			EXTENDED TO MAY 16, 20	022			
Forr	" 9	90	Return of Organization Exempt Fr Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	rom I	ncom	e Tax	OMB No. 1545-0047
			Do not enter social security numbers on this form as	s it may b	pe made p	public.	Open to Public
Interr	nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the second seco				Inspection
AF	or th	e 2020 calend	ar year, or tax year beginning $ m JUL1$, 2020 and en	nding J	UN 30), 2021	
B c	B Check if applicable: C Name of organization D Employer identifica						tion number
	Addre chang	•	CORAL REEF ALLIANCE			-321124	F
	_ chang _Initial _returr	ge Doing bu	Jsiness as	(5
	Final returr	1330	and street (or P.O. box if mail is not delivered to street address) Ro BROADWAY 6C	oom/suite D O		hone number $0 - 370 - 0$	
_	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross r	eceipts \$	4,058,875.
	Amer		AND, CA 94612		-	his a group retu	
	Appli tion pend	F Name a	nd address of principal officer: MADHAVI COLTON			subordinates?	
	-	SAME	AS C ABOVE		H(b) Are a	all subordinates inclu	uded? Yes No
		empt status:		527	۱۴ "۱	No," attach a lis	t. See instructions
			CORAL.ORG			up exemption i	
		f organization:	X Corporation Trust Association Other F	L Year of	of formatio	n: 1994 MS	State of legal domicile: CA
Pa	art I	Summary					
ø	1	Briefly describ	e the organization's mission or most significant activities: SAVING	G THE	WORL	D'S COR	AL REEFS.
Governance							
ern	2	Check this bo	★ ► ☐ if the organization discontinued its operations or disposed	d of more	than 25%	6 of its net asse	
Ň	3		ing members of the governing body (Part VI, line 1a)				11
ن مح	4		ependent voting members of the governing body (Part VI, line 1b) \ldots				11
es	5	Total number	of individuals employed in calendar year 2020 (Part V, line 2a)			5	24
iti	6	Total number	of volunteers (estimate if necessary)			6	100
Activities &	7a	Total unrelated	d business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0.
					Prior		Current Year
e	8	Contributions	and grants (Part VIII, line 1h)			1,568.	4,053,223.
enu	9	Program servi	ce revenue (Part VIII, line 2g)		2	24,000.	5,041.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)			1,272.	-1,893.
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			6,840.	4,056,371.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		27	8,285.	234,899.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)			0.	0.
es			compensation, employee benefits (Part IX, column (A), lines 5-10) \ldots		2,14	6,724.	1,982,591.
sue	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses			ng expenses (Part IX, column (D), line 25) 444,043				
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)			5,094.	702,531.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)			80,103.	2,920,021.
	19	Revenue less	expenses. Subtract line 18 from line 12			26,737.	1,136,350.
s or				Be	ginning of	Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F				2,268.	4,578,808.
at As	21		(Part X, line 26)			0,390.	840,580.
			fund balances. Subtract line 21 from line 20		2,60	1,878.	3,738,228.
	art II						
			declare that I have examined this return, including accompanying schedules and			-	nowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	h preparer	has any kn	owledge.	

Sign	Signature of officer			Date					
Here	MADHAVI COLTON, EXECUT	IVE DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	PENNY L. LANE, CPA			self-employed P00743411					
Preparer	Firm's name 🕨 KARLSSON & LANE,		CORP.	Firm's EIN 94-2590397					
Use Only	Firm's address 4725 FIRST ST.,	STE. 226							
	PLEASANTON, CA 9	4566		Phone no. (925) 271-5519					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🛄 No								

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

HAWAI'I	orm	990 (2020) THE CORAL REEF ALLIANCE	94-3211245	Page
1 Bieldy describe the organizations mission: THE CORAL REEF ALLIANCE (CORAL) IS AN ENVIRONMENTAL NGO THAT IS ON MISSION TO SAVE THE WORLD'S CORAL REEFS. FOUNDED IN 1994, CORAL HAS HISTORY OF WORKING COLLADCARTIVELY WITH COMMUNITIES TO REDUCE DIREC THREATS TO REEFS. (CONTD. ON SCHEDULE O) 2 Dd the organization case. (CONTD. ON SCHEDULE O) 2 Dd the organization case. Control. ON SCHEDULE O) 2 Dd the organization case. conducting, or make significant charges in how it conducts, any program services, as measured by expense more than and the organization case. completiments for each of its three largest program services, as measured by expense Section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. revenue, if any, for each program service accompletiments for each of its three largest program services, as measured by expense Section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. revenue, if any, for each program service septod. 4 (Cose] (beganeses 876, 394. inclusing status of 194, 867.) (becomes MISSOMERICAN REGION (MAR) CORAL WORKS WITH LOCAL ORGANIZATIONS, COMMUNITIES AND GOVERNMENTS ACROSS THE MESOAMERICAN REFE SYSTEM TO DETABLISH THE CONDITIONS THA WILL HELP CORALS ADAPT TO THE EFFECTS OF CLIMATE CHANGE WITH FUNDIN FROM LONG-TERM GRANTS RECORDED AS REVENUE UNTHE PRICE FISCHALLY, OUR REPUTATION AS EXPERTS IN RESOLUTION SATE HOMOLELT IN THE EXPLORE FISCHALLY, OUR CORAL AREFES AND THE COMMUNITIES THAT DEPEND ON THEM. 40 (Conce) (Conewes 5 654, 243. inclusing status	Par	t III Statement of Program Service Accomplishments		
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THREATS TO REEFS. (CONTD. ON SCHEDULE O) 2 Dd the organization undertake any significant program services during the year which were not listed on the prior form 980 or 990-C27. Ves If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Ves If "Yes," describe these changes on Schedule O. If "Yes," describe these changes on Schedule O. Ves If "Yes," describe these changes on Schedule O. If "Yes," describe these changes on Schedule O. Ves Obsche the torganization service regords. If "Yes," describe these changes on Schedule O. If "Yes," describe these changes on Schedule O. 4a Cove 10 (Greenest & 876, 394. neuding garlinot # 194, 867.) (Newsord & MESOAMERICAN REGION (MAR) CORAL WORKS WITH LOCAL ORGANIZATIONS, COMMUNITIES AND GOVERNMENTS CORAL WORKS WITH LOCAL ORGANIZATIONS, COMMUNITIES AND CONDITIONS THE WILL HELP CORALS ADAPT TO THE EFFECTS OF CLIMATE CHANGE WITH FUNDIN FROM LONG-FERM GRANTS RECORDED AS REVENUE IN THE PAST 15 YEARS, we HAVE BUI REPUTATION AS EXPERTS IN RESOLVING WATER QUALITY ISSUES, ADDRESSING OVER FISHING, AND PROMOTING SUSTAINABLE TOURISM. SPECIFICALLY, OUR LONGSTANDING WORK IN COASTAL HONDURAS AND THE BAY ISLANDS TO REDUCE DCOAL THREATS AND PROMOTING SUSTAINABLE TOURISM. SPECIFICALLY, OUR LONGSTANDING WORK IN COASTAL HONDURAS AND THE MAY ISLANDS TO REDUCE DCOAL THREATS AND REVOLVED IN TANABLE TOURISM. SPECIFICALLY, OUR LONGSTANDING WORK IN COASTAL HONDURAS AND THE MAN THE SULL DECEMPTICALLY, OUR LONGSTANDING WORK IN COASTAL HONDURAS AND THE MAN THE COUNDESSING (CONAL REEFS AND THE COMMUNITIE				
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 580 or 980-E27 Image: Control of Contrel of Conte Contrel Control of Contrel of Control of Control of			TO REDUCE DIREC	т
prior Form 800 or 900-E27				
 If Yes," describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services, are measured by expenses Section Sticle(3) and SDI(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported. Grave 876, 394. including grants at 3 allocations to others, the total expenses, revenue, if any, for each program service reported. Grave 876, 394. including grants at 3 allocations to others, the total expenses, revenue, if any, for each program service reported. Grave 876, 394. including grants at 3 allocations to others, the total expenses, revenue, if any, for each program service reported. Grave 876, 394. including grants at 3 allocations to others, the total expenses, revenue, if any, for each program services are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program services are required to report the amount of grants and allocations to others, the total expenses are required to report the amount of grants and allocations to others, the total expenses are required to report the amount of grants and allocations to others, the total expenses are applied to report the amount of grants and allocations to others, the total expenses are applied to report the amount of grants and allocations to others, the total expenses are applied to report the amount of grants and allocations to others, the total expenses are applied to report the amount of grants and allocations to others, the total expenses are applied to report the amount of grants and allocations to others. The total expenses are applied to report the amount of grants and allocations to others. The total expenses and the constant and allocations are applied to the program and the propering and the program to a the applied to the profile and and	2			37
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	4e		,	
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Form	990	(2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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		х	
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	-23	<u> </u>
5	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	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		<u> </u>
•	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			
-	Schedule D, Part III	8		x
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization'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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	444		x
	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d 11e		X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		- 23
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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	<u> </u>
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			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- v
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u></u>
19		10		x
20a	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_38		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
h	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			<u>-</u> -
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		- 23
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	28c		x
29	"Yes," complete Schedule L, Part IV	200	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16		res	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990	(2020)	\mathbf{THE}	CORAL	REEF	ALLIANCE	
Part V	Statements	Regardi	ng Other	IRS Fili	ings and Tax	Compliance (continued)

