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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1, 2017 and ending JUN 30,

2017	
Open to Public Inspection	

		O Name of agreementary	iding C	D Franciscon identifi	
В	Check if applicable			D Employer identifi	cation number
	Addre chang Name				
L	chang	Doing business as		94-3	211245
	Initial return Final return		oom/suite	E Telephone numbe 510 –	r 370-0500
	termin ated			G Gross receipts \$	4,482,698.
Г	Amen			H(a) Is this a group re	
F	Applic				? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
T	Tax-ex	empt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) or	527		list. (see instructions)
		te: WWW.CORAL.ORG		H(c) Group exemptio	
K	Form of	organization: X Corporation Trust Association Other	L Year		A State of legal domicile: CA
	art I	Summary		•	
Governance	1	Briefly describe the organization's mission or most significant activities: UNITINGENERAL REEFS.	NG CO	MMUNITIES T	O SAVE
'n	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	ssets
Ş.	3			3	13
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
တ္တ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			23
Activities &	6	Total number of volunteers (estimate if necessary)			25
햕	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		2,821,203.	4,401,536.
ng	9	Program service revenue (Part VIII, line 2g)		26.	8,618.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		658.	764.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	12,579.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,821,887.	4,423,497.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		760,979.	672,146.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś	1			1,694,672.	1,884,545.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		663,829.	967,603.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,119,480.	3,524,294.
	19	Revenue less expenses. Subtract line 18 from line 12		-297,593.	899,203.
Or Sec	3			ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,746,408.	3,861,938.
t As	21	Total liabilities (Part X, line 26)		656,085.	872,412.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		2,090,323.	2,989,526.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	
		Observations of afficient		Date	
Sig	jn	Signature of officer		Date	
He	re	MICHAEL WEBSTER, EXECUTIVE DIRECTOR			
		Type or print name and title	- 1	Noto I	I DTIN
_		Print/Type preparer's name Preparer's signature		Date Check Check If	PTIN
Pai		PENNY L. LANE, CPA	7022	self-employ	
	parer	Firm's name KARLSSON & LANE, AN ACCOUNTANCY (COKP.	Firm's EIN ▶	94-2590397
US	Only	Firm's address 4725 FIRST ST., STE. 226 PLEASANTON, CA 94566		Phone no. (9	25) 271-5519
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
					- 000 (cc)

Pai	III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	CORAL WORKS WITH COMMUNITIES TO IDENTIFY AND SOLVE LOCAL CONSERVAT	'ION
	CHALLENGES THAT UNDERMINE REEF HEALTH BY INTEGRATING ECOSYSTEM	
	MANAGEMENT, SUSTAINABLE TOURISM AND COMMUNITY PARTNERSHIPS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	es X No
		es LA_No
2	If "Yes," describe these new services on Schedule O.	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Ye If "Yes," describe these changes on Schedule O.	3S LINO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens	200
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	
	revienue if any fer each program contine reported	o, arra
4a	(Code:) (Expenses \$705, 293 •including grants of \$\$ 510,006 •) (Revenue \$\$	
	SCIENCE OF ADAPTATION	
	TO SAVE CORAL REEFS DURING AN ERA OF RAPID ENVIRONMENTAL CHANGE, C	
	IS COLLABORATING WITH WORLD-CLASS RESEARCHERS TO FILL CRITICAL GAP	
	OUR SCIENTIFIC KNOWLEDGE ABOUT CORAL ADAPTATION. WE ARE USING THIS	
	NEWFOUND INFORMATION TO DEVELOP INNOVATIVE APPROACHES TO CONSERVAT	
	THAT FACILITATE CORAL ADAPTATION TO WARMING OCEAN TEMPERATURES. A	
	ASPECT OF THIS PROJECT IS BUILDING A SUITE OF POWERFUL MATHEMATICA MODELS TO SIMULATE DIFFERENT FUTURE SCENARIOS FOR CORAL REEFS AND	
	US ANSWER QUESTIONS LIKE:	пепь
	-WHAT SORTS OF DIVERSITY ARE IMPORTANT TO PROTECT IN ORDER TO HELP	
	CORALS ADAPT?	
	-HOW SHOULD WE DISTRIBUTE MANAGEMENT EFFORT ACROSS A REGION TO MAX	IMIZE
4b	(Code:) (Expenses \$	
	HAWAI'I	
	TO PROTECT REEF HEALTH IN THE MAIN HAWAIIAN ISLANDS, CORAL IS IMPR	
	WATER QUALITY BY REDUCING LAND-BASED SOURCES OF POLLUTION, INCLUDI	
	FROM POORLY TREATED WASTEWATER AND RUNOFF. CORAL RECOGNIZES THAT A	
	INTEGRATED AND COMPREHENSIVE APPROACH TO REDUCE LAND-BASED SOURCES POLLUTION IS ONE THE MOST IMPORTANT STEPS TO HELPING CORAL REEFS	OF
	SURVIVE, GROW AND REPRODUCE-ALL OF WHICH ARE ESSENTIAL TO ADAPTATI	ON .
	bottive, clow has delicabeed held of which the application to held him	
	ON HAWAI'I ISLAND, WASTEWATER LEACHING INTO THE MARINE ENVIRONMENT	1
	CARRIES HIGH LEVELS OF NUTRIENTS, BACTERIA, AND PATHOGENS. STUDIES	
	THE COASTAL WATERS NEAR PUAKO, HAWAI'I ISLAND HAVE SHOWN THAT RAW	
	SEWAGE IS ENTERING COASTAL WATERS FROM LEAKY RESIDENTIAL CESSPOOLS	AND
4c	(Code:) (Expenses \$ 616,548 · including grants of \$ 136,438 ·) (Revenue \$)
	MESOAMERICAN REEF & HONDURAS CORAL HAS WORKED IN THE MESOAMERICAN REGION (MAR) FOR OVER 12 YEAR	C
	WITH A FOCUS ON REDUCING OVERFISHING AND IMPROVING NEARSHORE WATER	<u> </u>
	QUALITY IN FOUR PRIORITY SITES IN HONDURAS: ROATAN, UTILA, TELA BA	
	AND TRUJILLO. BY TARGETING THE PRIMARY LOCAL THREATS TO CORAL REEF	
	ARE ESTABLISHING SITES THAT DEMONSTRATE THE COMBINED POSITIVE EFFE	
	THAT MARINE PROTECTED AREAS (MPAS) AND WASTEWATER TREATMENT CAN HA	VE
	BOTH ON CORAL REEFS AND THE HUMAN COMMUNITIES AND INDUSTRIES THEY	
	SUPPORT. OUR WORK IS FOCUSED ON BUILDING EFFECTIVE LOCAL MANAGEMEN	
	SYSTEMS THAT HAVE THE FINANCIAL MEANS AND STAFF CAPACITY TO OPERAT	'E
	INDEPENDENTLY.	
<u></u>	Other averages acquires (Describe in Cahadula O.)	
40	Other program services (Describe in Schedule O.) (Expenses \$ 431,644. including grants of \$ 25,702.) (Revenue \$)	
40	(Expenses \$ 431,644 • including grants of \$ 25,702 •) (Revenue \$) Total program service expenses ► 2,621,459 •	
-10		n 990 (2017

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	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	-		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	120	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 42	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 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	19		Х
			000	

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 36 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 37 Zeta 38 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 39 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 29 Did the organization and are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	X
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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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	v
	<u>X</u>
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	
Schedule L, Part I	X
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 disqualified persons? If "Yes,"	
complete Schedule L, Part II	X
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	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	
instructions for applicable filing thresholds, conditions, and exceptions):	
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X
	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	
	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	
	X
31 Did the organization liquidate, terminate, or dissolve and cease operations?	
	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	
	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	
	Х
Social Control 2 and Control C	
	Х
	X
South the significant function of the significant function	
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	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	37
	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	77
and that is a second to the second take purposes in the second take purpose in the second	<u>X</u>
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	

Form **990** (2017)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V									
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming							
	(gambling) winnings to prize winners?			1c	Х					
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	23							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х				
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authorit	y over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
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 Advanced Financial Finan	ccounts	s (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orgar	nization 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 contribution	ions or	gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			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	as requi	ired							
	to file Form 8282?			7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
_	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						
				9b						
10	Section 501(c)(7) organizations. Enter:	ا ء٥٠								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	מטו								
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a								
a	Gross income from other sources (Do not net amounts due or paid to other sources against	па								
b		116								
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10412		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		ıza						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120								
	Is the organization licensed to issue qualified health plans in more than one state?		ŀ	13a						
а	Note. See the instructions for additional information the organization must report on Schedule O.			iJa						
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
D	organization is licensed to issue qualified health plans	13b								
C	Enter the amount of reserves on hand	13c								
				14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b						
	100, Tao it mod a 1 offi 120 to report these payments: ii 140, provide air explanation in deficult	· · · · · · · ·			990	(2017				

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.

