Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

Information about Form 990 and its instructions is at www irs gov/form990

Open to Public Inspection

<u>~</u>	FOR LINE	and endir	ig U	UN 30, ZU	
В	Check if applicabl	C Name of organization		D Employer iden	tification number
	Addre	THE CORAL REEF ALLIANCE			
L	Name chang	Doing business as		94-	-3211245
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telephone num	ber
	Final return	1330 BROADWAY 160	2	510	0-370-0500
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,585,139.
	Amen			H(a) Is this a grou	
F	Applic			for subordina	
_	pendi	SAME AS C ABOVE		l	es included? Yes No
$\overline{}$	Toy ov	empt status: X 501(c)(3) 501(c) ()	527	1 ` ′	h a list. (see instructions)
		te: NWW.CORAL.ORG	_ 027	H(c) Group exemp	
			Voor		M State of legal domicile: CA
	art I	Summary	_ Teal (oriorination, 100	I M State of legal dofflicile. CA
•		Briefly describe the organization's mission or most significant activities: UNITING		MMIINITULES	TO CAVE
Activities & Governance	1	CORAL REEFS.	- 00	MIONITIED	TO DAVE
ra	2	Check this box Fig. if the organization discontinued its operations or disposed o	f more	than 25% of its ne	t assets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		- 1	3 11
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)			4 11
8	1				5 17
iţie	1	Total number of volunteers (estimate if necessary)			6 20
듏	1	Total unrelated business revenue from Part VIII, column (C), line 12		· · · · · · · · · · · · · · · · · · ·	7a 0.
Ă	1	Net unrelated business taxable income from Form 990-T, line 34			7b 0.
_	┯	Net unrelated business taxable income from 101111 01111 050 1, line 04	<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		3,068,487	
ΞĒ	1	D	·	87,342	
Revenue	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-3,094	
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	. —	839	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·	3,153,574	
_	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	+	219,408	
	1	Benefits paid to or for members (Part IX, column (A), line 4)	·		0.
"	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	1,183,722	
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	·		0.
ben	104	Total fundraising expenses (Part IX, column (D), line 25) 236,636.			,,,
X	1,7			593,348	663,812.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	1,996,478	
	1		·	1,157,096	
7 8	19	Revenue less expenses. Subtract line 18 from line 12	Ro	ginning of Current Ye	
sts C	20	Tatal accests (Don't V. Erra 10)	100	2,713,316	
Net Assets or	20	Total assets (Part X, line 16)	- ├─	219,821	
let /	21	Total liabilities (Part X, line 26)	- ├─	2,493,495	
Ē	22 art II	Net assets or fund balances. Subtract line 21 from line 20		2,475,475	7. 1,023,231.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	ctatam	ente and to the heet o	f my knowledge and helief it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of which pr			i iliy kilowicuye aliu bellel, it is
uuc	,	t, and complete. Declaration of preparer (other than officer) is based on an information of which pr	cparci	lias any knowledge.	
C:-	_	Signature of officer		Date	
Sig		MICHAEL WEBSTER, EXECUTIVE DIRECTOR		2 410	
He	re	Type or print name and title			
_				Date Check	PTIN
Pai	d	Print/Type preparer's name PENNY L. LANE, CPA	٦	if	
	u parer	Firm's name KARLSSON & LANE, AN ACCOUNTANCY CO	R P	self-em Firm's EIN	94-2590397
	Only	Firm's address 4725 FIRST ST., STE. 226	WE.	PIIIII S EIN	74-4330331
086	, only	PLEASANTON, CA 94566		Phone no. ((925) 271-5519
-		-		Phone no. (
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: CORAL TAKES A MULTI-PRONGED APPROACH TO PROTECTING CORAL REEFS IN
	PARTNERSHIP WITH LOCAL COMMUNITIES. OUR STRATEGIES INCLUDE REDUCING
	LOCAL THREATS, HELPING COMMUNITIES BENEFIT FROM CONSERVATION AND
	IMPROVING REEF MANAGEMENT.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 636,918. including grants of \$ 478,291.) (Revenue \$)
	THE REEFS TOMORROW INITIATIVE IS A COLLABORATION AMONG RENOWNED
	SCIENTISTS FROM WORLD-CLASS ACADEMIC INSTITUTIONS AND LEADERS FROM
	INTERNATIONAL CONSERVATION ORGANIZATIONS WHO ARE USING COMPUTER MODELS
	AND FIELD STUDIES TO INVESTIGATE HOW HEALTHY REEFS RESPOND TO MULTIPLE
	AND SIMULTANEOUS THREATS. WE WORK CLOSELY WITH MANAGERS ACROSS THE
	PACIFIC TO INCORPORATE OUR IMPROVED UNDERSTANDING OF HOW REEFS FUNCTION
	INTO CONSERVATION AND MANAGEMENT ACTIONS. IN THE PAST YEAR, WHICH IS
	THE FINAL YEAR OF THIS PROJECT, CORAL AND PARTNERS COMPLETED THE
	FOLLOWING OBJECTIVES: (1) USED PHOTOMOSAIC TECHNOLOGY TO ASSEMBLE AND ANALYZE THE LARGEST BENTHIC DATA SET EVER COLLECTED, WHICH IS
	DRAMATICALLY INCREASING OUR UNDERSTANDING OF PATTERNS IN CORAL
	DISTRIBUTION AND ABUNDANCE; (2) COMPLETED THREE WORKSHOPS WITH
415	400 454
4b	(Code:) (Expenses \$ 602,471. including grants of \$
	QUALITY BY REDUCING WASTEWATER AND STORMWATER POLLUTION. TO ACHIEVE
	THIS ON MAUI AND HAWAI'I ISLANDS, WE HAVE BEEN PARTNERING WITH
	SHORELINE PROPERTIES INCLUDING HOTELS AND RESIDENTIAL COMMUNITIES. IN
	THE PAST YEAR, WE PUBLISHED TWO RESOURCE GUIDES ("HAWAI'I HOTEL REEF
	STEWARDSHIP GUIDE" AND "LOW-IMPACT DEVELOPMENT: STORMWATER MANAGEMENT
	THE NATURAL WAY"). ON MAUI, WE PARTNERED WITH THE SUSTAINABLE LIVING
	INSTITUTE OF MAUL TO DELIVER TRAINING IN REEF-FRIENDLY AND LOW IMPACT
	DESIGN PRACTICES TO THE HOTEL AND ACCOMMODATION SECTOR, AND WORKED WITH
	9 HOTELS THAT HAVE SINCE IMPLEMENTED 11 SUSTAINABILITY MEASURES. WE
	ALSO SUCCESSFULLY PREPARED 15 WEST MAUI/KAANAPALI HOTELS FOR CONNECTION
	TO RECYCLED WATER, WHICH WILL SIGNIFICANTLY REDUCE THE AMOUNT OF
4c	(Code:) (Expenses \$ 364,501. including grants of \$ 41,101.) (Revenue \$)
	CORAL WORKS TO ADDRESS A VARIETY OF THREATS TO CORAL REEFS IN HONDURAS
	THROUGH ESTABLISHMENT OF A NETWORK OF MARINE PROTECTED AREAS AND
	IMPLEMENTATION OF WATER QUALITY IMPROVEMENT PROJECTS. THIS PAST YEAR WE
	WORKED WITH GOVERNMENT MINISTRIES TO CREATE THE PROPOSAL TO FEDERALLY
	DESIGNATE TELA BAY AS A WILDLIFE REFUGE, THEREBY PROTECTING ONE OF THE
	REEFS WITH HIGHEST CORAL COVER IN THE IN THE CARIBBEAN. WE WORKED WITH
	RESEARCHERS, COMMUNITY MEMBERS, AND OTHER PARTNERS TO GATHER
	INFORMATION NECESSARY TO DEVELOP THE TELA BAY WILDLIFE REFUGE FISHERIES
	PLAN AND MANAGEMENT PLAN. ON THE ISLAND OF UTILA, WE RE-ESTABLISHED A
	"REEF FEE", FUNDS FROM WHICH ARE USED TO INSTALL MOORING BUOYS THEREBY
	PROTECTING REEFS FROM ANCHOR DAMAGE. ON ROATAN, THE ORGANIZATION
	RESPONSIBLE FOR MANAGING THE SANDY BAY WEST END MARINE PARK IS
4d	Other program services (Describe in Schedule O.) (Expenses \$ 314,938 • including grants of \$ 29,001 •) (Revenue \$ 12,266 •)
	1 010 000
<u>4e</u>	Total program service expenses ► 1,918,828. Form 990 (2014)
	Form 330 (2014)