THE CORAL REEF ALLIANCE

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 24				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х	
b	If "Yes," enter the name of the foreign country				
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		х	
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
u	any contributions that were not tax deductible as charitable contributions?	6a		х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		Х	
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 contract?	7e 7f		X X	
f					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
9	sponsoring organization have excess business holdings at any time during the year?	8			
a		9a			
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b			
10	Section 501(c)(7) organizations. Enter:	0.0			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 10			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
L	Note: See the instructions for additional information the organization must report on Schedule O.				
D	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans				
c	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c				
		14a		Х	
15					
-	excess parachute payment(s) during the year?				
	If "Yes," see instructions and file Form 4720, Schedule N.	15			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х	
	If "Yes," complete Form 4720, Schedule O.				

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Form 9	90 (2	2020)
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THE CORAL REEF ALLIANCE

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

	Check if Schedule O contains a response or note to any line in this Part VI				2
Sec	tion A. Governing Body and Management				
				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	1		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under the	the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or			
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:			
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 re				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)		-	
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '	'Yes," describe			
	in Schedule O how this was done		12c	Х	
3	Did the organization have a written whistleblower policy?			Х	
4	Did the organization have a written document retention and destruction policy?			Х	Γ
5	Did the process for determining compensation of the following persons include a review and appro				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
а	The organization's CEO, Executive Director, or top management official		15a	X	Γ
	Other officers or key employees of the organization			Х	Γ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				ſ
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a			
	taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				ſ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,		(3)s only	/) avai	lal
	for public inspection. Indicate how you made these available. Check all that apply.	in on Schedule O)	.,,	,	
0		,	and fine	noial	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year	connict of interest policy, a	anu imal	lloidi	
0	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 the THE CORAL REEF ALLIANCE - 510-370-0500	DOOKS AND RECORDS			
	1330 BROADWAY, NO. 600, OAKLAND, CA 94612		Form	1 990	()
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Part VII	Compensation of Officers, Directors, Trustees, K	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.

т

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition	than (one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week				recio	i/uus	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper		()		and related
	below	Individual trustee or director	Institutional trustee	ь	Key employee	est cc loyee	ler			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Form			
(1) KIRBY RYAN	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(2) MICHAEL BENNETT	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) ROBERT WATT	1.50									
TREASURER		Х		Х				0.	0.	0.
(4) WILLIAM KERR	1.50									
TREASURER (THROUGH 12/31/20)		Х		Х				0.	0.	0.
(5) C. ELIZABETH WAGNER	1.50									
SECRETARY		Х		Х				0.	0.	0.
(6) LAURETTA BURKE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JEFF CHANIN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MARIA JOSE GONZALEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(9) VANI KEIL	1.00									
DIRECTOR		Х						0.	0.	0.
(10) AILEEN LEE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JAMES LUSSIER	1.00									
DIRECTOR (THROUGH 2/15/21)		Х						0.	0.	0.
(12) JIM TOLONEN	1.00									-
DIRECTOR		Х						0.	0.	0.
(13) ADAM TRATT	1.00									-
DIRECTOR		Х						0.	0.	0.
(14) MADHAVI COLTON	40.00									
EXECUTIVE DIRECTOR				х				162,071.	0.	22,747.
(15) GAUTAM WADHWANI	40.00								_	
FINANCE & OPERATIONS DIRECTOR				Х				80,000.	0.	23,672.
(16) DIANA SOKOLOVE	40.00								_	
CONSERVATION PROGRAM DIRECTOR						Х		148,500.	0.	12,474.
(17) HELEN FOX	40.00									
GLOBAL CONSERVATION SCIENCE DIRECTOR						Х		111,250.	0.	2,794.
032007 12-23-20						~				Form 990 (2020)

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	990 (2020) THE CORAI									94-3	211	245	Pa	ige 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghes	st C						
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatic from related	on d	am	(F) timate iount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga anc	oensat om the anizati I relate nizatio	e on ed
1b	Subtotal							•	501,821.		0.	6:	1,68	37.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A			·····		 		0. 501,821.		0. 0.		, 1,68	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	io r	eceived more than \$100),000 of reportab	le		Yes	3 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual								•		3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-	I	4	x	
	rendered to the organization? If "Yes," com	-				-			-			5		Х
1	tion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business			ONI					(B) Description of s		С	(C comper		ı
								_						
								_						
2	Total number of independent contractors (i	ncludina but n	ot liv	nite	d to	tho	se lic		above) who received m	ore than				
_	\$100,000 of compensation from the organiz	•	11		0)					Form \$	990 (2	2020)