						Λ
Sec	tion A. Governing Body and Management					
		1 1	4 2□		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	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		13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?		L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?		L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	[4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	Г	5		Х
6	Did the organization have members or stockholders?		Г	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		‴ Г			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real		···			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		Г	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c		-			
-	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			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay before mining the form	· F			
12a	51.11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		⊢	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")		··· ⊢			
Ŭ	in Schedule O how this was done		- [.	12c	Х	
13	5		⊢	13	X	
14	Did the organization have a written whistleblower policy? 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 approv			17		
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_				150	Х	
	The organization's CEO, Executive Director, or top management official			15a	X	
Ŋ	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b	22	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
IUa				160		Х
L	taxable entity during the year?		F	16a		-25
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluating in initial venture agreements under applicable federal toy law, and take stone to enforce the agree of the control of the	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such a such a such as	Inization s		4Ch		
Sec	exempt status with respect to such arrangements? tion C. Disclosure		[16b		
	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0				
17 10			J. A	oilet	lo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	i (Section 30 i(c)(3)\$ or	ııy) av	anab	IE	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain	in Coho-list- O				
40		in Schedule O)	1 :	c:	-:-1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ontlict of interest policy,	and f	rınand	cial	
	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 bo	ooks and records:				
	THE CORAL REEF ALLIANCE - 510-370-0500					
	1330 BROADWAY, NO. 1602, OAKLAND, CA 94612					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

(A) Name and Title	(B) Average hours per	box	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KRISTINE BILLETER	2.00	,,		,,					0	0
BOARD CHAIR	2 00	Х		Х				0.	0.	0.
(2) DAN DUNN	2.00	,,		,,					0	0
TREASURER	0.00	Х		Х				0.	0.	0.
(3) ELIZABETH WAGNER	2.00								0.	0
SECRETARY	1.00	Х		Х				0.	0.	0.
(4) MICHAEL BENNETT	1.00	x						0.	0.	0.
(5) JEFF CHANIN	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(6) PHILIPPE HARTL	1.00	Δ						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(7) MATT HUMPHREYS	1.00	25						0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
(8) VANI KEIL	1.00									
DIRECTOR		х						0.	0.	0.
(9) WILLIAM KERR	1.00									
DIRECTOR		Х						0.	0.	0.
(10) AILEEN LEE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JAMES LUSSIER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ROBERT RICHMOND	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JIM TOLONEN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MICHAEL WEBSTER	40.00									
EXECUTIVE DIRECTOR				Х				173,920.	0.	10,656.
(15) CHRISTINE REYES	40.00								_	
DIRECTOR OF FINANCE	4000			Х				106,876.	0.	10,756.
(16) DOROTHY GANNES	40.00	-						140 500	_	0 010
DIRECTOR OF DEVELOPMENT	40.00		_			Х		149,682.	0.	9,018.
(17) MADHAVI KUSHNER	40.00	1				,,		115 124	_	0 544
PROGRAM DIRECTOR						Х		115,134.	0.	8,544.

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Form **990** (2017)

Pai	t VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C									
	(A)	(B)			Pos	C) ition	1		(D)	(E)		_	(F)				
	Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation		l	timate nount (
		week					or/trus		from	from related		other	<i>J</i> 1				
		(list any	ector						the	organization		pensa					
		hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	MISC) from organiz						
		organizations	truste	al trus		yee	umben		(***2/1099****180)			d relate					
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				ons					
		line)	lu	lns	₩	Key	Hig	쥰									
•																	
							-										
									5.45 - 61.0				0 0	- -			
	Sub-total								545,612.		0.	3	8,9	$\frac{74.}{0.}$			
	Total from continuation sheets to Part Vi Total (add lines 1b and 1c)								545,612.		0.	3	8,9				
2	Total number of individuals (including but n								<u> </u>	,000 of reportab	-		- , -				
	compensation from the organization												Yes	4 No			
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on			163	140			
	line 1a? If "Yes," complete Schedule J for s											3		X			
4	For any individual listed on line 1a, is the su	•							•	the organization			v				
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a									dual for convice		4	X				
3	rendered to the organization? If "Yes," com	•				•	•		•		,	5		Х			
Sec	tion B. Independent Contractors	,															
1	Complete this table for your five highest co the organization. Report compensation for	-	-								npens	ation 1	rom				
	(A)	trie caleridar y	Cai	CHUI	iiig v	VILII	OI W		(B)	year.		(0		-			
	Name and business	address	N	ІИС	E				Description of s	ervices	С		nsation	1			
-																	
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li: 0	stec	d above) who received m	ore than							
		-										Form	990 (2	2017)			

Form	990	(20	17) THE C	ORAL REE	F ALLIAN	CE		94-3211	245 Page 9
Pa	rt V	III	Statement of Reven	ue					
			Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2 : 1	b M c Fi d R e G f Al si si p N e C c — d —	ederated campaigns Iembership dues undraising events elated organizations overnment grants (contributi Il other contributions, gifts, grant milar amounts not included abov oncash contributions included in lines otal. Add lines 1a-1f	1b 1c 1d 1d 1e s, and re 11-15: \$	401,996. 999,540. 72,501. ► Business Code 900099	4,401,536. 8,618.	8,618.		
Prog	1	g T	II other program service rever)	8,618.			
	4	of In	nvestment income (including ther similar amounts)	exempt bond p	proceeds	633.			633.
		a G	oyalties	(i) Real	(ii) Personal				
		c R d N	ental income or (loss)	(i) Securities	(ii) Other				
	,	b Le an c G	essets other than inventory ess: cost or other basis and sales expenses ain or (loss)	56,332. 56,201. 131.		131.			131.
Other Revenue	8 6	a G in co Pa	et gain or (loss) cross income from fundraising cluding \$ contributions reported on line art IV, line 18 ess: direct expenses	g events (not of 1c). See a	15,579.	131.			1310
0	9 8	a G	et income or (loss) from fund iross income from gaming ac art IV, line 19 ess: direct expenses	tivities. See		12,579.			12,579.
	(c N a G	et income or (loss) from gam iross sales of inventory, less and allowances	ing activities returns	>				
		b Le	ess: cost of goods sold et income or (loss) from sales Miscellaneous Revenue	b of inventory					
	11 8	а							
	ı	b _							
		c _							
		d A	Il other revenue						