Form 990 (2014) THE CORAL REEF ALLIANCE Part IV Checklist of Required Schedules

1 is the organization described in section SOI(c)(s) or 4947(a)(1) (other than a private foundation)? 1				Yes	No
2 X Did the organization regugie of decided in the complete Schedule of Contributors 3 J X 4 Section 801(c(S) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 5 is the organization action 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.179 if "Yes," complete Schedule C, Part III 6 Did the organization anatorial any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maritatin any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization receive or hold a conservation esserent, including esserents to preserve open space, the environment, historic land erase, or historic activaters? If "Yes," complete Schedule D, Part II 9 Did the organization maritatin collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 10 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts in such lated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for load, buildings, and equipment in Part X, line 10 If "Yes," complete Schedule D, Part V II 12 Did the organization report an amount for investments program related in Part X, line 10 If "Yes," complete Schedule D, Part X II 13 Did the organization report an amount for lorestments program related in Part X, line 10 If "Yes," complete Schedule D, Part X II 14 Did the organization report an amount for lore states of the states and the states assets reported in Part X, line 10 If Wes, complete Schedule D, Part X II 15 Did the organization report an amount for lore states and the or	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer if "Yes," complete Schedule C, Part II 4 Section 501(k)3 organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(k), 501(k)(s), 601(k)(s), 601		If "Yes," complete Schedule A	1		
Section 501(%) capanizations. Did the organization engage in lobbying activities, or have a section 501(%) election in effect during the tax year? If "Yes," complete Schedule C, Part II	2		2	X	
during the tax year? If "Yes," complete Schedule C, Part II similar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part III the organization as action Solitory of a similar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part III by the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for Which donors have the right to grant any accounts on the service on the distribution or investment of amounts in such funds or accounts for Which donors have the right to grant any accounts the environment, historic call areas, or historic astructures? If "Yes," complete Schedule D, Part II by 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, redit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV by Did the organization, question and part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, ine 10 part X, line 10 part	3		3		х
5 Is the organization a section SO 10(c)(4), 50 1c)(6), or SO 10(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part III provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (1 "Yes," complete Schedule D, Part III plant for the environment, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III plant 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 plant is the organization or the result of amounts not listed in Part X, or provide oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV if the organization sawer to any of the following questions is "Yes," then complete Schedule D, Part V if the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII plant is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII plant is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII plant X, line 16? If "Yes," complete Schedule D, Part X in the Schedule D, Part X in t	4	during the territory of f "Voc." complete Schodule C. Bert II.	4		Х
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization reserved or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II P'es," complete Schedule D, Part II P'es," complete Schedule D, Part II P'es," complete Schedule D, Part IV II P'es," complete Schedule D, Part IV II P'es," complete Schedule O, Part IV II	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III SL Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III SL 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 Did the organization of the following questions is "Yes," then complete Schedule D, Part V 11 If the organization asserts of the following questions is "Yes," then complete Schedule D, Part V 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 In Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 In Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 In Did It the organization report an amount for their assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII In Did It the organization report an amount for their assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII In Did It the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 In Did It the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 In Did It the organization or short and the organization and short of the tax year?	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 V Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization in eport an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 In the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 12 In Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 In Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 In Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 In Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 In Did the organization in Schedule D, Part X 12 Did the organization seport an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 In Did the organization seport an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 In Did the organization seport an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in P	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
Schedule D, Part III 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 V 10 Did the organization service or the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 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 VIII. c Did the organization report an amount for investments or other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X III. d Did the organization is separate or consolidated financial statements for the tax year of lite total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III. b Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III. b Us the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII. b Us the organization maintain an office, employees, or agents outside of the United States? b Did the organization maintain an office,			7		X
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a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part IX f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11a X 11b X 11c X 11d X 11c X 11d X	11				
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d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11ft X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 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 aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Is the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$1,0,000 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 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 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?	С				
Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e			11c		X
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complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		complete Schedule G, Part III	-		
			-		X
	<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	(a a · · ·

