

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning, 2007, and ending, 20

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization, number and street, city, town, state, and ZIP code: REEF ENVIRONMENTAL EDUCATION FOUNDATION, PO BOX 0246, KEY LARGO FL 33037

D Employer identification number: 65-0270064
E Telephone number: 305-852-0030
F Acctg. method: Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

- H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website:

J Organization type (check only one): 501(c)(3), 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 476,178

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis & sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Income from Part VII, line 44, column (B); 14 Management and general expenses; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Net change in net assets; 19 Net assets at beginning of year; 20 Other changes; 21 Net assets at end of year.

SCANNED SEP 16 2009

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

516 14

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts-but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 48000.	38400.	4800.	4800.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 21923.	21923.		
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 115942.	90365.	25577.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 18952.	18052.	450.	450.
<b>29</b> Payroll taxes	<b>29</b> 15108.	12087.	2568.	453.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 15733.		15733.	
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 21047.	8822.	9668.	2557.
<b>34</b> Telephone	<b>34</b> 6023.	5025.	499.	499.
<b>35</b> Postage and shipping	<b>35</b> 14661.	9701.	1384.	3576.
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b> 2388.		2388.	
<b>38</b> Printing and publications	<b>38</b> 26204.	7496.	5769.	12939.
<b>39</b> Travel	<b>39</b> 32616.	31013.	1603.	
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b> 10850.		10850.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 7204.	3590.	3614.	
<b>43</b> Other expenses not covered above (itemize):	<b>43a</b>			
<b>a</b> SEE STMT	<b>43a</b>			
<b>b</b> _____	<b>43b</b>			
<b>c</b> _____	<b>43c</b>			
<b>d</b> _____	<b>43d</b>			
<b>e</b> _____	<b>43e</b>			
<b>f</b> _____	<b>43f</b>			
<b>g</b> _____	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b> 470978.	328678.	115376.	26924.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/>	<b>Program Service Expenses</b>
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a CONDUCT UNDERWATER SURVEYS TO COLLECT DATA ON FISH & REEF CONDITIONS, PROMOTE ENVIRONEMTNAL PROTECTION & AWERENESS THRU NEWSLETTER DIST, PUBLIC ACTIVITIES &PRODUCT SALES	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	328678.
b	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
c	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
d	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	328678.

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing	76,330.	<b>45</b>	39,618.
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47a</b> Accounts receivable	<b>47a</b> 24,202.		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b>	12,777.	<b>47c</b> 24,202.
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable			<b>49</b>
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			<b>50a</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) (attach schedule)			<b>50b</b>
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use		16,055.	<b>52</b> 20,239.
	<b>53</b> Prepaid expenses and deferred charges			<b>53</b>
	<b>54a</b> Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54a</b>
	<b>b</b> Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>
	<b>55a</b> Investments - land, buildings, and equipment: basis	<b>55a</b> 290,491.		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b> 47,254.	246,901.	<b>55c</b> 243,237.
	<b>56</b> Investments - other (attach schedule)			<b>56</b>
	<b>57a</b> Land, buildings, and equipment: basis	<b>57a</b>		
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b>		<b>57c</b>	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> <u>DEPOSITS &amp; PREPAID EXPEN</u> )		5,691.	<b>58</b> 900.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58.		357,754.	<b>59</b> 328,196.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		<b>60</b>	36,708.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		25,000.	<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)			<b>64a</b>
	<b>b</b> Mortgages and other notes payable (attach schedule)		160,000.	<b>64b</b> 160,000.
	<b>65</b> Other liabilities (describe <input type="checkbox"/> <u>OTHER CURRENT LIABILITI</u> )			<b>65</b> 5,844.
<b>66 Total liabilities.</b> Add lines 60 through 65		218,538.	<b>66</b> 202,552.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted		<b>67</b>	36,272.
	<b>68</b> Temporarily restricted		<b>68</b>	89,372.
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			<b>72</b>
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		139,216.	<b>73</b> 125,644.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.		357,754.	<b>74</b> 328,196.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

(See the instructions.)