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). X Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 517,006. 517,006. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 155,140. 155,140. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 120,411. 45,219. 280,795 115,165. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,338,903. 1,006,726. 36,250. 295,927. Other salaries and wages 7 Pension plan accruals and contributions (include 30,736. 2,079 38,052 5,237. section 401(k) and 403(b) employer contributions) 92,804. 74,815. 5,871. 12,118. Other employee benefits 9 $1\overline{33,991}$ 91,988. 28,117. 13,886. Payroll taxes 10 Fees for services (non-employees): a Management 9,185. 9,185. Legal 16,706. 16,706. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 370,489 101,650. 53,437. 215,402. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,100. 107,629. 85,896. 20,633. 13 Office expenses 14 Information technology 15 Royalties 12,275. 90,366. 73,321. 4,770. 16 Occupancy 58,491. 25,672. 3,308. 29,511. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 154. 154. 20 Payments to affiliates 21 5,000. 3,903. 431. 666. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 190,777. 170,036. 13,306. 7,435. TRAINING AND WORKSHOPS PRINTING AND COPYING 53,966. 23,260. 159. 30,547. 20,700. BANK CHARGES 4,663. 1,171. 14,866. 16,239. 14,392. 478. 1,369. TELEPHONE AND INTERNET 16,210. 27,901. 4,153. 7,538. e All other expenses Total functional expenses. Add lines 1 through 24e 3,524,294. 2,621,459. 329,268. 573,567. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			8,834.	1	166,186.
	2	Savings and temporary cash investments			1,689,820.	2	2,165,795.
	3	Pledges and grants receivable, net		88,389.	3	13,723.	
	4	Accounts receivable, net		897,264.	4	1,403,837.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec		-			
Ø		employees' beneficiary organizations (see instr)		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				42,890.	9	87,746.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	40,967.			
	b		10b	40,967.	11,739.	10c	17,179.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	7,472.	15	7,472.		
	16	Total assets. Add lines 1 through 15 (must equ	2,746,408.	16	7,472. 3,861,938.		
	17	Accounts payable and accrued expenses	651,462.	17	815,507.		
	18	Grants payable		18			
	19	Deferred revenue				19	54,360.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and forme	r office	rs, directors, trustees,			
≝		key employees, highest compensated employe	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrel	ated th	rd parties	4,623.	23	2,545.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D			656 005	25	050 440
	26	Total liabilities. Add lines 17 through 25			656,085.	26	872,412.
		Organizations that follow SFAS 117 (ASC 958		ck here LA and			
Ses		complete lines 27 through 29, and lines 33 ar			1 260 420		1 007 617
Fund Balances	27	Unrestricted net assets			1,369,439.	27	1,087,617.
Bal	28	Temporarily restricted net assets			720,884.	28	1,901,909.
nd	29					29	
Ţ		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶∟			
S O		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			2,090,323.	32	2 000 526
_	33	Total net assets or fund balances			2,746,408.	33	2,989,526. 3,861,938.
	34	Total liabilities and net assets/fund balances			4,140,400.	34	5,001,930.

Form **990** (2017)

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,42		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,52		
3	Revenue less expenses. Subtract line 2 from line 1	3			03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,09	0,3	<u>23.</u>
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	2,98	9,5	26.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2017)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE CORAL REEF ALLIANCE 94-3211245 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 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). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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.)

Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,068,407. 1,467,674. 3,256,953. 2,821,206. 4,401,536 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 3,068,407. 1,467,674. 3,256,953. 2,821,206. 4,401,536	(f) Total
membership fees received. (Do not include any "unusual grants.") 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 3 3,068,407. 1,467,674. 3,256,953. 2,821,206. 4,401,536	(1) 10141
include any "unusual grants.") 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 3 3,068,407. 1,467,674. 3,256,953. 2,821,206. 4,401,536	
 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 3,068,407. 1,467,674. 3,256,953. 2,821,206. 4,401,536. 	
ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 3,068,407. 1,467,674. 3,256,953. 2,821,206. 4,401,536	5. 15,015,776.
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 3 3,068,407. 1,467,674. 3,256,953. 2,821,206. 4,401,536	
The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 3,068,407. 1,467,674. 3,256,953. 2,821,206. 4,401,536	
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 3,068,407. 1,467,674. 3,256,953. 2,821,206. 4,401,536	
the organization without charge	
4 Total. Add lines 1 through 3 3,068,407. 1,467,674. 3,256,953. 2,821,206. 4,401,536	
	5. 15,015,776.
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)	4,123,508.
6 Public support. Subtract line 5 from line 4.	10,892,268.
Section B. Total Support	
Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017	(f) Total
7 Amounts from line 4 3,068,407. 1,467,674. 3,256,953. 2,821,206. 4,401,536	5. 15,015,776.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 816. 199. 423. 214. 633	. 2,285.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10	15,018,061.
12 Gross receipts from related activities, etc. (see instructions)	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	>
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	72.53 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	66.17 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	
stop here. The organization qualifies as a publicly supported organization	►X
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check	this box
and stop here. The organization qualifies as a publicly supported organization	▶□
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10	% or more,
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the org	anization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶□
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15	is 10% or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how t	he
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction	ons 🕨 🔲

Schedule A (Form 990 or 990-EZ) 2017

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•		•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	. ,	, ,				,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first, second this	rd, fourth, or fifth t	ax vear as a section	n 501(c)(3) organi	zation.
•		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2017. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2016. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
SD		
3с		
40		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

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		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	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			
		1		
800	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
<u> </u>	tion b. All Type in Supporting Organizations		Vaa	No
	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		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			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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 integrat	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou	nts paid to perform activity that directly furthers exemp			
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose			
4	Amou				
5	Qualifi				
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	e	
	(provid	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From 2	2013			
С	From 2				
d	From 2				
е	From 2	2016			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
<u>i</u>		over from 2012 not applied (see instructions)			
j	Remai	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2017 from Section D,			
	line 7:	·			
		ed to underdistributions of prior years			
	• • •	ed to 2017 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2017, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
		o from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		s distributions carryover to 2018. Add lines 3j			
•	and 4				
8		down of line 7:			
		s from 2013			
		s from 2014			
		s from 2015			
		s from 2016			
<u>e</u>	⊏xces	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Dat IV Section A linear 1 2 the 50 4h 45 56 9 00 00 110 11b and 110 Dat IV Section B linear 1 and 2 Dat IV Section C
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)

732028 10-06-17

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see separate instructions)	, then			
•	Section 501(c)(4), (5), or (6) or	ganizations: Complete Part III.			
	ne of organization			Empl	oyer identification number
		CORAL REEF ALLIA			94-3211245
Pa	art I-A Complete if th	e organization is exempt	under section 501(c)	or is a section 527 o	rganization.
1	Provide a description of the	organization's direct and indirect p	political campaign activities	in Part IV.	
2	Political campaign activity ex	penditures		▶\$	
3	Volunteer hours for political of	campaign activities			
Pa	art I-B Complete if th	ne organization is exempt	under section 501(c)	(3).	
		ise tax incurred by the organization			
2	Enter the amount of any exci	ise tax incurred by organization m	nanagers under section 495	5 > \$	
3	If the organization incurred a	section 4955 tax, did it file Form	4720 for this year?		Yes No
		········			
	If "Yes." describe in Part IV.				
Pa	art I-C Complete if th	e organization is exempt	under section 501(c)	, except section 501(c)(3).
1	Enter the amount directly exp	pended by the filing organization t	for section 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing	g organization's funds contributed	to other organizations for s	ection 527	
	exempt function activities			▶\$	
3		ditures. Add lines 1 and 2. Enter h			
	line 17b			▶\$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5		and employer identification numb			
	made payments. For each or	ganization listed, enter the amour	nt paid from the filing organi	zation's funds. Also enter th	e amount of political
		vere promptly and directly delivere			te segregated fund or a
	political action committee (Pa	AC). If additional space is needed	, provide information in Part	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0	delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Part II-A Complete if the org section 501(h)).	ganizatioı	n is exei	npt under sectio	n 501(c)(3) and fi	led Form 5768 (el	ection under		
Check Lift the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,								
expenses, and sha	re of excess	lobbying	expenditures).					
B Check ► ☐ if the filing organiza	ation checke	d box A ar	nd "limited control" pro	ovisions apply.				
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)							
1a Total lobbying expenditures to infl	uence publi	c opinion (grass roots lobbying)					
b Total lobbying expenditures to infl	uence a legi	slative boo	dy (direct lobbying)		24,317.			
c Total lobbying expenditures (add l	lines 1a and	1b)			24,317.			
d Other exempt purpose expenditur	es				3,499,977.			
e Total exempt purpose expenditure	es (add lines	1c and 1c	d)		3,524,294.			
f Lobbying nontaxable amount. Ent	er the amou	nt from the	e following table in bot	h columns.	326,215.			
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:				
Not over \$500,000		20% of	the amount on line 1e.					
Over \$500,000 but not over \$1,00	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.				
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.				
Over \$17,000,000		\$1,000,0	000.					
g Grassroots nontaxable amount (er	nter 25% of	line 1f)			81,554.			
h Subtract line 1g from line 1a. If zei	ro or less, er	nter -0			0.			
i Subtract line 1f from line 1c. If zer	o or less, en	ter -0			0.			
j If there is an amount other than ze	ero on either	line 1h or	line 1i, did the organiz	ation file Form 4720				
reporting section 4911 tax for this	year?					Yes No		
(Some organizations t	hat made a See	section 5 the separa	ate instructions for li	have to complete all nes 2a through 2f.)	of the five columns b	elow.		
	Lobby	ing Exper	nditures During 4-Yea	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 20	014	(b) 2015	(c) 2016	(d) 2017	(e) Total		
2a Lobbying nontaxable amount					326,215.	326,215.		
b Lobbying ceiling amount						400 000		
(150% of line 2a, column(e))						489,323.		
c Total lobbying expenditures					24,317.	24,317.		
d Grassroots nontaxable amount					81,554.	81,554.		
e Grassroots ceiling amount (150% of line 2d, column (e))						122,331.		