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		х
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		х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u>.</u> _
	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?		, v	
_	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V									
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming							
	(gambling) winnings to prize winners?			1c	X	<u> </u>				
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	17							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	<u> </u>				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	\sqcup	X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	\sqcup	\vdash				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			ا				
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	\square	X				
b	If "Yes," enter the name of the foreign country: ►									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).	5a		x				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с	$\vdash\vdash\vdash$	\vdash				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit	0-		x				
L	any contributions that were not tax deductible as charitable contributions?	lone e		6a	\vdash					
D	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?	ions o	r gints	Gh.						
7	Organizations that may receive deductible contributions under section 170(c).			6b						
и́ а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the payor?	7a		х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	11000 p	rovided to the payor.	7b	\vdash					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	uired		\Box					
•	to file Form 8282?			7с		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	:t?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h	\square					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	е							
	sponsoring organization have excess business holdings at any time during the year?			8	ш	_				
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	\sqcup	<u> </u>				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	\vdash	\vdash				
10	Section 501(c)(7) organizations. Enter:	۱ ا								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	المدا								
a	Gross income from members or shareholders	11a								
D	Gross income from other sources (Do not net amounts due or paid to other sources against									
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	<u>, </u>	100						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU								
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
_	Note. See the instructions for additional information the organization must report on Schedule O.			- 54						
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
-	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b						
				Form	990	(2014				

432005 11-07-14 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_	Check it Schedule O contains a response or note to any line in this Part VI					Δ				
Sec	tion A. Governing Body and Management									
		1 . 1	111		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11							
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		Х				
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervis	sion							
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X				
6	Did the organization have members or stockholders?			6		X				
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
	persons other than the governing body?			7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	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 in Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)								
		,			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		1	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such or	chapters, affiliates	š.	100						
_	and branches to ensure their operations are consistent with the organization's exempt purposes?		"	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dv before filing th	e form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, ······g								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	Х					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "									
•	in Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approx	val by independer	nt l							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		"							
а	The organization's CEO, Executive Director, or top management official			15a	х					
b	Other officers or key employees of the organization			15b	Х					
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a								
	taxable entity during the year?			16a		Х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic		<i>"</i> "							
	exempt status with respect to such arrangements?	arnzacior i s		16b						
Sec	tion C. Disclosure			.00						
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE	0								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-		(3)s only) a	vailah	le					
	for public inspection. Indicate how you made these available. Check all that apply.	. (00001011001(0)	(S)S Orny) a	· · anab						
		n in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	nolicy and	finan	cial					
13	statements available to the public during the tax year.	ornilor or interest	policy, allu	mian	Ciai					
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records								
20	THE ORGANIZATION - 510-370-0500	ooks and records								
	1330 BROADWAY, NO. 1602, OAKLAND, CA 94612									

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

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

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

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

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

Check this box if neither the organization	nor any related	orga	aniza	ation	cor	mpei	nsat	ed any current officer,	director, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	\vdash	Ceran	ia a a	recio	yr/irus	100)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	ord	99			sated		organization	(W-2/1099-MISC)	from the
	related organizations	trustee or director	trust		ee	ubeu		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		ploy	st con	L			organizations
	line)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			organizations
(1) JIM TOLONEN	2.00	_	 -		-	_ 65				
BOARD CHAIR		x		Х				0.	0.	0.
(2) DAN DUNN	2.00									
TREASURER		Х		Х				0.	0.	0.
(3) ELIZABETH WAGNER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(4) JOHN ANNER	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MICHAEL BENNETT	1.00									_
DIRECTOR		Х	L					0.	0.	0.
(6) IAN BOISVERT	1.00									_
DIRECTOR		Х	L					0.	0.	0.
(7) PAULA HAYES	1.00									
DIRECTOR		Х	L					0.	0.	0.
(8) MATT HUMPHREYS	1.00									
DIRECTOR		Х	L					0.	0.	0.
(9) NANCY KNOWLTON	1.00									_
DIRECTOR		Х	L					0.	0.	0.
(10) VIC SHER	1.00									
DIRECTOR		Х	L					0.	0.	0.
(11) ELIZABETH ULMER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MICHAEL WEBSTER	40.00									
EXECUTIVE DIRECTOR				Х				133,502.	0.	9,785.
(13) CHRISTINE REYES	40.00									
DIRECTOR OF FINANCE			L	Х				90,050.	0.	9,816.
		oxdot	oxdot	_	<u> </u>	_	<u> </u>			
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400007 11 07 14							Щ			Form 990 (2014