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			Check if Schedule O contains a respon	se or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1g \$	451,594. 3,601,629. 91,723.				
		-	Total. Add lines 1a-1f		4,053,223.			
	2	a b c	PROGRAM FEES	Business Code 900099	5,041.	5,041.		
Be		d e		-				
Pro			All other program service revenue	-				
		g	Total. Add lines 2a-2f		5,041.			
	3 4 5		Investment income (including dividends, into other similar amounts) Income from investment of tax-exempt bon Royalties	d proceeds	611.			611.
	6	b c		(ii) Personal				
enue	7	b	Gross amount from sales of assets other than inventory(i) SecuritieLess: cost or other basis and sales expenses7b2,504Gain or (loss)7c-2,504	1.				
Re		d	Net gain or (loss)		-2,504.			-2,504.
Miscellaneous Other Revenue Other Revenue Revenue	8		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
			Less: direct expenses Net income or (loss) from fundraising event					
	9	а	Gross income from gaming activities. See Part IV, line 19					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns and allowances	10a				
			L	10b				
laneous enue	11		Net income or (loss) from sales of inventory	Business Code				
Scel		С					ļ	
Ξ.			All other revenue					
	10		Total. Add lines 11a-11d		4,056,371.	5,041.	0.	-1,893.
03300	12		Total revenue. See instructions	▶	- ,050,571•] 5,041•		Form 990 (2020)
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THE CORAL REEF ALLIANCE

Form 990 (2020)

Statement of Revenue

Part VIII

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Part IX Statement of Functional Expenses

THE CORAL REEF ALLIANCE

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

	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		X
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	40,400	40,400		
	and domestic governments. See Part IV, line 21	40,420.	40,420.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	104 470	104 470		
	individuals. See Part IV, lines 15 and 16	194,479.	194,479.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	220 122	07 200	173,035.	67,888.
	trustees, and key employees	338,132.	97,209.	1/3,035.	07,000
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	1,388,753.	1,061,856.	97,238.	229,659.
7	Other salaries and wages	т, 500, 753.	I,001,000.	91,430.	449,039
8	Pension plan accruals and contributions (include	40,306.	27,053.	6,308.	6,945.
0	section 401(k) and 403(b) employer contributions) Other employee benefits	112,902.	75,779.	17,670.	19,453
9 10		102,498.	68,795.	16,042.	17,661
10 11	Payroll taxes			10,012.	±,,001
	Fees for services (nonemployees): Management				
		1,672.	1,672.		
		1,072.	1,072•		
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	343,649.	283,757.	55,161.	4,731.
12	Advertising and promotion				-1
13	Office expenses	70,966.	49,790.	7,801.	13,375.
14	Information technology	,	,		•
15	Royalties				
16	Occupancy	129,473.	97,179.	15,073.	17,221.
17	Travel	4,737.	4,225.	381.	131.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,544.	2,325.	925.	294.
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PRINTING AND COPYING	32,518.	11,843.	35.	20,640.
b	BANK CHARGES	32,368.	7,275.	1,064.	24,029.
с	DUES AND SUBSCRIPTIONS	30,694.	6,094.	10,576.	14,024.
d	TRAINING AND WORKSHOPS	24,372.	20,245.	3,438.	689.
е	All other expenses	28,538.	17,472.	3,763.	7,303.
25	Total functional expenses. Add lines 1 through 24e	2,920,021.	2,067,468.	408,510.	444,043.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here 🕨 🧾 if following SOP 98-2 (ASC 958-720)				
3201	0 12-23-20				Form 990 (2020

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THE CORAL REEF ALLIANCE Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			846,357.	1	1,160,517.
	2	Savings and temporary cash investments			1,355,286.	2	2,011,620.
	3	Pledges and grants receivable, net			825,148.	3	1,353,432.
	4	Accounts receivable, net			326,794.	4	8,913.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disgualit				-	
		under section 4958(f)(1)), and persons described		•		6	
Ś	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			36,673.	9	32,870.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	34,168.			
	b	Less: accumulated depreciation			3,785.	10c	241.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	2,990.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			8,225.	15	8,225.
	16	Total assets. Add lines 1 through 15 (must equa			3,402,268.	16	4,578,808.
	17	Accounts payable and accrued expenses			148,193.	17	214,874.
	18	Grants payable			318,696.	18	
	19	Deferred revenue	333,501.	19	625,706.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
.iab		controlled entity or family member of any of thes	se pers	ons		22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines					
		of Schedule D			800,390.	25	840,580.
	26	Total liabilities. Add lines 17 through 25	- 1 - 1		000,390.	26	040,500.
es		Organizations that follow FASB ASC 958, che	ck ner	e 🕨 🔽			
anc	07	and complete lines 27, 28, 32, and 33.			863,026.	27	1,141,256.
3ala	27 28	Net assets without donor restrictions			1,738,852.	27	2,596,972.
ЪГ	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			1,750,052.	20	2,330,3720
Бu		and complete lines 29 through 33.	56, CH				
P.	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,601,878.	32	3,738,228.
2	33	Total liabilities and net assets/fund balances			3,402,268.	33	4,578,808.
					-,_,_,_,	00	

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Form **990** (2020)

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Form 990 (2020)

	990 (2020) THE CORAL REEF ALLIANCE	<u>94</u> -	321124	5	Page 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			371.
2	Total expenses (must equal Part IX, column (A), line 25)	2			021.
3	Revenue less expenses. Subtract line 2 from line 1	3			350.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,6	01,	878.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,7	38,	228.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Ye	s 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	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?		2	b 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			_	_
	review, or compilation of its financial statements and selection of an independent accountant?			c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit		
	Act and OMB Circular A-133?			a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3		

Form **990** (2020)

032012 12-23-20

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

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

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

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

	OMB No. 1545-0047
1	2020
	Open to Public Inspection
Employer	identification number

Name of the organization

		THE	CORAL REEF	ALLIANCE				9	4-3211245
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	his part.) S	See instruction	าร.	
Гhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)([.]	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	intial part of its support f	rom a gov	rernmental	l unit or from t	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	le or
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	ship fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a	-	-				-	
		more publicly supported or	•						Check the box in
	_	lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga		-	•	-			
		the supported organization			a majority (of the dire	ctors or truste	ees of the s	supporting
	_	organization. You must c	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus							
С		☐ Type III functionally inte						ally integrat	ed with,
		its supported organization							
d		☐ Type III non-functionally						-	
		that is not functionally int			•		-	d an attent	iveness
_		requirement (see instruct		•				U. T	
е		Check this box if the orga					а турет, туре	e II, Type III	
÷	Ent	functionally integrated, or er the number of supported of		many integrated support	ing organi	zation.			
f		vide the following information	0	d organization(s)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	ing document? No	support (see ir	nstructions)	support (see instructions)
Tota	al								

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

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

See	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,821,206.	4,401,536.	2,401,883.	4,031,568.	4,053,223.	17,709,416.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,821,206.	4,401,536.	2,401,883.	4,031,568.	4,053,223.	17,709,416.
	The portion of total contributions	, , -	, , -	, , , -	, , -	, , -	, , .
Ŭ	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)						2,660,241.
~							
	Public support. Subtract line 5 from line 4. ction B. Total Support						15,049,175.
		(-) 0010	(1-) 0017	(-) 0010	(-1) 0010	(-) 0000	(f) T_++-
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	2,821,206.	4,401,536.	2,401,883.	4,031,568.	4,053,223.	17,709,416.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	014	(22)	1	1 0 0 5	C11	1 1 1 0
	and income from similar sources \dots	214.	633.	1,665.	1,025.	611.	4,148.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
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						17,713,564.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	fourth, or fifth tax y	/ear as a section §	501(c)(3)	
	organization, check this box and stop						>
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (line 6, column (f), d	livided by line 11, o	column (f))		14	84.96 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	78.99 %
16 a	1 33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported o	rganization	-	
b	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets th						
	organization meets the facts-and-circ				• •		
18	Private foundation. If the organization		•		•••••		s >
	<u>_</u>		, • = =	. , ,		dule A (Earm 990	

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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.)