<b>a</b> Total revenue, gains, and other support per audited financial statements		<b>a</b>
<b>b</b> Amounts included on line a but not on Part I, line 12:		
<b>1</b> Net unrealized gains on investments	<b>b1</b>	
<b>2</b> Donated services and use of facilities	<b>b2</b>	
<b>3</b> Recoveries of prior year grants	<b>b3</b>	
<b>4</b> Other (specify) _____	<b>b4</b>	
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>
<b>d</b> Amounts included on Part I, line 12, but not on line a:		
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b> Other (specify) _____	<b>d2</b>	
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>
<b>e</b> Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b> Total expenses and losses per audited financial statements.		<b>a</b>
<b>b</b> Amounts included on line a but not on Part I, line 17:		
<b>1</b> Donated services and use of facilities	<b>b1</b>	
<b>2</b> Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b> Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b> Other (specify) _____	<b>b4</b>	
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>
<b>d</b> Amounts included on Part I, line 17, but not on line a:		
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b> Other (specify) _____	<b>d2</b>	
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>
<b>e</b> Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred comp. plans	(E) Expense account and other allowances
Lisa A. Mitchell <del>LEDA CUNNINGHAM</del>	EXEC DIR 40	48,000.		
KEY LARGO FL				
PAUL H HUMANN				
DAVIE FL	CHAIRMAN 1	0		
EDWARD DELOACH				
JACKSONVILLE FL	VP/TREAS 1	0		
JAMES DALLE PAZZE				
WILMINGTON DE	SECRETARY 1	0		





**Part VI Other Information** (continued) Yes No

c—At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

**Part VII Analysis of Income-Producing Activities** (See the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PROGRAM & PROJECT					46,339.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					99,133.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	45.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory		(1,220.)			12,167.
103 Other revenue: a MISC					1,576.
b COLLECTION ALLOW					39.
c					
d					
e					
104 Subtotal (add columns (B), (D), & (E))		(1,220.)		45.	159,254.
105 Total (add line 104, columns (B), (D), and (E))					158,079.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	ACTIVITIES BY DIVERS TO COLLECT DATA DISSEMINATED TO PUBLIC
93G	ACTIVITIES BY DIVERS TO COLLECT DATA DISSEMINATED TO GOVT
102	SALE OF PRODUCTS PROMOTING REEF AWARENESS & PROTECTION
103A	COVER ADMINISTRATIVE COSTS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

Name, address, and EIN of corporation, partnership, or disregarded entity	(A) Percentage of ownership int.	(B) Nature of activities	(C) Total income	(D) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the yr, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes  No   
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code?  
 If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						
b						
c						
<b>Totals</b>						

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code?  
 If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						
b						
c						
<b>Totals</b>						

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

*Lisa Ann Mitchell* | 8/12/08  
 Signature of officer | Date  
 LISA MITCHELL | EXECUTIVE DIRECTOR  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Susan B Stein* | Date: 07/30/2008 | Check if self employed:  | Preparer's SSN or PTIN (See Gen Inst X): P00271333

Firm's name (or yours if self-employed): KEYS ACCOUNTING & TAX SERVI  
 address, and ZIP + 4: P O BOX 1578 KEY LARGO FL 33037- | EIN: 65-0045773 | Phone no: 305-451-3464

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**  
**(Except Private Foundation) and Section 501(e), 501(f), 501(k),**  
**501(n), or 4947(a)(1) Nonexempt Charitable Trust**  
**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2007**

Name of the organization

REEF ENVIRONMENTAL EDUCATION

Employer identification number

65-0270064

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See the instructions List each one If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See the instructions List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2007

<b>Part III Statements About Activities</b> (See the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		2
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		35,887.