Form **990** (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

d Total (add lines 1b and 1c) 223,552. 19,601. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	(A) Name and title		(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	rtable nsation		(F) stimate nount other	of			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 19,601. 233,552. 0. 19,601. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A)			hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	_		fr org and	om th aniza d rela	ne tion ted			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 19,601. 233,552. 0. 19,601. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A)																		
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1	С	Total from continuation sheets to Part V	II, Section A						▶						0.			
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization For the organization of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of serviced more than \$100,000 of compensation from the organization of serviced more than \$100,000 of compensation from the organization of services or the organization of the calendar year ending with or within the organization of services or the organization. Report compensation for the calendar year ending with or within the organization of services or the organization of the calendar year ending with or within the organization of services or the organization or individual or services or the organiza	<u>d</u>								<u> </u>			-	1	9,6	01.			
Yes No	2		ot limited to th	ose	liste	ed at	oove	e) wł	no re	eceived more than \$100	,000 of reportabl	е			1			
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	5	, ,	•				,		elat	ed organization or indiv	idual for services							
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Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		the organization. Report compensation for	the calendar y	ear	endi	ng w	/ith	or w	ithir	n the organization's tax	year.							
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0			address	NIC	MI	2					ervices	С			n			
\$100,000 of compensation from the organization		Harrie and Basiness	dadiooo	140	7141				\dashv	Doddipator of	STREES		отпро	iouric	<u></u>			
\$100,000 of compensation from the organization									\dashv									
\$100,000 of compensation from the organization	_								\dashv									
\$100,000 of compensation from the organization	_								\dashv									
\$100,000 of compensation from the organization	_								\dashv									
	2			ot li	mite	d to		_	sted	d above) who received n	nore than							
	_	\$100,000 of compensation from the organi	zation >				(J_					Form	990	(201.4)			

Pa	rt VI	Check if Schedule O contains a res	nonce or note to any lir	o in this Part VIII			
		Check if Schedule O contains a res	ponse of note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	c	b Membership dues c Fundraising events	1a 1b 1c				
butions, Gi ther Simila	e	Government grants (contributions) All other contributions, gifts, grants, and	1d 1e 30,000. 1f 1,437,674.				
dori	g	g Noncash contributions included in lines 1a-1f: \$	54,297.				
<u>2 g</u>	h	h Total. Add lines 1a-1f		1,467,674.			
_	_	DDOCDAM EEEC	Business Code 900099		12 626		
, ice	2 a		300033	12,626.	12,626.		
Ser	b	•					
am ever		d	_				
Program Service Revenue	e	e					
ď	f	All other program service revenue					
_	g	g Total. Add lines 2a-2f	>	12,626.			
	3	Investment income (including dividends	s, interest, and	100			100
		other similar amounts)		199.			199.
	4 5	Income from investment of tax-exempt Royalties					
	3	(i) Re					
	6 a		(1) 1 01001141				
	b	b Less: rental expenses					
	c	c Rental income or (loss)					
			>				
	7 a	a Gross amount from sales of (i) Secu					
		assets other than inventory 30,8	50.				
		b Less: cost or other basis and sales expenses 30,9	987.				
			37.				
		d Net gain or (loss)	>	-137.			-137.
0		a Gross income from fundraising events (
Other Revenue		including \$ of contributions reported on line 1c). See					
ě		Part IV, line 18					
₹		b Less: direct expenses		29,759.			29,759.
		 Net income or (loss) from fundraising evaluation Gross income from gaming activities. 		25,135.			25,755.
	5 6	Part IV, line 19	I				
	b	b Less: direct expenses					
		Net income or (loss) from gaming activity					
	10 a	a Gross sales of inventory, less returns					
		and allowances					
		b Less: cost of goods sold					
		Net income or (loss) from sales of inven					
	11 0	Miscellaneous Revenue a OTHER REVENUE	Business Code 900099	161.	161.		
	b			101.	1011		
	0						
	c						
	e		>	161.	10 505		00.001
43200	12	Total revenue. See instructions.	>	1,510,282.	12,787.	0.	
43200 11-07-	14						Form 990 (2014)

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

Seci	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			impiete column (A).	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	455,791.	455,791.		
2	Grants and other assistance to domestic	·	·		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	92,602.	92,602.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	253,377.	100,648.	112,429.	40,300
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	E4E 000	614 816	06 410	106 886
7	Other salaries and wages	747,902.	614,716.	26,410.	106,776
8	Pension plan accruals and contributions (include	02 550	10 505	2 107	2 000
	section 401(k) and 403(b) employer contributions)	23,750. 67,255.	18,595. 52,615.	2,127. 5,888.	3,028 8,752
9	Other employee benefits	-			
10	Payroll taxes	76,037.	53,433.	10,211.	12,393
11	Fees for services (non-employees):				
a	Management	45,280.	29,217.	16,063.	
b	Legal	45,200.	23,211.	10,003.	
C	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees				
f g					
9	column (A) amount, list line 11g expenses on Sch O.)	204,082.	160,368.	26,070.	17,644
12	Advertising and promotion			=0,0.01	
13	Office expenses	49,410.	43,355.	2,493.	3,562
14	Information technology		,,,,,,,	,	
15	Royalties				
16	Occupancy	103,618.	81,527.	9,374.	12,717
17	Travel	40,011.	33,761.	2,189.	4,061
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	400.		400.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,190.	4,152.	348.	690
23	Insurance	7,277.		7,277.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TRAINING AND WORKSHOPS	128,164.	125,596.	2,035.	533
b	PRINTING AND COPYING	29,399.	22,778.	57.	6,564
С	POSTAGE	16,950.	15,365.	284.	1,301
d	TELEPHONE AND INTERNET	14,540.	11,578.	886.	2,076
е	All other expenses	19,491.	2,731.	521.	16,239
25	Total functional expenses. Add lines 1 through 24e	2,380,526.	1,918,828.	225,062.	236,636
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)				Form 990 (2014

Form **990** (2014)

