Enter greater of line 2 or line 3	4				
5 Income tax imposed in prior year	5				
6 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	ly integr	ated Type III supporting	organization (see		

instructions)

Pai	t v Type III Non-Functionally integrated 509(a)(3) Supporting Organia	zations (continuea)	
Sec	Current Year			
1_	Amounts paid to supported organizations to accomplish exem	npt purposes		·
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purposes	-		
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 organization is respons	sive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
	Instructions			
	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014		_	•
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years	4		
	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4				
	Section D, line 7 \$			· · · · · · · · · · · · · · · · · · ·
	Applied to underdistributions of prior years			- · · · · · · · · · · · · · · · · · · ·
	Applied to 2018 distributable amount			· · · · · · · · · · · · · · · · · · ·
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2019 Add lines 3j			
	and 4c			
8	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018	1		

Page 8 17b, Part Section 1c, 2a, 2b, Section E,	
•	

Schedule A (Form	rm 990 or 990-EZ) 2018	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b	
•	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Sec	
•	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c,	2a, 2b,
•		ction E,
	lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	
·		
	,	
	-	•
•		
•		
	·	
		

SCHEDULE D

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.

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Open to

2018

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization 65-0270064 REEF ENVIRONMENTAL EDUCATION FDN Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 1 2 Aggregate value of contributions to (duning year) . 3 Aggregate value of grants from (during year) . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 🗌 Yes 🗍 No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		211,475		211,475
b	Buildings		373,671	63,449	310,222
С	Leasehold improvements		12,447	5,876	6,571
d	Equipment		125,019	68,776	56,243
е	Other		584,511		584,511
Tota	I. Add lines 1a through 1e (Column (d) must equal Fo	orm 990, Part X, column	(B), line 10c)		1,169,022

	(a) Description of security or category	(b) Book value	IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation
	(including name of security)		Cost or end-of-year market value
	derivatives		
	neld equity interests	• • • •	
3) Other			
(A)			
(B) (C)	 		
(D)			
(E)			
(F)			
(G)			
(H)			
otal (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments - Program Relate		
	Complete if the organization an	swered "Yes" on Form 990, Part	IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
_ (0) (7)	t		
(8)			*
(9)	-		
otal (Column (b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>
Part IX	Other Assets.		
	Other Assets.	swered "Yes" on Form 990, Part	IV, line 11d. See Form 990, Part X, line 15
Part IX	Other Assets.	swered "Yes" on Form 990, Part	
Part IX	Other Assets.		IV, line 11d. See Form 990, Part X, line 15
(1) (2)	Other Assets.		IV, line 11d. See Form 990, Part X, line 15
(1) (2) (3)	Other Assets.		IV, line 11d. See Form 990, Part X, line 15
(1) (2) (3) (4)	Other Assets.		IV, line 11d. See Form 990, Part X, line 15
(1) (2) (3) (4) (5)	Other Assets.		IV, line 11d. See Form 990, Part X, line 15
(1) (2) (3) (4) (5) (6)	Other Assets.		IV, line 11d. See Form 990, Part X, line 15
(1) (2) (3) (4) (5) (6) (7)	Other Assets.		IV, line 11d. See Form 990, Part X, line 15
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.		IV, line 11d. See Form 990, Part X, line 15
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization an	(a) Description	IV, line 11d. See Form 990, Part X, line 15
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization an mn (b) must equal Form 990, Part X, col. (E Other Liabilities.	(a) Description B) line 15)	IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization an mn (b) must equal Form 990, Part X, col. (E Other Liabilities. Complete if the organization an	(a) Description B) line 15)	IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization an mn (b) must equal Form 990, Part X, col. (E Other Liabilities.	(a) Description B) line 15)	IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization an mn (b) must equal Form 990, Part X, col. (E Other Liabilities. Complete if the organization an	(a) Description B) line 15)	IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization an mn (b) must equal Form 990, Part X, col. (E Other Liabilities. Complete if the organization an line 25	(a) Description B) line 15)	IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization an mn (b) must equal Form 990, Part X, col. (E Other Liabilities. Complete if the organization an line 25 (a) Description of liability	(a) Description B) line 15)	IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X) (1) Federa (2) (3)	Other Assets. Complete if the organization an mn (b) must equal Form 990, Part X, col. (E Other Liabilities. Complete if the organization an line 25 (a) Description of liability	(a) Description B) line 15)	IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X) 1. (1) Federa (2) (3) (4)	Other Assets. Complete if the organization an mn (b) must equal Form 990, Part X, col. (E Other Liabilities. Complete if the organization an line 25 (a) Description of liability	(a) Description B) line 15)	IV, line 11d. See Form 990, Part X, line 15 (b) Book value
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

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

REEF ENVIRONMENTAL EDUCATION FDN	65-0270064
01. Officer, directors, etc. family relationship (Part VI, line 2)	
OFFICER NED DELOACH AND DIRECTOR ANNA DELOACH ARE SPOUSES.	
OFFICER NEW DEBOACH AND DIRECTOR ANNA DEBOACH ARE STOODES.	
02. Members or stockholder classes and rights (Part VI, line 6)	
MEMBERS ARE MEMBERS OF PUBLIC THAT SIGN-UP FOR MEMBERSHIP.	
MEMBERS ARE MEMBERS OF FUBBLE THAT STOR OF FOR MEMBERSHITT.	
THERE IS NO RESTRICTION OR REQUIREMENT FOR MEMBERSHIP.	
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03. Form 990 governing body review (Part VI, line 11)	
03. 101m 330 governing body 10120. (11110 11, 1=110 12,	
RETURN IS REVIEWED BY THE BOARD AND KEY EMPLOYEES AT THE ANNUAL MEE	TING.
04. Conflict of interest policy compliance (Part VI, line 12c)	
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POLICIES ARE MONITORED_&_ENFORCED_BY_THE_BOARD	
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05. Governing documents, etc, available to public (Part VI, line 19	
THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
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