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
е	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 similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
. u.	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OF	(b) Par		e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year				
С					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
instr	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-A, LINE 1 AND LINE 2	o list); Part II-	A, lines 1 a	and 2 (see	
COI	RAL CONTRACTED LOBBYING SERVICES IN THE STATE OF HA	WAII T	O SUP	PORT	
BU:	ILDING A WASTEWATER TREATMENT FACILITY IN THE COMMU	NITY O	F PUA	KO ON	
IAH	WAII ISLAND TO PROTECT ITS CORAL REEFS FROM SEWAGE	POLLU	TION.	SERVI	CES
WEI	RE ALSO CONTRACTED TO SUPPORT BILLS THAT WOULD LEA	D TO M	ITIGA	TION C	F
RE:	SIDENTIAL CESSPOOL IMPACTS ON CORAL REEFS ACROSS TH	E STAT	E		
		Schedul	e C (Form	990 or 990)-EZ) 201

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE CORAL REEF ALLIANCE

Employer identification number 94 - 3211245

Pai	t I Organizations Maintaining Donor Advise		or Accou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fund	Is and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
			-	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically import	ant land area
	Protection of natural habitat	Preservation of a certif	ied historic s	tructure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel			during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation ease	ements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easemen	ts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, a	nd balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes t	he organizati	on's accounting for
_	conservation easements.			
Pai			her Simila	ır Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	ice of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, p	rovide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treations are also as a second	•	gain, provide)
	the following amounts required to be reported under SFAS 1			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		> \$	i

732051 10-09-17

Schedule D (Form 990) 2017

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

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, d	or Other	Similar	Asset	S (continu	red)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	any of the	following tha	t are a sig	nificant use	of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	the organizati	on's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	asures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's c	ollection?			\square	Yes	☐ No
Pai	t IV Escrow and Custodial Arran								ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not ir	cluded			
	on Form 990, Part X?							\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F						<u> </u>		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has beer	n provided on	Part XIII				
Pai										
		(a) Current year		rior year	(c) Two year	1		s back	(e) Four y	ears back
1a	Beginning of year balance	, ,	,		' ' ' '		, ,		, ,	
	Contributions									
	Net investment earnings, gains, and losses							$\neg \neg$		
	Grants or scholarships							$\neg \neg$		
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end halanc	e (line 1	a column (a)) held as:	<u> </u>				
	Board designated or quasi-endowment	•	%	9, 001011111 (ajj ficia as.					
	Permanent endowment	%	_′°							
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse		ation the	at are held s	and administs	ared for the	organizati	ion		
ou	by:	331011 Of the organiza	ation the	it are ricid t	and administe	ica ioi tiic	, organizati	OII	Γv	es No
	(i) unrelated organizations								3a(i)	03 140
	(ii) related organizations								 	
h	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the								30	
_	t VI Land, Buildings, and Equipm		WITHELL	iurius.						
	Complete if the organization answere) Part I\	/ line 11a 9	See Form 990) Part X lii	ne 10			
	Description of property				1			\neg	(d) Pook	voluo
	Description of property	(a) Cost or o			t or other (other)		umulated eciation		(d) Book	value
	Land	` `	i ici itj	کادمان	(00101)	depi	JOIALIOI I	+		
	Land							+		
	Buildings							+		
	Leasehold improvements				0,967.		23,788	₹	17	,179.
	Equipment			4	.0,901.		55,100	' •		, 1 1 3 •
	Other		V ook	on (D) line :	100)			+	17	,179.
ιoτa	. Add lines Ta through Te. (Column (a) must e	uuai roiiii 990, Part	A. COIUN	uu (b). IINe	1 UC.1			~ I	/	, 1 / 2 •

Schedule D (Form 990) 2017 THE CORAL REEF ALLIANCE	94-3211245 Page
Part VII Investments - Other Securities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12)
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost	
(1) Financial derivatives	,
(2) Closely-held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H) Table (Oal (b) growth and Early 000 Book V and (D) Know 40)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13	
(a) Description of investment (b) Book value (c) Method of valuation: Cost	t or end-of-year market value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total . (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15	5.
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X,	line 25
1. (a) Description of liability (b) Book value	
(1) Federal income taxes	
(2)	
(4)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

(6) (7) (8)

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

	9						
гн	E CORAL REEF	ALLIANCE				94-321124	.5
				tside the United States. Comple	ete if the organ		
	Form 990, Part IV	/, line 14b.					
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other		[==]
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	stance?	Yes X No
2	-	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
_	United States.						
3				an be duplicated if additional space is i		.t 1: - t 1 ! /-1\	(6) T-+-1
	(a) Region	(b) Number of offices	èmplovees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
		in the region	agents, and independent	gram services, investments, grants to		specific type	for and
			contractors	recipients located in the region)		(s) in the region	investments in the region
			in the region		OCEANIA: TO	ADVANCE	in the region
					CORAL REEF		
					MANAGEMENT,	•	
CE	ANIA	1	2	PROGRAM SERVICE	CONSERVATIO		214,315.
			_		-	RICA AND THE	
					CARIBBEAN:		
EN	TRAL AMERICA AND				FUNCTIONING		
HE	CARIBBEAN	1	6		EFFECTIVELY		639,035.
					ASIA: COMMU	NITIES	
					SUPPORT LOC	'AL	
					CONSERVATIO	N AND	
SIZ	A	1	3	PROGRAM SERVICE	MANAGEMENT	DEVELOPMENT	181,696.
							, , , , , , , , , , , , , , , , , , ,
_	0.1.1.1		4.4				1 025 046
	Sub-total	3	11				1,035,046.
b	Total from continuation		_				
_	sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	3	11				1,035,046.
	and 301	ı 🤄					1 T,000,040.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		CENTRAL AMERICA		150.005				
		AND THE CARIBBEAN	SEE PART V	158,925.	WIRE TRANSFER	0.		U.S. DOLLARS

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.								
(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
	dditional space is neede	dditional space is needed. (c) Number of	dditional space is needed. (c) Number of (d) Amount of	dditional space is needed. (c) Number of (d) Amount of (e) Manner of	dditional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (ash disbursement) (b) Region (c) Number of (d) Amount of (ash disbursement)	dditional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of noncash assistance		

Schedule F (Form 990) 2017 Part IV | Foreign Forms

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

Part V | Supplemental Information

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

PART I, LINE 2:

THE CORAL REEF ALLIANCE PROVIDES GRANTS AND ASSISTANCE THROUGH TWO SEPARATE PROGRAMS: 1) SUB-AWARDS TO ORGANIZATIONS WHOSE MISSION AND ACTIVITIES COLLABORATE WITH CORAL'S WORK AND 2) MICRO-GRANT PROGRAM THAT PROVIDES SUPPORT FOR SMALL-SCALE LOCAL PROJECTS THAT ARE INTEGRAL TO CORAL'S MISSION AND PROGRAM ACTIVITIES IN THE REGION. THE MICRO-GRANT PROGRAM PROVIDES SUPPORT OUTSIDE OF THE U.S. FUNDING PRIORITIES ARE DETERMINED FIRST BY THE INTENTIONS OF CORAL'S RESTRICTED GRANTS, AND SECONDLY BY THE REGIONAL PRIORITIES ESTABLISHED BY THE ORGANIZATION. GRANTEES MUST COMPLETE AND CERTIFY CORAL'S STANDARD MICRO-GRANT AGREEMENT. DISBURSEMENT OF FUNDS ARE MANAGED BY THE ACCOUNTING STAFF, SUBJECT TO THE SAME APPROVAL AND DOCUMENTATION PROCEDURES REQUIRED FOR ALL EXPENDITURES. CORAL USES THE VOLUNTARY BEST PRACTICES FOR U.S.-BASED CHARITIES ISSUED BY THE US TREASURY DEPARTMENT'S ANTI-TERRORIST FINANCING GUIDELINES, AS WELL AS THE PRINCIPLES OF INTERNATIONAL CHARITY TO INFORM THE PROCESS OF APPROVAL APPLICATIONS AND MONITORING THE USE OF FUNDS. EACH MICRO-GRANT HAS A DESIGNATED PROGRAM MANAGER AS THE PRIMARY CONTACT, AND WHO IS

PART I, LINE 3, COLUMN (E):

CORAL STAFF AND FUNDERS.

RESPONSIBLE FOR OBTAINING AND DELIVERING REPORTS TO

REGION: OCEANIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: OCEANIA: TO ADVANCE CORAL REEF
SCIENCE, MANAGEMENT, AND CONSERVATION THROUGH INTERDISCIPLINARY STUDY OF
REEF RESILIENCE, AND TO WORK WITH MANAGERS TO APPLY THIS NEW
UNDERSTANDING TO REEF CONSERVATION.

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
REGION: CENTRAL AMERICA AND THE CARIBBEAN
(E) SPECIFIC TYPES OF SERVICES IN REGION: CENTRAL AMERICA AND THE
CARIBBEAN: TO DEVELOP FUNCTIONING AND EFFECTIVELY MANAGED NETWORK OF
MARINE PROTECTED AREAS IN THE BAY ISLANDS, SUPPORTED BY LOCAL
COMMUNITIES.
REGION: ASIA
(E) SPECIFIC TYPES OF SERVICES IN REGION: ASIA: COMMUNITIES SUPPORT
LOCAL CONSERVATION AND MANAGEMENT DEVELOPMENT OF A FUNCTIONING NETWORK OF
MARINE PROTECTED AREAS.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THE CORAL REEF ALLIANCE

Employer identification number 94-3211245

Part I	Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
a b c d 2 a Did t key 6 b If "Ye	Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations he organization have a written of	s f Solicita g Special or oral agreement with any individual art VII) or entity in connection with position or entities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
	e and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
Fatal		L					
	I states in which the organizationsing.	on is registered or licensed to solicit	contrib	outions	l s or has been notified	I d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2017

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events SILENT NONE (add col. (a) through AUCTION col. (c)) (event type) (total number) (event type) 15,579. 15,579. 1 Gross receipts 2 Less: Contributions 15,579. 15,579. Gross income (line 1 minus line 2) 4 Cash prizes 3,000. 3,000. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 3,000. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2017 732082 09-13-17

Sch	edule G (Form 990 or 990-EZ) 2017 THE CORAL REEF ALLIANCE 94-	-3 <u>2</u> 11.	<u> 45</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	└─'	Yes	└── No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 🕻	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•		П,	Yes	☐ No
	retain the state gaming license?		163	140
L	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$\int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	Lina	0h 10	h 15h
Га		i, iiries 9, s	90, 10	ю, тою,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990 or 990-EZ)	$ ext{THE}$	CORAL	REEF	ALLIANCE	94-3211245 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation	(continued))		<u> </u>
			, ,			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047
2017

Open to Public Inspection

Name of the organization THE CORAL	REEF ALI	LIANCE					Employer identification number $94 - 3211245$
Part I General Information on Grants a	ınd Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance?				ty for the grants or as		tion X Yes No
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	tic Governments.	complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than		-	1		(f) Method of		<u></u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY - 10 SEMINARY PL - NEW							
BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	420,607.	0.	U.S.DOLLARS		ADAPTIVE REEFSCAPES
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	501(C)(3)	89,399.	0.	U.S.DOLLARS		ADAPTIVE REEFSCAPES
ROATAN MARINE PARK INTERNATIONAL 106 E GITTINGS ST BALTIMORE MD 21230	47-3343970	501(C)(3)	7,000.	0	U.S.DOLLARS		HONDURAS
BALLIMORE, ND 21230	47-3343370	501(0)(3)	7,000.	0.	0.5.DOLLARS		HONDUKAS
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table				>3

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) THE CORAL REEF	ALLIANCE				94-3211245	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		<u> </u>
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.		
PART I, LINE 2:						
THE CORAL REEF ALLIANCE PROVIDES G	RANTS AN	D ASSISTAN	ICE THROUGH	TWO SEPARATE		
PROGRAMS: 1) SUB-AWARDS TO ORGANIZ	ATIONS W	HOSE MISSI	ON AND ACT	IVITIES		
COLLABORATE WITH CORAL'S WORK AND	2) MICRO	-GRANT PRO	GRAM THAT	PROVIDES		
SUPPORT FOR SMALL-SCALE LOCAL PROJ	ECTS THA	T ARE INTE	GRAL TO CO	RAL'S MISSION		
AND PROGRAM ACTIVITIES IN THE REGI	ON. THE	SUB-AWARDS	PROGRAM P	ROVIDES		
GRANTS AND OTHER ASSISTANCE TO ORG	ANIZATIO	NS IN THE	UNITED STA	TES.		
THE CORAL REEF ALLIANCE HAS ADOPTE	D THE FO	LLOWING PC	LICIES FOR	THE		
ADMINISTRATION OF THE SUB-AWARD PF	OGRAM:					

Part IV Supplemental Information
THE CORAL REEF ALLIANCE PROGRAM STAFF PERFORMS DUE DILIGENCE ON EACH
ORGANIZATION AND OBTAINS A BUDGET AND NARRATIVE DESCRIPTION FOR THE
PROPOSED USE OF FUNDS. FOLLOWING FUNDING APPROVAL, A GRANT AGREEMENT WITH
THE ORGANIZATION IS SIGNED STIPULATING WHAT THE GRANT FUNDS MAY AND MAY NOT
BE USED FOR. DURING THE COURSE OF THE GRANT, THE CORAL REEF ALLIANCE STAFF
PROVIDE OVERSIGHT OF THE GRANT AND SEEKS PERIODIC UPDATES ON PROJECTS.
GRANTS AGREEMENTS ALSO REQUIRE GRANTEE ORGANIZATIONS TO SUBMIT NARRATIVE
AND FINANCIAL REPORTS ON THE USE OF THE GRANT FUNDS COMPARED TO BUDGET AND
TO PROGRAM ACTIVITY DESCRIPTIONS ON THE USE OF GRANT FUNDS.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