Form 990 (2014)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			50,393.	1	32,756.
	2	Savings and temporary cash investments			2,203,041.	2	1,394,659.
	3	Pledges and grants receivable, net			380,000.	3	121,202.
	4	Accounts receivable, net			48,638.	4	171,023.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqual					
	•	section 4958(f)(1)), persons described in section		· ·			
		employers and sponsoring organizations of sec					
(s)		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
Αs	8	to a section to the section of the s				8	
	9	Prepaid expenses and deferred charges			22,801.	9	36,088
	_		I I			Ť	,
	.00		10a	23.133.			
	b	Less: accumulated depreciation		23,133.	7,889.	10c	13,991.
	11	Investments - publicly traded securities			.,,,,,,	11	23,310.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	554.	15	7,612.		
	16	Total assets. Add lines 1 through 15 (must equ			2,713,316.	16	1,800,641.
	17	Accounts payable and accrued expenses			219,821.	17	168,840.
	18	Grants payable		18			
	19	Deferred revenue		Г		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to current and forme					
iţie		key employees, highest compensated employee					
Liabilities		Commission Don't II of Coloradado I		dioqualifica porcorio.		22	
Ë	23	Secured mortgages and notes payable to unrel				23	8,550.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
	_	parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			219,821.	26	177,390.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here			
S		complete lines 27 through 29, and lines 33 ar					
ĕ	27				1,145,202.	27	1,112,930.
ala	28				1,348,293.	28	510,321.
ВB	29	Permanently restricted net assets				29	
<u>.</u> 5		Organizations that do not follow SFAS 117 (A	SC 958	3), check here			
ě		and complete lines 30 through 34.		"			
sts	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33				2,493,495.	33	1,623,251.
	34	Total liabilities and net assets/fund balances			2,713,316.	34	1,800,641.

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets				\equiv			
	Check if Schedule O contains a response or note to any line in this Part XI							
			1 -1					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,51					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,38					
3	Revenue less expenses. Subtract line 2 from line 1	3			44.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,49	3,4	<u>.95.</u>			
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,62	23,2	51.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
	· · · · · · · · · · · · · · · · · · ·			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X	\bot			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	$oxed{oxed}$			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>			
			Forn	9 90	(2014)			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE CORAL REEF ALLIANCE

Employer identification number 94-3211245

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
he o	organi	zation is not a private found						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)						
3		A hospital or a cooperative			ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz					-	the hospital's name,
		city, and state:						•
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a go	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C		,	•	, ,		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
	X	An organization that norma	ū					public described in
		section 170(b)(1)(A)(vi). (C	-	para de la cappa d			and a second	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9		An organization that norma				contribution	ons, membership fees, a	nd gross receipts from
-		activities related to its exen			•		•	-
		income and unrelated busin						-
		See section 509(a)(2). (Cor		,				,
10		An organization organized a		ively to test for public sa	afetv. See	section 50	9(a)(4).	
11		An organization organized a	•		-			purposes of one or
		more publicly supported or	•	•			· · · · · · · · · · · · · · · · · · ·	
		lines 11a through 11d that	-					
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	ed organization(s), by ha	ving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must co n	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	r the number of supported o	organizations					
g		ide the following information			Vi-A I- Al			
	(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n your	(v) Amount of monetary support (see	(vi) Amount of other support (see
		organization		above or IRC section	governing		Instructions)	Instructions)
				(see instructions))	Yes	No	,	,
					 			
ota	ı							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,040,979.	2,185,075.	1,577,699.	3,068,407.	1,467,674.	9,339,834.
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	1,040,979.	2,185,075.	1,577,699.	3,068,407.	1,467,674.	9,339,834.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,658,739.
6	Public support. Subtract line 5 from line 4.						6,681,095.
	ction B. Total Support						.,,
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	1,040,979.	2,185,075.	1,577,699.	3,068,407.	1,467,674.	9,339,834.
	Gross income from interest,	·				, ,	
·	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	183.	316.	1,607.	816.	199.	3,121.
a	Net income from unrelated business			_,,,,,,			
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							9,342,955.
12	Gross receipts from related activities,	etc. (see instruction	ne)			12	-,,
13	First five years. If the Form 990 is for	•		fourth or fifth to	v vear as a sectio		
		-			-		ightharpoonup
Sec	organization, check this box and storetion C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2014 (14	71.51 %
	Public support percentage from 2013					15	68.22 %
	33 1/3% support test - 2014. If the	•					
	stop here. The organization qualifies						▶ X
b	33 1/3% support test - 2013. If the		•				
_	and stop here . The organization qual					•	▶ □
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac	ū					-
	meets the "facts-and-circumstances"		-	-	•	t viriow the organ	▶
h	10% -facts-and-circumstances tes	•			•	17a and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•				ightharpoonup
10	•			•	,		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	siow, piease com	piete i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	· · · ·						
	Total. Add lines 1 through 5						
73	Amounts included on lines 1, 2, and						
	3 received from disqualified persons 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		-	-	<u> </u>		
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here						>
<u>Se</u>	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2014 (li	ne 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	t III, line 15			16	<u>%</u>
<u>Se</u>	ction D. Computation of Inves	tment Incom	e Percentage	•			
17	Investment income percentage for 20	14 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	013 Schedule A,	Part III, line 17			18	%
198	a 33 1/3% support tests - 2014. If the	organization did	not check the box	on line 14, and lin	e 15 is more than :	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	
ŀ	33 1/3% support tests - 2013. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

432023 09-17-14

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	3		
	7		
	8		
	9a		
	OL		
	9b		
	9с		
	10a		
	10b		
-	00 00	0 EZ\	2014