**Part IV Reason for Non-Private Foundation Status** (See the instructions )

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28.)	288945	288953	234412	183144	995454
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	203123	173376	199190	217592	793281
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	63	15	30	49	157
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		147	115	4642	4904
<b>23</b> Total of lines 15 through 22	492131	462491	433747	405427	1793796
<b>24</b> Line 23 minus line 17	289008	289115	234557	187835	1000515
<b>25</b> Enter 1% of line 23	4921	4625	4337	4054	

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	<b>26a</b>	20010
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	<b>26b</b>	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	<b>26c</b>	1000515
d Add. Amounts from column (e) for lines: 18 <u>157</u> 19 _____	<b>26d</b>	5061
22 <u>4904</u> 26b _____		
e Public support (line 26c minus line 26d total)	<b>26e</b>	995454
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	<b>26f</b>	99.49 %

<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals. Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____		
c Add: Amounts from column (e) for lines: 15 _____ 16 _____	<b>27c</b>	
17 _____ 20 _____ 21 _____		
d Add: Line 27a total _____ and line 27b total _____	<b>27d</b>	
e Public support (line 27c total minus line 27d total)	<b>27e</b>	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	<b>27f</b>	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	<b>27g</b>	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is -</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines through h.)

	Yes	No	Amount
a		X	
b		X	
c		X	
d		X	
e		X	
f		X	
g		X	
h		X	
i			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

MS



**Gross Profit on Sales of Inventory****US 990 990: Page 8, Line 102; 990-EZ: Page 1, Line 7; 990-PF: Page 11, Line 10****2007**

Description	Gross Sales Less Returns	Cost of Goods Sold	Gross Profit
MERCHANDISE	29,719.	18,772.	10,947.
	29,719.	18,772.	10,947.

US 990

Other Functional Expenses: Page 2, Line 43

2007

Description of the Asset	Total	Program Services	Management and General	Fundraising
BANK SERVICE CHARGES	5,170.		5,170.	
CONTRACT LABOR/CONSUL	19,079.	19,079.		
DATA MANAGEMENT	3,098.	3,098.		
FIELD ACTIVITIES	35,308.	35,308.		
DUES & SUBSCRIPTIONS	506.		506.	
INSURANCE	10,623.		10,623.	
INTERNET	900.		900.	
LICENSES & PERMITS	546.		546.	
MEALS	6,401.	4,424.	327.	1,650.
MISC	1,019.		1,019.	
PROGRAM FEE EXP	306.	306.		
REGISTRATION FEES	2,405.	2,405.		
RENTAL EXP	8,975.	8,975.		
REPAIRS & MAINTENANCE	3,495.		3,495.	
INTERN STIPEND	6,550.	6,550.		
UTILITIES	5,311.	2,059.	3,252.	
WEBSITE	4,635.		4,635.	
	114,327.	82,204.	30,473.	1,650.

**Investments - Land, Buildings and Equipment****US 990****990: Page 4, Line 55; 990-PF: Page 2, Line 11****2007**

Description	Cost / Basis	Accumulated Depreciation	Book Value
BUILDING	144,551.	22,587.	121,964.
EQUIPMENT	35,690.	24,667.	11,023.
LAND	110,250.		110,250.
	290,491.	47,254.	243,237.

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

(Rev. April 2007)  
Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

## **Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed)

Section 501(c) corporations required to file Form 990-T & requesting an automatic 6-month extension - check this box and complete Part I only   
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities and Nonprofits.

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization <b>REEF ENVIRONMENTAL EDUCATION</b>	Employer identification number <b>65-0270064</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 0246</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>KEY LARGO FL 33037</b>	

Check type of return to be filed (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **LEDA CUNNINGHAM**  
Telephone No. ▶ **305-852-0030** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **AUG 15**, 20 **08**, to file the exempt organization return for the organization named above The extension is for the organization's return for:  
▶  calendar year **2007** or  
▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.