THE CORAL REEF ALLIANCE

Questions Regarding Compensation

Employer identification number 94-3211245

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			v
	1,	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		` ,	v v ∠ and/or 1000-1011	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990	
(A) Name and Title	Ī	(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)		
1) MICHAEL WEBSTER	(i)	173,920.	0.	0.	0.	10,656.	184,576.		
	(ii)	0.	0.	0.	0.	0.		0.	
2) DOROTHY GANNES	(i)	149,682.	0.	0.	0.	9,018.		0.	
IRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
1	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
· · · · · · · · · · · · · · · · · · ·	(ii)								
	(i)								
· · · · · · · · · · · · · · · · · · ·	(ii)								
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· · · · · · · · · · · · · · · · · · ·	(ii)								
	(i)								
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	(י) (ii)								
	(i)								
	(י) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE EXECUTIVE COMMITTEE SHALL ANNUALLY REVIEW THE COMPENSATION OF THE
EXECUTIVE DIRECTOR AND THE FINANCE DIRECTOR. THE EXECUTIVE COMMITTEE SHALL
GATHER RECENT DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED
PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED
ORGANIZATIONS. MANAGEMENT MAY ASSIST THE COMMITTEE IN THE DATA COLLECTION.
UPON REVIEW OF ALL PERTINENT DATA, THE MEMBERS OF THE EXECUTIVE COMMITTEE
SHALL DETERMINE AND APPROVE THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND
THE FINANCE DIRECTOR. COMPENSATION DECISIONS ARE RECORDED AND MAINTAINED IN
THE ORGANIZATION'S RECORDS.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization THE CORAL REEF ALLIANCE Employer identification number 94 - 3211245

Pai	t I Types of Property							
		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de		-	
		applicable		Form 990, Part VIII, line 1	noncash contribu	ition an	nount	S
1	Art - Works of art			·				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	72,501	•FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24 25	Archeological artifacts Other ()							
26	·							
27	. '							
28	Other () Other ()							
29	Number of Forms 8283 received by the organization	zation durin	a the tax vear for o	contributions				
	for which the organization completed Form 828		-					
	5 '	, ,	·				Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 thro	ough 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contri	butions?	31		X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncas	sh			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is c	necked,			
	describe in Part II.							

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE CORAL REEF ALLIANCE

Employer identification number 94-3211245

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

REEFS TOMORROW INITIATIVE DISCONTINUED

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

THE PROBABILITY THAT CORALS CAN ADAPT?

-HOW LARGE DOES A NETWORK HAVE TO BE TO ENSURE THAT CORALS WITHIN IT

HAVE BOTH ENOUGH DIVERSITY AND CONNECTIVITY TO FACILITATE EVOLUTION?

IN 2018, WE REFINED THE MODELS TO INCLUDE CONNECTIVITY MATRICES AND
WORKED WITH PARTNERS TO DEVELOP 'RULES OF THUMB' TO GUIDE MANAGEMENT

EFFORTS AIMED AT FACILITATING NATURAL EVOLUTIONARY PROCESSES. WE HAVE
ALSO WORKED WITH OUR PARTNERS TO DRAFT TWO SCIENTIFIC PAPERS, ONE

DESCRIBING THE MANAGEMENT SCENARIOS THAT LEAD TO THE BEST LONG-TERM

OUTCOMES FOR CORAL REEF ECOSYSTEMS, AND THE OTHER DESCRIBING THE

FACTORS THAT INFLUENCE RATES OF ADAPTATION TO RISING TEMPERATURES. THE

FIRST HAS BEEN SUBMITTED TO NATURE; THE SECOND IS IN PREPARATION FOR

NATURE CLIMATE CHANGE. THESE ARTICLES WILL FOLLOW ON THE HEELS OF AN

ARTICLE WE PUBLISHED IN TRENDS IN ECOLOGY AND EVOLUTION IN MARCH 2017

ENTITLED, "WHO SHOULD PICK THE WINNERS OF CLIMATE CHANGE?"

IN JULY 2017, WE ALSO LAUNCHED A NEW PARTNERSHIP WITH THE NATURE

CONSERVANCY TO EXPAND OUR PROGRAM BOTH SCIENTIFICALLY AND

GEOGRAPHICALLY. THE PROJECT APPLIES THE MATHEMATICAL MODEL TO THE

CARIBBEAN AND DEVELOPS A SET OF BEST PRACTICE GUIDELINES FOR CORAL

RESTORATION IN THE CARIBBEAN.

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

Schedule O (Form 990 or 990-EZ) (2017)

MAIN HAWAIIAN ISLANDS.

Name of the organization

Employer identification number

THE CORAL REEF ALLIANCE 94-3211245

OUR SCIENCE OF ADAPTATION WORK HAS ALREADY INFORMED US THAT THE BEST

WAY TO PROMOTE CORAL ADAPTATION IS THROUGH WHAT WE CALL ADAPTIVE

REEFSCAPES-NETWORKS OF HEALTHY REEFS THAT ARE DIVERSE, CONNECTED, AND

LARGE. WE ARE TURNING SCIENCE INTO ACTION BY CREATING THE WORLD'S FIRST

ADAPTIVE REEFSCAPES IN FIJI, THE MESOAMERICAN REGION, INDONESIA AND THE

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

SEPTIC TANKS. IN 2014, CORAL LAUNCHED A COLLABORATIVE, COMMUNITY-DRIVEN
PROJECT CALLED CLEAN WATER FOR REEFS: PUAKO. THROUGH THIS PROJECT,

CORAL IS WORKING WITH THE PUAKO COMMUNITY, GOVERNMENT OFFICIALS AND
OTHER STAKEHOLDERS TO REPLACE INEFFECTIVE WASTEWATER TREATMENT
TECHNOLOGIES WITH UPDATED WASTEWATER INFRASTRUCTURE THAT WILL CREATE
HEALTHIER LIVING CONDITIONS FOR BOTH CORALS AND PEOPLE.

OVER THE LAST YEAR, WE HAVE BEEN WORKING WITH THE STATE OF HAWAI'I AS

THEY DEVELOP A PLAN TO REPLACE ALL CESSPOOLS BY 2050. TO SUPPORT THIS,

WE LAUNCHED A CITIZEN SCIENCE WATER QUALITY MONITORING PROGRAM ON

HAWAI'I ISLAND THAT WILL PROVIDE THE GOVERNMENT WITH CRITICAL DATA.

THIS PROJECT INCREASES COMMUNITY AWARENESS OF WASTEWATER IMPACTS,

ENABLES THE ACTIVE PARTICIPATION OF COMMUNITY MEMBERS, AND PROVIDES A

COST-EFFECTIVE WAY TO CONDUCT LONG-TERM MONITORING.

IN WEST MAUI, CORAL'S CLEAN WATER FOR REEFS INITIATIVE FOCUSES ON

PREVENTING SEDIMENT AND NUTRIENT POLLUTION FROM REACHING THE OCEAN. WE

TAKE A RIDGE TO REEF APPROACH TO RESTORE THE NATURAL FUNCTION OF A

WATERSHED TO FILTER STORMWATER AND ABSORB NUTRIENTS, SEDIMENTS AND

OTHER CHEMICALS. AT THE SHORELINE, WE PROVIDE GUIDANCE TO RESORT

732212 09-07-17

Name of the organization

Employer identification number

THE CORAL REEF ALLIANCE 94-3211245

PROPERTY OWNERS, THE TOURISM INDUSTRY, AND MAUI COUNTY ON HOW TO

IMPLEMENT REEF-FRIENDLY LANDSCAPE DESIGN AND MAKE USE OF RECLAIMED

WATER. FURTHER UPLAND, WE ARE WORKING WITH FARMERS, HAWAIIAN

COMMUNITIES, LOCAL NONPROFITS, PRIVATE BUSINESSES, AND THE GOVERNMENT

TO PILOT STREAM RESTORATION TECHNIQUES THAT USE PLANTS AND HYDROLOGICAL

FLOW ALTERATIONS TO SLOW, FILTER, AND SINK POLLUTED STORMWATER. THESE

TECHNIQUES ARE DESIGNED TO INCORPORATE MODERN TECHNOLOGY, NATIVE

VEGETATION AND TRADITIONAL HAWAIIAN AGRICULTURAL PRACTICES, SUCH AS

WETLAND TARO TERRACES (LO'I KALO).

OVER THIS PAST YEAR, CORAL HAS EMERGED AS A LEADER IN STREAM

RESTORATION, IN LARGE PART DUE TO THE WEALTH OF KNOWLEDGE OUR TEAM

BRINGS AND OUR PROVEN ABILITY TO DESIGN AND FUND RESTORATION PROJECTS.