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion C. Type it Supporting Organizations			
	We would be the the transfer to		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			
800	the supported organization(s).	1		
Sec	tion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	art 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. See instructions. All						
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year				
_	Not also and do man a comital main	1		(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		(T) (T) (T)			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally	/-integr	ated Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2014

rai	Type iii Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	on E. Dietribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
secu	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Nam	e of the organization THE CORAL REEF ALLIANCE	Employer identification number 94-3211245
Pa		
	organization answered "Yes" to Form 990, Part IV, line 6.	1000 arrior complete il tric
_		(b) Funds and other accounts
	Table with a standard standard	(b) I dids 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 writing that the assets held in donor advised fu	
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
_	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of a historical	ly important land area
	Protection of natural habitat Preservation of a certified h	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contribution in t	conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	anization during the tax
	year▶	-
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	
	conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o	
	the text of the footnote to its financial statements that describes these items.	, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public sa	
	relating to these items:	o. 1.00, provide the following amounts
		▶ ¢
	MI A	> \$
^	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	i, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	. .
а	Revenue included in Form 990, Part VIII, line 1	> \$

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

Schedule D (Form 990) 2014

b Assets included in Form 990, Part X

Sche	edule D (Form 990) 2014 THE CORA	L REEF ALLIAN	CE		94-32	11245	Page 2
	rt III Organizations Maintaining Co	llections of Art, His	torical Treasures,	or Other			
3	Using the organization's acquisition, accession	, and other records, chec	k any of the following tha	at are a signi	ficant use of its	collection it	ems
	(check all that apply):						
а	Public exhibition	d \square	Loan or exchange progra	ams			
b	Scholarly research	е 🗆	Other				
С	Preservation for future generations						
4	Provide a description of the organization's colle	ections and explain how t	ney further the organizat	on's exemp	t purpose in Par	t XIII.	
5	During the year, did the organization solicit or re		-				
	to be sold to raise funds rather than to be main					Yes [No
Pai	rt IV Escrow and Custodial Arrange					line 9, or	
	reported an amount on Form 990, Part	K, line 21.	·				
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or other as	sets not inc	luded		
	on Form 990, Part X?					Yes [No
b	If "Yes," explain the arrangement in Part XIII an	d complete the following	table:				
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Form	m 990, Part X, line 21, for	escrow or custodial acco	ount liability?	·L	」Yes │	No
	If "Yes," explain the arrangement in Part XIII. C						
Pa	rt V Endowment Funds. Complete if the	ne organization answered	"Yes" to Form 990, Part	IV, line 10.			
	<u></u>	(a) Current year (b) F	Prior year (c) Two yea	rs back (d)	Three years back	(e) Four ye	ars back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the currer	•	g, column (a)) held as:				
а	Board designated or quasi-endowment						
b	Permanent endowment	%					
С	Temporarily restricted endowment	%					
	The percentages in lines 2a, 2b, and 2c should	•					
За	Are there endowment funds not in the possess	ion of the organization the	at are held and administe	ered for the	organization		
	by:					Ye	s No
	(i) unrelated organizations					3a(i)	+-
	• • • • • • • • • • • • • • • • • • • •					3a(ii)	+-
b	If "Yes" to 3a(ii), are the related organizations li	•				3b	
Bo:	Describe in Part XIII the intended uses of the o		funds.				
Pal	rt VI Land, Buildings, and Equipme		/ line 11e See Ferm 000	Dort V III	10		
_	Complete if the organization answered					(4) Darate	-1
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accu depre		(d) Book v	alue
	Land	Dasis (investment)	Dasis (Utilet)	depred	Jacon		
1a	Land						
b	Buildings						

Schedule D (Form 990) 2014

9,142.

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

d Equipmente Other

23,133.

13,991.

13,991.

Part VII	Investments	- Other	Securitie

	nvestments - Other Securities. omplete if the organization answered "Yes"	to Form 990 Part IV lin	ne 11h See Form 990 Part V lin	20.12
	of Security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial d		(,	(-,	
	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nust equal Form 990, Part X, col. (B) line 12.)			
	nvestments - Program Related.			
c	omplete if the organization answered "Yes"			
	(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)				
	nust equal Form 990, Part X, col. (B) line 13.)			
	ther Assets.			
<u>C</u>	omplete if the organization answered "Yes"		ne 11d. See Form 990, Part X, Iir	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line	e 15.)		
	ther Liabilities.			
C	omplete if the organization answered "Yes"	to Form 990, Part IV, lir		rt X, line 25.
1.	(a) Description of liability		(b) Book value	
	I income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line	e 25.)		
2. Liability for	uncertain tax positions. In Part XIII. provide	the text of the footnote	e to the organization's financial	statements that reports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

Part 2	XI Reconciliation of Revenue per Audited Financial S	Statements With Revenu	ue per Return	
	Complete if the organization answered "Yes" to Form 990, Part IV,	, line 12a.		
1 To	otal revenue, gains, and other support per audited financial statements		1	1,510,282.
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:			
a N	et unrealized gains (losses) on investments	2a		
b D	onated services and use of facilities	2b		
c R	ecoveries of prior year grants	2c		
d 0	ther (Describe in Part XIII.)	2d		
e A	dd lines 2a through 2d		2e	0.
3 S	ubtract line 2e from line 1		3	1,510,282.
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1:			
		4a		
b 0	ther (Describe in Part XIII.)	4b		
	dd lines 4a and 4b		4c	0.
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,510,282.
Part .	XII Reconciliation of Expenses per Audited Financial	_	ses per Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV,	, line 12a.		2 200 506
			1	2,380,526.
	mounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	onated services and use of facilities			
	rior year adjustments	1 1		
	ther losses			
	ther (Describe in Part XIII.)			0
	dd lines 2a through 2d		2e	2 200 526
	ubtract line 2e from line 1		3	2,380,526.
	mounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
	ovestment expenses not included on Form 990, Part VIII, line 7b			
	ther (Describe in Part XIII.)	4b		0
	dd lines 4a and 4b	- 10)	4c	2,380,526.
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.)	5	2,300,320.
		and 4. Don't IV. Since 1b and 0b. D	and V. San A. David	V line O. Dort VI
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a at		art v, line 4; Part	x, line 2; Part XI,
lines 20	I and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.		
PART	X, LINE 2:			
	,			
THE	ORGANIZATION HAS ADOPTED THE ACCOUNT	TING GUIDANCE RE	LATED TO	UNCERTAIN
TAX	POSITIONS, AND HAS EVALUATED ITS TAX	X POSITIONS TAKE	N FOR ALI	L OPEN TAX
VEAD	OC CUIDDENIMI V MUE ETCONI 2012 MUDOU	он 2014 тырормал	TOM DEMIN	OMC ADE
ILAN	RS. CURRENTLY, THE FISCAL 2012 THROUGH	GH ZUI4 INFORMAT	TON KETUI	KIND AKE
OPEN	AND SUBJECT TO EXAMINATION. IN MAN	AGEMENT'S JUDGME	NT THERE	ARE NO
		0045		
UNCE	RTAIN TAX POSITIONS AS OF JUNE 30,	2015.		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Statement of Activities Outside the United States