	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e	e) 2020	(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							
14	3 received from disgualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
_	amount on line 13 for the year	 						
	Public support. (Subtract line 7c from line 6.)							
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019		e) 2020	(f) Total
	Amounts from line 6	(a) 2010	(0) 2017	(0) 2018	(u) 2019	, (6	<i>;</i>]2020	(I) IOtal
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
~	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							
2	Other income. Do not include gain or loss from the sale of capital							
12	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)	o organizationic f	rot occord the	fourth or fifth terr		L	2) organi-rt	
14	First 5 years. If the Form 990 is for the	e organization s fi			-			ion,
200	check this box and stop here	io Support Do		<u></u>			<u></u>	
	•		-			45		
	Public support percentage for 2020 (I		•			15		
<u>16</u>	Public support percentage from 2019 ction D. Computation of Invest			·····		16		
	-					47		
	Investment income percentage for 20					17		
	Investment income percentage from					18		
18			hat chack the box	on line 14, and line	e 15 is more than 3	33 1/39	%, and line 1	7 is not
18	33 1/3% support tests - 2020. If the							
18 19a	33 1/3% support tests - 2020. If the more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s				▶∟
18 19a	33 1/3% support tests - 2020. If the more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the	nd stop here. The organization did r	organization qual not check a box o	ifies as a publicly s n line 14 or line 19a	a, and line 16 is mo	ore tha		
18 19a b	33 1/3% support tests - 2020. If the more than 33 1/3%, check this box a 33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, check this box a 33 1/3% , check this box a	nd stop here. The organization did r eck this box and st	organization qual not check a box or c op here. The orga	ifies as a publicly s n line 14 or line 19a anization qualifies a	a, and line 16 is mo as a publicly suppo	ore tha orted o	rganization	►
18 19a b	33 1/3% support tests - 2020. If the more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the	nd stop here. The organization did r eck this box and st	organization qual not check a box or c op here. The orga	ifies as a publicly s n line 14 or line 19a anization qualifies a	a, and line 16 is mo as a publicly suppo nis box and see ins	ore tha orted o structio	rganization	►

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part IV Supporting Organizations (continued)

1

2

			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
			1	

2	Did the organization operate for the benefit of any supported organization other than the supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
	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
'	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,

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.

|--|

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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 line 2, above, 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		

Section 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	a the	veafsee instruction	າຣ).

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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2a

2b

За

3b

18

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No Yes

Schedule A (Form 990 or 990-EZ) 2020 THE CORAL REEF ALLIANCE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6				

instructions).

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Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity	2	2	
3	Administrative expenses paid to accomplish exempt purpose	is 3	3	
4	Amounts paid to acquire exempt-use assets		4	۱
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	Ę	5
6	Other distributions (describe in Part VI). See instructions.		6	5
7	Total annual distributions. Add lines 1 through 6.		7	7
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2020 from Section C, line 6		<u></u>	9
10	Line 8 amount divided by line 9 amount		10)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
с	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

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	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities		OMB No. 1545-0047							
(Form 990 or 990-EZ)				2020						
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.					LULU					
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for i			JJU-LZ.	Open to Public Inspection				
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), t										
-	• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.									
	 Section 50 (c)(3) organizations. Complete Parts PA and B. Do not complete Part PC. 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. 										
0		n Form 990, Part IV, line 4, or Fo	rm 990-EZ. Part VI. li	ne 47 (Lobbvina Act	ivities). th	ien				
-		have filed Form 5768 (election un								
	-	have NOT filed Form 5768 (election			-					
If the organization ans	wered "Yes," or	Form 990, Part IV, line 5 (Proxy	/ Tax) (See separate i	nstructions) or Forn	n 990-EZ,	Part V, line 35c (Proxy				
Tax) (See separate inst	ructions), then									
), or (6) organiza	tions: Complete Part III.								
Name of organization						r identification number				
		AL REEF ALLIANCE				4-3211245				
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c)	or is a section 5	27 orga	nization.				
		ation's direct and indirect politica			Ν.					
		ures			▶\$					
3 Volunteer hours for	political campai	gn activities								
Part I-B Comple	ete if the ord	anization is exempt unde	er section 501(c)(3)						
-		incurred by the organization under			▶\$					
		incurred by organization manage								
		n 4955 tax, did it file Form 4720 f				Yes No				
						Yes No				
b If "Yes," describe ir										
Part I-C Comple	ete if the org	anization is exempt unde	er section 501(c),	except section	501(c)(3	3).				
1 Enter the amount d	irectly expended	d by the filing organization for sec	tion 527 exempt funct	ion activities	▶\$					
2 Enter the amount o	f the filing organ	ization's funds contributed to oth	er organizations for se	ection 527						
exempt function ac					▶\$					
3 Total exempt function	on expenditures	. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,							
					▶\$					
		1120-POL for this year?				Yes No				
		nployer identification number (EIN								
		tion listed, enter the amount paid omptly and directly delivered to a								
		additional space is needed, provi			eparate s	egregated fund of a				
· · ·	. ,		1	(d) Amount paid f	*om ((e) Amount of political				
(a) Name	3	(b) Address	(c) EIN	filing organization funds. If none, ente	n's cor er-0	reparticulation of political netributions received and promptly and directly delivered to a separate political organization. If none, enter -0				
-										

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

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Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020	THE	CORAL	REEF	ALLIANCE
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Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
	section 501(h)).							
A C	Check 🕨 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,							
	expenses, and share of exces	ss lobbying expenditures).						
BC	heck 🕨 🔲 if the filing organization check	ed box A and "limited control" provisions apply.						
		oying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals				
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	0.					
b	Total lobbying expenditures to influence a le	gislative body (direct lobbying)	0.					
с	Total lobbying expenditures (add lines 1a and	d 1b)	0.					
d			2,920,021.					
е		s 1c and 1d)	2,920,021.					
f	Lobbying nontaxable amount. Enter the amo		296,001.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
	Over \$17,000,000	\$1,000,000.						
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	74,000.					
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.					
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.					
j	If there is an amount other than zero on either reporting section 4911 tax for this year?	er line 1h or line 1i, did the organization file Form 4720	Γ	Yes No				

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	326,215.	324,516.	321,505.	296,001.	1,268,237.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,902,356.
c Total lobbying expenditures	24,317.	3,927.	78,839.		107,083.
d Grassroots nontaxable amount	81,554.	81,129.	80,376.	74,000.	317,059.
e Grassroots ceiling amount (150% of line 2d, column (e))					475,589.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020 THE CORAL REEF ALLIANCE

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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	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	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?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	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				e 3, is
1	answered "Yes." Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		-		
-	expenses for which the section 527(f) tax was paid).	Jul			
а	Current year		2a		
	Carryover from last year				
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		3		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
			4		
5	expenditure next year?		4		
_	Taxable amount of lobbying and political expenditures (See instructions) t IV Supplemental Information		J D		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-A (affiliated group	lict): Dort II A	linos 1 /	and 2 (Sac	
1100	de the descriptions required for Fart PA, line 1, Fart PD, line 4, Fart PO, line 3, Fart IPA (anniated group	лы), ган II-А,	11162 1 6		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2020

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(Form 990)

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.