WE HAVE INSTALLED A SUITE OF VETIVER SEDIMENT TRAPS TO HELP STABILIZE

SOIL, ABSORB NUTRIENTS AND POLLUTANTS, INCREASE GROUND WATER

INFILTRATION, AND IMPROVE THE ENVIRONMENT FOR SUCCESSFUL REPLANTING OF

NATIVE VEGETATION. WE WERE ALSO ASKED BY MAUI COUNTY TO HELP INTEGRATE

REQUIREMENTS FOR LOW IMPACT DESIGN (LID) INTO THE COUNTY'S NEW 20-YEAR

WEST MAUI PLAN.

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

IN EARLY 2018, THANKS TO THE HARD WORK OF CORAL AND PARTNERS, THE

HONDURAN GOVERNMENT APPROVED THE DECLARATION OF A NEW MARINE PROTECTED

AREA-THE TELA BAY MARINE WILDLIFE REFUGE-COVERING 86,259 HECTARES OF

REEFS AND COASTAL OCEAN. AS PART OF OUR EFFORTS TO PROTECT THE UNIQUE

REEFS OF TELA BAY, CORAL ALSO PLAYED A KEY ROLE IN THE DECLARATION OF

HONDURAS' FIRST COASTAL MANAGED-ACCESS FISHERY IN LAGUNA DE LOS MICOS-A

LAGOON NEAR TELA BAY WHERE JUVENILE REEF FISHES MATURE.

IN 2018, THE "CLOSED SEASON" FOR THE LAGOON WAS A HUGE SUCCESS. FISH BIOMASS IN THE LAGOON WAS 11 TIMES HIGHER THAN IT WAS AFTER THE CLOSED SEASON IN 2017. IN ADDITION, THERE WAS A LARGE CHANGE PRE-AND-POST CLOSED SEASON, WHICH DEMONSTRATES HOW EFFECTIVELY CO-MANAGERS ARE ENFORCING REGULATIONS. WE HAVE ALSO ADVANCED OUR WORK WITH LOCAL COMMUNITIES TO IMPLEMENT ALTERNATIVE LIVELIHOOD PROJECTS THAT WILL OFF-SET THE SHORT-TERM IMPACTS OF INCREASED FISHERIES REGULATIONS. OUR WORK TO RESOLVE CHRONIC WASTEWATER POLLUTION PROBLEMS IN ROATAN, HONDURAS HAS RESULTED IN MEASURABLE IMPROVEMENTS TO COASTAL WATER QUALITY AND HAS SET THE STAGE FOR ADDRESSING WASTEWATER POLLUTION ACROSS THE COUNTRY. AS A DIRECT RESULT OF OUR EFFORTS TO CONNECT HOMES AND BUSINESSES TO A WASTEWATER TREATMENT FACILITY, IN AUGUST 2017, THE PUBLIC BEACH IN WEST END, ROATAN MET US EPA-SAFE SWIMMING STANDARDS FOR THE FIRST TIME. TO REPLICATE THIS SUCCESS, WE CONTINUE TO ENGAGE WITH THE INTER-AMERICAN DEVELOPMENT BANK AND OTHER COMMUNITIES TO IMPROVE WASTEWATER INFRASTRUCTURE ACROSS HONDURAS' COASTAL MUNICIPALITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FIJI (\$214,315) GRANTS \$2,075

SINCE 2004, CORAL HAS WORKED WITH THE PEOPLE OF KUBULAU TO STRENGTHEN

THE COMMUNITY-MANAGED NAMENA MARINE RESERVE (NAMENA), FIJI'S LARGEST

NO-TAKE MARINE PROTECTED AREA AND A TOP GLOBAL DIVE SITE. CORAL'S

STRATEGY IS TO EMPOWER THE ESTABLISHED LOCAL MANAGERS TO TRANSPARENTLY

AND EFFICIENTLY MANAGE NAMENA. OVER THE YEARS, WE'VE WORKED WITH THE

KUBULAU COMMUNITY TO INCREASE THE VOLUNTARY NAMENA DIVE TAG FEE REVENUE

AND HELPED THE KUBULAU RESOURCE MANAGEMENT COMMITTEE (KRMC) RESTRUCTURE

HOW THE REVENUE IS MANAGED. THE DIVE TAG REVENUE IS NOW USED TO FUND

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization **Employer identification number** THE CORAL REEF ALLIANCE 94-3211245 COMMUNITY DEVELOPMENT PROJECTS, ACADEMIC SCHOLARSHIPS FOR KUBULAU YOUTH, AND COVER THE COSTS OF MANAGING THE NAMENA. AS THE KUBULAU COMMUNITY HAS MOVED TOWARDS AUTONOMOUS MANAGEMENT, WE HAVE EXPANDED TO THREE NEW SITES THAT HAVE BEEN STRATEGICALLY SELECTED FOR THEIR ABILITY TO CONTRIBUTE TO A NASCENT FIJIAN ADAPTIVE REEFSCAPE-A NETWORK OF HEALTHY REEFS THAT CAN ADAPT TO CLIMATE CHANGE. TOGETHER, THESE LOCATIONS REPRESENT HIGH ECOLOGICAL DIVERSITY, WHICH IS A KEY FACTOR CONTRIBUTING TO CORAL REEF'S ADAPTATION POTENTIAL. IN 2018, WE CONDUCTED MANAGEMENT, FISHERIES, AND FINANCIAL LITERACY TRAININGS IN ALL THREE OF OUR SITES, SIGNIFICANTLY INCREASING THE CAPACITY OF COMMUNITY MEMBERS TO EFFECTIVELY MANAGE THEIR MARINE RESOURCES. THROUGH THE TRAINING, COMMUNITY MEMBERS BECAME LICENSED AS FISH WARDENS, EQUIPPED WITH THE SKILLS AND AUTHORITY TO ENFORCE FISHING REGULATIONS AND PROTECT THEIR PRECIOUS MARINE RESOURCES FROM OVEREXPLOITATION. FURTHERMORE, WE WORKED CLOSELY WITH THE FIJIAN MINISTRY OF FISHERIES TO HOST THESE TRAININGS, EVIDENCING THE STRONG RELATIONSHIP THAT WE HAVE BUILT WITH THE GOVERNMENT. IN 2018, WE ALSO ESTABLISHED THE YAUBULA MANAGEMENT SUPPORT TEAM (YMST) IN RA. AFTER CONSULTING WITH THE PROVINCIAL OFFICE IN RA, WE PLANNED AND CONDUCTED A TRAINING, WITH THE GOAL OF ASSISTING RA PROVINCE IN THE ESTABLISHMENT OF A COMMUNITY-BASED RESOURCE MANAGEMENT COMMITTEE. THIS IS THE SECOND COMMITTEE ESTABLISHED BY SUB-DISTRICTS IN THE AREA AND A KEY ELEMENT OF IMPROVING MANAGEMENT AND FINANCING IN THE REGION. FURTHERMORE, THE YMST WAS MODELED OFF OUR PREVIOUS SUCCESS OF THE KRMC IN NAMENA, AND WAS ABLE TO DRAW FROM KRMC'S BEST PRACTICES AND LESSONS LEARNED.