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

➤ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

Employer identification number

THE CORAL REEF	ALLIANCE				94-321124	5
			tside the United States. Compl	ete if the organ	ization answered "\	'es" on
Form 990, Part IV	/, line 14b.					
 For grantmakers. Does 	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award th	e grants or assi	stance?	Yes L No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and ot	ther assistance outs	side the
3 Activities per Region. (TI	he following Par	I, line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
				OCEANIA: TO	SCIENCE,	
OCEANIA	١ ,	0	PROGRAM SERVICE	MANAGEMENT, CONSERVATIO		٥.
OCEANIA			FROGRAM BEAVIOR	CENTRAL AME DEVELOP FUN	RICA: TO CTIONING AND	
CENTRAL AMERICA	l ,	4	PROGRAM SERVICE	EFFECTIVELY NETWORK OF		364,501.
CENTRAL AMERICA	- <u>'</u>	4	PROGRAM SERVICE		ND PACIFIC:	304,501.
				COMMUNITIES		
				1	RVATION AND	
EAST ASIA	0	5	PROGRAM SERVICE	MANAGEMENT	DEVELOPMENT	266,738.
3 a Sub-total	0	9				631,239.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	9				631,239.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2014

94-3211245

Page 2

Schedule F (Form 990) 2014 THE CORAL REEF ALLIANCE

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

Ĭ,						1	∞	0	4
(i) Method of valuation (book, FMV, appraisal, other)	BOOK	BOOK	воок						Schedule F (Form 990) 2014
(h) Description of non-cash assistance									School
(g) Amount of non-cash assistance	.0	.0	.0				cempt by	^	
(f) Manner of cash disbursement	WIRE TRANSFER	29,001.WIRE TRANSFER	22,500.WIRE TRANSFER				recognized as tax·e)		
(e) Amount of cash grant	41,101.	29,001	22,500,				foreign country,		
(d) Purpose of grant	SEE PART V	SEE PART V	SEE PART V				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS. or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		
(c) Region	CENTRAL AMERICA	EAST ASIA	OCEANIA				Enter total number of recipient organizations listed above that are recog the IRS. or for which the grantee or counsel has provided a section 501	r entities	
(b) IRS code section and EIN (if applicable)	J	127	Q				recipient organization he grantee or counse	other organizations or	
1 (a) Name of organization							2 Enter total number of r the IRS. or for which the	3 Enter total number of other organizations or entities	

94-3211245

Page 3

THE CORAL REEF ALLIANCE

Schedule F (Form 990) 2014 THE CORAL REEF ALLIANCE 94–3211245

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2014
(g) Description of non-cash assistance					Schedu
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of (d) Amount of recipients cash grant					
(b) Region					
(a) Type of grant or assistance					

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to 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; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
	(see instructions for Form 6021)	Yes	LZZ 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 file Form 5713, International Boycott Report (see Instructions		
	for Form 5713; do not file with Form 990)	Voc	X No

Schedule F (Form 990) 2014

Page 5

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.

PART I, LINE 2:

THE CORAL REEF ALLIANCE PROVIDES GRANTS AND ASSISTANCE THROUGH TWO SEPARATE PROGRAMS: 1) SUB-AWARDS TO ORGANIZATIONS WHOSE MISSION AND ACTIVITIES COLLABORATE WITH CORAL'S WORK AND 2) MICRO-GRANT PROGRAM THAT PROVIDES SUPPORT FOR SMALL-SCALE LOCAL PROJECTS THAT ARE INTEGRAL TO CORAL'S MISSION AND PROGRAM ACTIVITIES IN THE REGION. THE MICRO-GRANT PROGRAM PROVIDES SUPPORT OUTSIDE OF THE U.S. APPLICANTS MUST SUBMIT CORAL'S STANDARD MICRO-GRANT APPLICATION FORM TO BE CONSIDERED. THE APPLICATION MUST BE REVIEWED AND APPROVED BY (IN ORDER) A PROGRAM MANAGER, PROGRAM DIRECTOR, FINANCE DIRECTOR AND EXECUTIVE DIRECTOR. FUNDING PRIORITIES ARE DETERMINED FIRST BY THE INTENTIONS OF CORAL'S RESTRICTED GRANTS, AND SECONDLY BY THE REGIONAL PRIORITIES ESTABLISHED BY THE ORGANIZATION. NO SINGLE MICRO-GRANT SHALL COMPRISE MORE THAN 2% OF CORAL'S TOTAL ORGANIZATIONAL BUDGET, AND THE SUM OF ALL SUB-GRANTS SHALL COMPRISE NO MORE THAN 10% OF CORAL'S TOTAL BUDGET. GRANTEES MUST COMPLETE AND CERTIFY CORAL'S STANDARD MICRO-GRANT AGREEMENT. FOR ALL AWARDS OVER \$1,000, NO GRANTEE SHALL RECEIVE MORE THAN 50% AS AN INITIAL PAYMENT. DISBURSEMENT OF FUNDS ARE MANAGED BY THE ACCOUNTING STAFF, SUBJECT TO THE SAME APPROVAL AND DOCUMENTATION PROCEDURES REQUIRED FOR ALL EXPENDITURES. CORAL USES THE VOLUNTARY BEST PRACTICES FOR U.S.-BASED CHARITIES ISSUED BY THE US TREASURY DEPARTMENT'S ANTI-TERRORIST FINANCING GUIDELINES, AS WELL AS THE PRINCIPLES OF INTERNATIONAL CHARITY TO INFORM THE PROCESS OF APPROVAL APPLICATIONS AND MONITORING THE USE OF FUNDS. EACH MICRO-GRANT HAS A DESIGNATED PROGRAM MANAGER AS THE PRIMARY CONTACT, AND WHO IS RESPONSIBLE FOR OBTAINING AND DELIVERING REPORTS TO