CORALRE1

Employer identification number 94-3211245

Department of the Treasury Internal Revenue Service Name of the organization

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THE CORAL REEF ALLIANCE Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor adv	/ised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writi	ing that the asset	s held in donor advised	d funds
	are the organization's property, subject to the organization's exc	lusive legal contro	ol?	
6	Did the organization inform all grantees, donors, and donor advis	sors in writing tha	t grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or fo	or any other purpose co	onferring
	impermissible private benefit?			
Pa	TII Conservation Easements. Complete if the organized	zation answered	"Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization (· · ·		
	Preservation of land for public use (for example, recreation	n or education)	Preservation of a	historically important land area
	Protection of natural habitat	l	Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation con	tribution in the form of	
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			
b				
с	Number of conservation easements on a certified historic structu			
d	Number of conservation easements included in (c) acquired after			
•	listed in the National Register			
3	Number of conservation easements modified, transferred, releas	ea, extinguishea,	or terminated by the t	organization during the tax
4	year ► Number of states where property subject to conservation easem			
5	Does the organization have a written policy regarding the periodi		ection bandling of	
5	violations, and enforcement of the conservation easements it hol			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, han		s and enforcing conse	
·			s, and officially conce	
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and	d enforcing conservatio	on easements during the year
	► \$, , , , , , , , , , , , , , , , , , ,	U U	G <i>y</i>
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirer	ments of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	-		Yes 🛛 No
9	In Part XIII, describe how the organization reports conservation e			
	balance sheet, and include, if applicable, the text of the footnote	to the organizati	on's financial statemer	its that describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of A	-	Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 990			
1a	If the organization elected, as permitted under FASB ASC 958, n	•		
	of art, historical treasures, or other similar assets held for public e			•
	service, provide in Part XIII the text of the footnote to its financial			
b	If the organization elected, as permitted under FASB ASC 958, to			
	art, historical treasures, or other similar assets held for public exh	hibition, educatio	n, or research in furthe	rance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
0	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasure the following amounter required to be reported under FASP ASC.			jain, provide
~	the following amounts required to be reported under FASB ASC Revenue included on Form 990, Part VIII, line 1	-		► \$
	Revenue included on Form 990, Part VIII, line 1			
	For Paperwork Reduction Act Notice, see the Instructions for			Schedule D (Form 990) 2020
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2020.05010 THE CORAL REEF ALLIANCE

Sche		AL REEF AL						94-32			age 2
Par	t III Organizations Maintaining (Collections of A	rt, Hist	orical Tr	easures, c	or Othe	er Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	k any of the	following tha	t make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	• [] (Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIII.		
5	During the year, did the organization solicit of		,		,				٦.,		٦
Dor	to be sold to raise funds rather than to be m								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete if the	organizatio	n answered "	Yes" on	1 Form 990), Part IV,	line 9, oi	•	
10			dion (for	contribution	o or other on	ooto pot	included				
Ia	Is the organization an agent, trustee, custod		•						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······	1162	L	
b		and complete the it	nowing t	abie.					Amoun	+	
c	Beginning balance						1c		Amoun	<u> </u>	
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three y	ears back	(e) Fou	' years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•		g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment										
С		<u>%</u>									
0-	The percentages on lines 2a, 2b, and 2c sho	•		مامامين الم	un al un alumation tanta						
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are neid a	nd administe	red for t	ne organiz	ation	1	Yes	No
	by: (i) Unrelated organizations								3a(i)	162	
									3a(ii)		
h	(ii) Related organizations	ations listed as requi	red on S	chedule R2							
4	Describe in Part XIII the intended uses of the								0.0		
	t VI Land, Buildings, and Equipn										
	Complete if the organization answere		0, Part IV	/, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c			or other		ccumulate	ed	(d) Boo	k valu	
		basis (investr			(other)	• •	preciation		.,200		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			3	4,168.		33,9	27.		2	41.
	Other										
Total	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0c.)					2	41.
								Cohodulo	D (Earm	- 000	2020

Schedule D (Form 990) 2020

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Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments - Program Related.		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990 Part IV line 11e or 11f. See Form 990 Part X line 25	

(b) Book value (a) Description of liability 1. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

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Sche	dule D (Form 990) 2020 THE CORAL REEF ALLIANCE		94-	3211245 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,056,371.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	_ 2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,056,371.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4,056,371.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Ex	penses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total expenses and losses per audited financial statements		1	2,920,021.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	. 2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			2,920,021.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	. 4b		_
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			2,920,021.
Pa	rt XIII Supplemental Information.			
-	ide the electricity of a way doed for Dect II. Know O. E. and O. Dect III. Know declared 4. Dec	+ IV / Barner Aller and C		V Bar O Davit VI

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

PART X, LINE 2:

THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS TAKEN FOR ALL OPEN TAX

YEARS. IN MANAGEMENT'S JUDGMENT THERE ARE NO UNCERTAIN TAX POSITIONS AS OF

JUNE 30, 2021.