INDONESIA (\$181,696) GRANTS \$1,104

Name of the organization **Employer identification number** THE CORAL REEF ALLIANCE 94-3211245 CORAL HAS 10 YEARS OF EXPERIENCE WORKING IN INDONESIA ON CORAL REEF CONSERVATION. IN INDONESIA, THREATS FROM DEVELOPMENT AND TOURISM-SUCH AS OVERFISHING AND HABITAT DESTRUCTION-UNDERMINE THE ABILITY OF CORAL REEFS TO ADAPT TO CLIMATE CHANGE AND PROVIDE BENEFITS TO HUMAN COMMUNITIES. TOGETHER WITH OUR PARTNERS, CORAL IS CREATING AN ECOLOGICALLY CONNECTED AND SOCIOECONOMICALLY SUSTAINABLE NETWORK OF LOCALLY MANAGED MARINE AREAS (LMMAS) FOR TWO REGENCIES IN NORTHERN BALI. ONCE ESTABLISHED, THIS NETWORK WILL PROTECT AND PROMOTE HEALTHY REEF ECOSYSTEMS AND FISHERIES, BENEFITING HUMAN AND CORAL REEF COMMUNITIES. THE FOUNDATION OF THIS NETWORK IS A COMMUNITY-BASED CO-MANAGEMENT STRUCTURE WHERE LOCAL COMMUNITIES AND BUSINESSES PROVIDE THE MANAGEMENT CAPACITY AND GENERATE THEIR OWN REVENUE TO SUSTAIN MANAGEMENT ACTIONS. WE CONTINUE TO STRENGTHEN AND ADVANCE OUR WORK ON SUSTAINABLE FINANCING, AND ARE IN THE PROCESS OF DEVELOPING A FINANCIAL TOOLKIT THAT CAN BE APPLIED ACROSS THE LMMA NETWORK. WE ALSO WORK WITH BUSINESSES TO IDENTIFY POTENTIAL OPPORTUNITIES FOR STRENGTHENING AND CREATING NEW LIVELIHOODS FOR LOCAL COMMUNITIES. FOR EXAMPLE, IN THE COMMUNITY OF TULAMBEN, WE HAVE SUPPORTED A LOCAL WOMAN'S GROUP THAT HAS CREATED A BUSINESS AROUND COLLECTING AND SORTING WASTE FOR RECYCLING. THESE EFFORTS EFFECTIVELY CREATE WIN-WINS FOR PEOPLE AND CONSERVATION BY CREATING LIVELIHOODS AND REDUCING THE AMOUNT OF TRASH THAT MAKES ITS WAY TO CORAL REEFS. IN 2018, AFTER SEVERAL YEARS OF WORKING WITH COMMUNITY PARTNERS TO DEVELOP LMMA ZONING AND MANAGEMENT PLANS, THE FINAL DRAFT PLANS ARE CURRENTLY UNDER REVIEW TO BE APPROVED BY THE NATIONAL GOVERNMENT THROUGH THE MINISTRY OF MARINE AND FISHERIES AFFAIRS. IN 2018, AT THE REQUEST OF COMMUNITIES IN NORTH BALI, WE LAUNCHED A NEW

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Name of the organization

Employer identification number

THE CORAL REEF ALLIANCE 94-3211245

PROJECT THAT WILL EXAMINE THREE APPROACHES TO CORAL RESTORATION IN BALI

AND DEVELOP A SET OF BEST PRACTICE GUIDELINES. THE PROJECT WILL ENABLE

THIS INFORMATION TO IMPROVE CORAL RESTORATION TECHNIQUES IN NORTH BALI

US TO IDENTIFY WHICH APPROACHES ARE BEST FOR REBUILDING REEFS AND USE

AND BEYOND.

CORAL CONSERVATION PRIZE (\$35,633) GRANTS \$22,487

THE CORAL CONSERVATION PRIZE IS AWARDED ANNUALLY AND ITS PURPOSE IS TO RECOGNIZE ONE EXEMPLARY CORAL REEF CONSERVATION LEADER FROM AROUND THE WORLD WITH A CASH PRIZE THAT IS APPLIED TOWARDS FURTHERING CORAL REEF CONSERVATION WORK IN THEIR COMMUNITY. THE WINNER IS CORAL'S GUEST OF HONOR AT A CELEBRATORY CEREMONY WHERE THEY CAN SHARE STORIES AND KEY LEARNINGS ABOUT THEIR SUCCESSFUL WORK TO SAVE CORAL REEFS. THIS AWARD PROVIDES A UNIQUE OPPORTUNITY TO RECOGNIZE CORAL REEF CONSERVATION LEADERS FROM AROUND THE WORLD, SUPPORT OUTSTANDING LOCAL CORAL REEF CONSERVATION EFFORTS, PROVIDE A PLATFORM TO HIGHLIGHT CORAL REEFS WITHIN LOCAL, NATIONAL AND INTERNATIONAL MEDIA, AND PROVIDE AN INCENTIVE FOR CONTINUED WORK IN ALL CORAL REGIONS OF THE WORLD. KOMENO ROBERTO JEAN LUC, THE 2018 WINNER, HAILS FROM SOUTHEAST MADAGASCAR WHERE HE WORKS FOR REEF DOCTOR, A UK-BASED NON-PROFIT CONSERVATION AND SOCIAL DEVELOPMENT ORGANIZATION OPERATING IN THE BAY OF RANOBE. REEF DOCTOR IS THE ONLY MARINE CONSERVATION AND DEVELOPMENT ORGANIZATION IN THE AREA, AND ROBERTO'S WORK FOCUSES ON AQUACULTURE, REEF RESTORATION, MARINE RESERVE MANAGEMENT, AND RESEARCH. EXPENSES \$ 431,644. INCLUDING GRANTS OF \$ 25,702. REVENUE \$ 0.

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

A DRAFT COPY OF THE FORM 990 AS PREPARED BY THE AUDIT FIRM SHALL BE

Name of the organization THE CORAL REEF ALLIANCE

Employer identification number 94-3211245

REVIEWED IN TURN BY THE FINANCE DIRECTOR, THE EXECUTIVE DIRECTOR, AND THE

EXECUTIVE COMMITTEE OF THE BOARD, PRIOR TO FILING. EACH STAFF MEMBER AND

COMMITTEE MEMBER SHALL SIGN-OFF AS THEIR REVIEW IS COMPLETED.

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

MEMBERS OF THE BOARD OF DIRECTORS AND STAFF SIGN A CONFLICT OF INTEREST

POLICY STATEMENT ON AN ANNUAL BASIS. MEMBERS OF THE BOARD OF DIRECTORS AND

STAFF HAVE A CONTINUING RESPONSIBILITY TO PROMPTLY DISCLOSE TO THE

ORGANIZATION THE EXISTENCE OF ANY ADDITIONAL AFFILIATIONS AS THEY ARE

UNDERTAKEN. IF ANY CONFLICTS OF INTEREST EXIST, THE BOARD MEMBERS WILL

DISCUSS THE NEXT STEPS AND DOCUMENT HOW TO RECTIFY THE SITUATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE SHALL ANNUALLY REVIEW THE COMPENSATION OF THE

EXECUTIVE DIRECTOR AND THE FINANCE DIRECTOR. THE EXECUTIVE COMMITTEE SHALL

GATHER RECENT DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED

PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED

ORGANIZATIONS. MANAGEMENT MAY ASSIST THE COMMITTEE IN THE DATA COLLECTION.

UPON REVIEW OF ALL PERTINENT DATA, THE MEMBERS OF THE EXECUTIVE COMMITTEE

SHALL DETERMINE AND APPROVE THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND

THE FINANCE DIRECTOR. COMPENSATION DECISIONS ARE RECORDED AND MAINTAINED IN

THE ORGANIZATION'S RECORDS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,MA,MD,ME,MI,MN,NC,ND,NH,NJ,NM,NV

NY,OK,OH,OR,PA,RI,SC,TN,UT,VA,WV,WI

FORM 990, PART VI, SECTION C, LINE 18:

Name of the organization THE CORAL REEF ALLIANCE	Employer identification number 94-3211245
THE FEDERAL FORM 990 IS POSTED ON THE ORGANIZATION'S WEBS	SITE, AND AVAILABLE
UPON REQUEST.	
EODM 000 DADE UT CECETON C. LINE 10.	
	TEDECH DOLLCY ADE
THE ARTICLES OF INCORPORATION, BYLAWS AND CONFLICT OF INT	
AVAILABLE ON REQUEST. THE AUDIT REPORT IS POSTED ON THE C	
WEBSITE, AND THE FINANCIAL STATEMENTS ARE AVAILABLE IN AN	I ABBREVIATED FORM
IN THE ANNUAL REPORT.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	215 402
MANAGEMENT AND GENERAL EXPENSES	101 650
FUNDRAISING EXPENSES	53 /37
TOTAL EXPENSES	270 400
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	