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Schedule D (Form 990) 2020

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2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region (the following Part I, line 3 table can be duplicated if additional space is needed.) (e) If additional space is needed.) (f) Total organization's procedures for monitoring the use of its grants and other assistance outside the duplicated if additional space is needed.) (f) Total organization's procedures of the region in the r	SCHEDULE F (Form 990)			ivities Outside the Ui n answered "Yes" on Form 990, Part			OMB No. 1545-0047
Name of the organization Employer identification number THE CORAL REEP ALLIANCE 94-3211245 Part I General Information on Activities Outside the United States. Complete if the organization assettance, the grantes eligibility of the grants or assistance, and the selection circle used to avail the grants or assistance. Image: The grantmakers. Describe in Part Vthe organization's procedures for monitoring the use of its grants and other assistance outside the United States. 2 For grantmakers. Describe in Part Vthe organization's procedures for monitoring the use of its grants and other assistance outside the United States. Image: The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Total can be duplicated in the region		► Coto			tinformation		
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 380, Part IV, Ims 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. The grantese's eligibility for the grants or assistance, and the selection orteria used to award the grants and other assistance outside the United States. 2. For grantmakers. Does the organization spocedures for monitoring the use of its grants and other assistance outside the United States. 3. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Activities conducted in the region or fires and other assistance outside the United States. (b) Region (b) Number of (c) Activities conducted in the region or fires and provides. Investments grants and other assistance outside the United States. (c) Region (b) Mumber of (c) Activities conducted in the region or fires and grants and other assistance. (c) Region (b) Mumber of (c) Activities conducted in the region or fires and grants and other assistance. (c) Region (b) Mumber of (c) Activities conducted in the region or fires and grants and state activities and grants and activities and grant activities and grant activity activ			www.irs.gov/F0				•
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 380, Part IV, Ims 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. The grantese's eligibility for the grants or assistance, and the selection orteria used to award the grants and other assistance outside the United States. 2. For grantmakers. Does the organization spocedures for monitoring the use of its grants and other assistance outside the United States. 3. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Activities conducted in the region or fires and other assistance outside the United States. (b) Region (b) Number of (c) Activities conducted in the region or fires and provides. Investments grants and other assistance outside the United States. (c) Region (b) Mumber of (c) Activities conducted in the region or fires and grants and other assistance. (c) Region (b) Mumber of (c) Activities conducted in the region or fires and grants and other assistance. (c) Region (b) Mumber of (c) Activities conducted in the region or fires and grants and state activities and grants and activities and grant activities and grant activity activ			L			04 22	11045
Form 300, Part W, Jino 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. The grants are assistance? X Yes No 2 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance outside the United States. (a) Region (b) Number of (c) Automore of (c) Automer of (c) (c) as program service, in the region in the region (c) Itactive is a program service, in the region in the region (c) Itactive is a program service, in the region in the region (c) Itactive is a program service, in the region in the region (c) Itactive is a program service, in the region in the region (c) Itactive is a program service, in the region in the region (c) Itactive is a program service, in the region in the region (c) Itactive is a program service, in the region in the region (c) Itactive is a program service, in the region in the region in the region (c) Itactive is a program service, in the region in the reg				tside the United States. Compl	ete if the organ		
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, it the grants or assistance, and the selection criteria used to award the grants or assistance outside the United States. If or grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3. Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (0) Table (0) Instruct of (0) Number of (0) United for an organization is procedures for monitoring in the region of others in the region (0) type) (such as, fundraising, pro- in the region for and is merices, investments, grants to (0) of activity listed in (d) is a program service, investments, grants to organized and the assistance outside the contractors in other region in the region (0) type) (such as, fundraising, pro- gram (1) of services (1) in the region (0) of services (1) in the region (1) of services (ete il the organ	iization ansv	vered res on
Activities per Region. The following Part I, Ine 3 table can be duplicated if additional space is needed. Activities per Region. The following Part I, Ine 3 table can be duplicated if additional space is needed. (a) Region (b) Number of (c) Nu	-	-		-			
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Orfices in the region employees agents, and contractors in the region (by type) (such as, fundrasing, pro- describe specific type of service(s) in the region expenditures for and investments in the region CENTRAL AMERICA AND THE CARIBBEAN 1 14 PROGRAM SERVICE CENTRAL AMERICA AND THE CARIBBEAN FFECTIVELY MANAGED 765, 347 CENTRAL AMERICA THE CARIBBEAN 1 14 PROGRAM SERVICE FFECTIVELY MANAGED 765, 347 CENTRAL AMERICA THE CARIBBEAN 1 14 PROGRAM SERVICE FFECTIVELY MANAGED 765, 347 CENTRAL AMERICA THE CARIBBEAN 1 14 PROGRAM SERVICE FFECTIVELY MANAGED 765, 347 CENTRAL AMERICA THE CARIBBEAN 1 14 PROGRAM SERVICE FFECTIVELY MANAGED 765, 347 CENTRAL AMERICA THE CARIBBEAN 1 1 1 1 1 1 CENTRAL AMERICA AND 1 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
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and 3b) 1 14 765,347	sheets to Part I	0	o				0.
		1	. 14				765,347.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2020

OMB No. 1545-0047

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plant ottashi ylant cash uboutentett assistance SEE PART V 194,479 kirk TravisFick 0 SEE PART V 194,479 kirk TravisFick 0	(b) IRS code section and EIN (# and isoble) (c) Region	(d) Purpose of	(f) Manner of	(g) Amount of noncash	(h) Description of noncash	(i) Method of valuation (book, FMV,
	CA BEAN	grant SEE PART V	cash disbursement WIRE TRANSFER	A)	assistance	, d d

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2020
	V, line 16.	(g) Description of noncash assistance					Sched
94-3211245	on Form 990, Part I	(f) Amount of noncash assistance					
6	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.	(e) Manner of cash disbursement					
CE	l tes. Complete if t	(d) Amount of cash grant					
F ALLIAN	le the United Sta d.	c) Number of recipients					
THE CORAL REEF ALLIANCE	e to Individuals Outsic dditional space is neede	(b) Region					
Schedule F (Form 990) 2020 T	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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

Schedule F (Form 990) 2020

032074 12-03-20

Schedule F (Form 990) 2020 THE CORAL REEF ALLIANCE	94-3211245	Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); Part III (accounting method); estimated number of recipients), as applicable. Also complete this part to provide any additional information	iting method; amounts of od); and Part III, column (c	
PART I, LINE 2:		
THE CORAL REEF ALLIANCE PROVIDES GRANTS AND ASSISTANCE TH	ROUGH TWO	
SEPARATE PROGRAMS: 1) SUB-AWARDS TO ORGANIZATIONS WHOSE M	ISSION AND	
ACTIVITIES COLLABORATE WITH CORAL'S WORK AND 2) MICRO-GRA	NT PROGRAM TH	АТ
PROVIDES SUPPORT FOR SMALL-SCALE LOCAL PROJECTS THAT ARE	INTEGRAL TO	
CORAL'S MISSION AND PROGRAM ACTIVITIES IN THE REGION. TH	E 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 PRIORITIE	S ESTABLISHED	BY
THE ORGANIZATION. GRANTEES MUST COMPLETE AND CERTIFY CORA	L'S STANDARD	
MICRO-GRANT AGREEMENT. DISBURSEMENT OF FUNDS ARE MANAGED	BY THE	
ACCOUNTING STAFF, SUBJECT TO THE SAME APPROVAL AND DOCUME	NTATION	
PROCEDURES REQUIRED FOR ALL EXPENDITURES.		
CORAL USES THE VOLUNTARY BEST PRACTICES FOR U.SBASED CH.	ARITIES ISSUE	D
BY THE US TREASURY DEPARTMENT'S ANTI-TERRORIST FINANCING	GUIDELINES, A	S
WELL AS THE PRINCIPLES OF INTERNATIONAL CHARITY TO INFORM	THE PROCESS	OF
APPROVING APPLICATIONS AND MONITORING THE USE OF FUNDS. E	ACH MICRO-GRA	NT
HAS A DESIGNATED PROGRAM MANAGER AS THE PRIMARY CONTACT,	WHO IS	
PESDONSTRIF FOR ORMATNING AND DELIVERING REDORES TO		

RESPONSIBLE FOR OBTAINING AND DELIVERING REPORTS TO

CORAL STAFF AND FUNDERS.

PART I, LINE 3, COLUMN (E):

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 ALONG THE MESOAMERICAN REEF, SUPPORTED BY LOCAL

COMMUNITIES.

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.

032075 12-03-20				Schedule	F (Form 990) 2020
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SCHEDULE I (Form 990)			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.	d Other Assistance to Organizations, ts, and Individuals in the United States mization answered "Yes" on Form 990, Part IV, line 21 or 2	ce to Organ s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service			Go to www.irs	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	n 990. · the latest inform	ation.		Open to Public Inspection	
Name of the organization	ation THE CORAL	REEF	ALLIANCE					Employer identification number 94 – 3211245	_
Part I General	General Information on Grants and Assistance	nd Assistance							_
1 Does the orgar	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select		
criteria used to	criteria used to award the grants or assistance?	stance?		of orant funds in the I Inited States	1 States			X Yes No	
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domestic	c Governments. Co	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any	_
recipient	recipient that received more than \$5,000. Part II can be duplicated	5,000. Part II can	be duplicated if additi	if additional space is needed	led.				
1 (a) Name and or g	1 (a) Name and address of organization or government	NE (9)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
RUTGERS UNIVERSITY 33 KNIGHTSBRIDGE RD PISCATAMAY, NJ 0885,	LTTY JE RD 2 EAST 08854			31,667.	0.			MODELING ADAPTATION PROGRAM	
2 Enter total num	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				↓	
3 Enter total num	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table						
LHA For Paperwoi	For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruct	ions for Form 990.					Schedule I (Form 990) 2020	

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Schedule I (Form 990) 2020 THE CORAL REEF	ALLIANCE				94-3211245 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Cart Bart III can be duplicated if additional space is needed. Part II	s. Complete if the	organization answe	sred "Yes" on Form 9	30, Part IV, line 22.	
(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 required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, line	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
THE CORAL REEF ALLIANCE PROVIDES G	GRANTS ANI	GRANTS AND ASSISTANCE	CE THROUGH TWO	TWO SEPARATE	
PROGRAMS: 1) SUB-AWARDS TO ORGANIZ	ORGANIZATIONS WHOSE	HOISSIM HORE	ON AND ACTIVITIES	VITIES	
COLLABORATE WITH CORAL'S WORK AND	2) MICRO-	MICRO-GRANT PROGRAM THAT	GRAM THAT		
PROVIDES SUPPORT FOR SMALL-SCALE L	LOCAL PROU	PROJECTS THAT	ARE INTEGRAL	ал то	
CORAL'S MISSION AND PROGRAM ACTIVITIES		IN THE REGION.	THE	SUB-AWARDS	
PROGRAM PROVIDES GRANTS AND OTHER	ASSISTANCE	0Ŧ	ORGANIZATIONS	IN THE UNITED	
STATES.					

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Schedule I (Form 990) 2020

Part IV | Supplemental Information

THE CORAL REEF ALLIANCE HAS ADOPTED THE FOLLOWING POLICIES FOR THE

ADMINISTRATION OF THE SUB-AWARD PROGRAM:

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 I (Form 990)

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(Form 990) For cretain Officers, Directors, Trustees, Key Employees, and Highest Composed Employees, and Highest Devatures of the maxy intermitted one shows Data to the organization answered Yes' on Form 990, Part IV, line 23. Department of the maxy intermitted one shows The CORAL REEF ALLIANCE Employer identification number 94-3211245 Part I Questions Regarding Compensation The CORAL REEF ALLIANCE Yes Part I Questions Regarding Compensation Yes No * Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part III to provide any network information regarding these items. Yes No * First-Liss or charter travel Health or acodia Lob due or influence for personal use Part of companions Personal services (such as maid, chauffour, chel) Ib b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? II "No,' complete Part III to explain Ib c Did the organization requere substantation provide above? II "No,' complete Part III to explain I c Did the organization requere substantation provide above? II "No,' complete Part III to explain I c Did the organization requere substantation provide above? III "No,' complete Part III to explain I c Did the organization <th>SCHEDULE J</th> <th>Compensation Information</th> <th>(</th> <th>OMB No.</th> <th>1545-004</th> <th>47</th>	SCHEDULE J	Compensation Information	(OMB No.	1545-004	47
Complete if the Organization answerd 'Yes' or if com Spo, Part IV, line 23. Attach to Form 990. THE CORAL REEF ALLIANCE THE CORAL REEF ALLIANCE THE CORAL REEF ALLIANCE All the organization THE CORAL REEF ALLIANCE All 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. Ander of companions Ander of companions Ander of companions Ander of companions All the organization and gross-up payments Assist on the tase checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? I'ns\companies of Part VII. Section A, line 1a. Addition of the following the organization used to establish the companiation's CEO/Executive Director, regarding the items checked on line 1a? A companiation companiation organization to advise payments or the organization to establish companiation of the GOV payment or and the topenaistion commutee Approval by the board or companiation 's CEO/Executive Director, regarding the items checked on line 1a? A companiation survey or study A provide the yable of the following the organization used to establish the companiation survey or study A provide the yable of order organization to astaches asserting above. Approval by the board or compensation committee A companisation commutee Approval by the board or compensati		-		20	20	
Department Attach to Form 990. Open to Public Impediations and the latest information. Open to Public Impediation Name of the organization THE CORAL REEF ALLIANCE Employer identification number 94-3211245 Part U Questions Regarding Compensation Yee No 1a Check the appropriate boxies if the organization provided any of the following to of ra person listed on Form 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these litens. Travel for companions Yee No 1a Taxel for companions Payments for business use of personal use Payments for business use of personal use Descriptionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the cognization follow a written policy regarding payment or reinbursement or provision of all of the expense described above if IT-No, complete Part III to explain. 1b 2 Data organization regarding the litens checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation ormittee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or analtad organization: Beceretion of orbits organization used to establish the compensation committee 4a X 4 During the year,		Compensated Employees		ΖU	ZU)
Image of the organization Image of the organization number Image of the organization number THE CORAL REEF ALLIANCE Employer identification number 94 - 3211245 94 - 3211245 Part II Questions Regarding Compensation Yes 1a Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 980, Part VII, Section A, Ine 1a, complete Part III to rowide any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 980, Part VII, Section A, Ine 1a, oth the organization registres (such as maid, chauffeur, cher) Ves No b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding peyment or reinbursement or provision of al of the expenses described above? If "No," complete Part III to explain 1b 1b 2 Indicate which, if any, of the following the organization used to establish compensation organizations's CEO/Executive Director, the explain in Part III. 2 1b 2 Indicate which, if any, of the following the organization suce y a related organization committee 1b 2 1b 3 Indicate which, if any, of the following the organization suce y are stable tore compensation committee 1b 2 </td <td>Department of the Treesury</td> <td></td> <td>C</td> <td>Open to</td> <td>Publi</td> <td>ic</td>	Department of the Treesury		C	Open to	Publi	ic
THE CORAL REEF ALLIANCE 94-3211245 Part I Questions Regarding Compensation Image: Compensation Complete Part III Comp				Inspe	ction	
Part I Questions Regarding Compensation 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. Image: Complex Compl	Name of the organizat	on				mber
1a 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. Yes No 1a Check the appropriate box(es) if the organization provided any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization repuire bard item for companions Payments for business use of personal residence of personal residenc			94-321	L124	5	
1a 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-list as or charter travel Housing allowance or residence for personal use First-list as or charter travel Housing allowance or residence for personal use First-list as or charter travel Housing allowance or residence for personal use Travel for companions Heatt to ro social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) Di 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 descreted baove? If "No," complete Part III to explain 2 Did the organization require usbatantiation prior to reimbursing or allowing expenses incured by all directors, 2 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract During the year, did any parson listed on Form 990, Part VII, Section	Part I Questio	ns Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the comparison or the comparison of the comparison committee Image: Comparison committee Image: Comparison committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Image: Comparison committee Image: Comparison committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Image: Comparison Committee Image: Comparison Committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: <td< td=""><td></td><td></td><td></td><td></td><td>Yes</td><td>No</td></td<>					Yes	No
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If "Yes" on line 5a or 5b, describe in Part III. Image: contingent on the net earnings of: Image: contingent on the net earnings of: a The organization? Image: contingent on the net earnings of: Image: contingent on the net earnings of: b Any related organization? Image: contingent on the form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation Image: contingent on the net earnings of: contingent on the net earnings of: Image: contingent on the net earnings of: Image: contingent on the net earnings of: b Any related organization? Image: contingent on the 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. Image: contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. Image: contract the matter contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. Image: contract the matter contract the matter contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. Image: contract the matter contract the contrate contrate contract the contract the contract the co	a The organization?					
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: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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 9	b Any related organ	ization?		5b		X
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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 9						
a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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 9			on			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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 9						v
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. 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 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?						
 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. 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8,				6b		Δ
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 9						
 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						v
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 9				7		Ā
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9						v
Regulations section 53.4958-6(c)?				8		~
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Schedule J (Form 990) 2020 TITE C	N N N	CORAL REEF AL	ALLIANCE		94-3211245	.245		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	nplo	yees, and Highest (Compensated Emp	loyees. Use duplica	te 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.	be rel	oorted on Schedule 90, Part VII.	J, report compensa	tion from the organi	zation on row (i) and fr	om related organizatior	ns, described in the ins	structions, on row (ii).
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.	ed inc	lividual must equal t	he total amount of F	⁻ orm 990, Part VII, S	iection A, line 1a, appl	icable column (D) and ((E) amounts for that inc	lividual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents	(n)-(l)(a)	in column (b) reported as deferred on prior Form 990
(1) MADHAVI COLTON	()	162,071.	.0	•0	5,177.	17,570.	184,818.	•0
EXECUTIVE DIRECTOR		• 0	.0	•0	•0	• 0		0
(2) DIANA SOKOLOVE	Ξ	148,500.	.0		4,46	8,00	160,97	
CONSERVATION PROGRAM DIRECTOR	(ii)	0.	.0	.0	.0	0.	.0	.0
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Schedule J (Form 990) 2020 THE CORAL REEF ALLIANCE	94-3211245 Page 3
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.	s part for any additional information.
PART I, LINE 3:	
THE EXECUTIVE COMMITTEE SHALL ANNUALLY REVIEW THE COMPENSATION OF THE	
EXECUTIVE 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. COMPENSATION DECISIONS ARE	
RECORDED AND MAINTAINED IN THE ORGANIZATION'S RECORDS.	
	Schedule J (Form 990) 2020

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2020

Department of the Treasury	
Internal Revenue Service	

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

Open to Public . Inspection

Employer identification number 94 - 3211245

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

ne of the organization		
	THE	CORAL

REEF ALLIANCE

Pai	rt I Types of Property							
		(a)	(b)	(C)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of dete noncash contributio	-		
		applicable		Form 990, Part VIII, line 1g	HORCASH CORTIDUTIO	JI amou	unts	
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	Х	11	91,723.	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	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	gement 29				
					_	Ye	es	No
30a	During the year, did the organization receive b	y contributio	on any property rej	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be ι	ised for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribution	utions?	31 X	ζ	
32a	Does the organization hire or use third parties	or related o	rganizations to soli	icit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							
ΙΗΑ	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M (Form 9	90) :	2020

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

Schedule M (Form 990) 2020

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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120103 138273 CORALREEF	2020.05010	46 THE CORAL REEF	ALLIANCE	CORALRE1

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Employer identification number 94 - 3211245

OMB No 1545-0047

Open to Public

Inspection

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

THE CORAL REEF ALLIANCE

RECENTLY, CORAL LED SCIENTIFIC RESEARCH INTO HOW CORALS ADAPT TO

CLIMATE CHANGE AND WHAT THIS MEANS FOR CONSERVATION TODAY. BY COMBINING

ITS COMMUNITY-CENTERED CONSERVATION APPROACH AND SCIENTIFIC EXPERTISE,

CORAL CREATES THE CONDITIONS THAT GIVE REEFS AROUND THE WORLD THE BEST

CHANCE TO THRIVE FOR GENERATIONS TO COME.

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

NATIVE SPECIES. OUR INTERVENTIONS CAPTURE AND RETAIN SEDIMENT AND INCREASE THE LAND'S CAPACITY TO FILTER STORMWATER AND ABSORB NUTRIENTS, SEDIMENTS, AND OTHER POLLUTANTS.

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

EDUCATION AND OUTREACH

CORAL HAS A STRONG HISTORY OF EDUCATING COMMUNITIES AND BUILDING

AWARENESS ABOUT CORAL REEF THREATS AND THE IMPORTANCE OF PROTECTING

THEM. CORAL USES VARIOUS EDUCATIONAL PUBLICATIONS, MAGAZINES, WEBSITES

AND OTHER PRINT AND DIGITAL OUTLETS TO KEEP COMMUNITIES INFORMED ABOUT

BEST PRACTICES FOR BUILDING SUCCESSFUL REEF CONSERVATION EFFORTS AND

EDUCATES THE PUBLIC ABOUT WAYS TO PROTECT CORAL REEFS FROM HOME.

EXPENSES \$ 270,009. INCLUDING GRANTS OF \$ 8,365. 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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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2020.05010 THE CORAL REEF ALLIANCE

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization THE CORAL REEF ALLIANCE	Employer identification number 94-3211245
REVIEWED IN TURN BY THE FINANCE DIRECTOR, THE EXECUTIVE D	IRECTOR, AND THE
AUDIT AND EXECUTIVE COMMITTEES OF THE BOARD, PRIOR TO FIL	ING. EACH STAFF
MEMBER AND COMMITTEE MEMBER SHALL SIGN-OFF AS THEIR REVIE	W IS COMPLETED. A
COPY IS ALSO PROVIDED TO THE ENTIRE GOVERNING BOARD FOR C	OMMENT BEFORE
FILING.	

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. 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. 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

Schedule O (Form 990 or 990)-EZ) 2020
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THE CORAL REEF ALLIANCE

Employer identification number 94 - 3211245

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

THE FEDERAL FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE, AND AVAILABLE

UPON REQUEST.

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

THE ARTICLES OF INCORPORATION, BYLAWS AND CONFLICT OF INTEREST POLICY ARE

AVAILABLE ON REQUEST. THE AUDIT REPORT IS POSTED ON THE ORGANIZATION'S

WEBSITE, AND THE FINANCIAL STATEMENTS ARE AVAILABLE IN AN ABBREVIATED FORM

IN THE ANNUAL REPORT.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES283,757.MANAGEMENT AND GENERAL EXPENSES55,161.FUNDRAISING EXPENSES4,731.TOTAL EXPENSES343,649.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 343,649.

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Schedule O (Form 990 or 990-EZ) 2020