CORAL STAFF AND FUNDERS. 432075 09-24-14

CORALRE1

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.

PART I, LINE 3, COLUMN (E):

REGION: OCEANIA

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

REGION: CENTRAL AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: CENTRAL AMERICA: TO DEVELOP

FUNCTIONING AND EFFECTIVELY MANAGED NETWORK OF MARINE PROTECTED AREAS IN

THE BAY ISLANDS, SUPPORTED BY LOCAL COMMUNITIES.

REGION: EAST ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: EAST ASIA AND PACIFIC:

COMMUNITIES SUPPORT LOCAL CONSERVATION AND MANAGEMENT DEVELOPMENT OF A

FUNCTIONING NETWORK OF MARINE PROTECTED AREAS.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

THE CORAL REEF ALLIANCE 94-3211245

required to complete this par	t.	ereu r	es io	7 FORTH 990, Part IV, I	ine 17. Form 990-EZ	mers are not					
1 Indicate whether the organization rais	ed funds through any of the following	ng acti	vities.	Check all that apply							
a Mail solicitations				overnment grants							
b Internet and email solicitations			_	nment grants							
c Phone solicitations	g Special		_	_							
d In-person solicitations	3										
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or											
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?											
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be											
compensated at least \$5,000 by the			-5								
	<u> </u>	_				Γ					
(i) Name and address of individual		(iii) fundr have c	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid					
or entity (fundraiser)	(ii) Activity	have con	ustody trol of	from activity	fundraiser	to (or retained by) organization					
, ,		contrib	utions?	,	listed in col. (i)	Organization					
		Yes	No								
				1							
		$ldsymbol{ldsymbol{ldsymbol{eta}}}$									
「otal											
3 List all states in which the organization	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration					
or licensing.											

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

Schedule G (Form 990 or 990-EZ) 2014

Pa	ırt	Fundraising Events. Complete if of fundraising event contributions and				
			(a) Event #1 SPECIAL EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	73,629.			73,629.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	73,629.			73,629.
	4	Cash prizes				
Se	5	Noncash prizes				
suac	6	Rent/facility costs	19,280.			19,280.
Direct Expenses	7	Food and beverages	23,697.			23,697.
П	8	Entertainment	500.			500.
	9	Other direct expenses				393.
	ı	Direct expense summary. Add lines 4 throu				43,870.
Pa	ırt	Net income summary. Subtract line 10 from III Gaming. Complete if the organization		990. Part IV. line 19, or r	eported more than	20,130.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Be	1	Gross revenue	.			
ses	2					1
S	l	Cash prizes				
Expens	3	Cash prizes Noncash prizes				
Direct Expenses						
Direct Expens	4	Noncash prizes				
Direct Expens	4	Noncash prizes Rent/facility costs		Yes % No	└── Yes %	
Direct Expens	4	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No	\neg $ \mid$	□ No	
Direct Expens	4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No gh 5 in column (d)	No No	No b	
	4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the summary income summary. Subtract lines	Yes% No gh 5 in column (d) 7 from line 1, column (d)	No No	No b	
9	4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ster the state(s) in which the organization con	yes% No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:	No No	No	
9 a	4 5 6 7 8 En Is i	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the summary income summary. Subtract lines	yes% No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:activities in each of these	No No	No	
9 a	4 5 6 7 8 En Is i	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throutous the gaming income summary. Subtract lines atter the state(s) in which the organization conthe organization licensed to conduct gaming	yes% No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:activities in each of these	No No	No	
9 a b	4 5 6 7 8 En i is i	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line Iter the state(s) in which the organization con the organization licensed to conduct gaming 'No," explain:	yes % No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	No No states?	No ►	Yes No
9 a b	4 5 6 7 8 En Isi	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throutous the gaming income summary. Subtract lines atter the state(s) in which the organization conthe organization licensed to conduct gaming	yes % No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	No No states?	No ►	Yes No

Schedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990 EZ) 2014 THE CORAL REEF ALLIANCE	94-3211245 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity form	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
Enter the hame and address of the person who prepares the organization's gaming/special events books and	records.
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	ne amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
,	
Name	
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
<u> </u>	
Description of services provided	
bescription of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	, and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G	(Form 990 or 990-EZ)	THE CORAL REEF A	ALLIANCE	94-3211245 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)		-
		, , ,		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

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

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

ş REEFS TOMORROW INITIATIVE REEFS TOMORROW INITIATIVE REEFS TOMORROW INITIATIVE REEFS TOMORROW INITIATIVE 94-3211245 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) BOOK BOOK BOOK BOOK 。 0 ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 94,019, 70,098 96,316, 195,358 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) THE CORAL REEF ALLIANCE Enter total number of other organizations listed in the line 1 table 94-1156365 95-6006144 13-6162659 95-6006145 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? BRAUN HALL 320, STANFORD UNIVERSIT AMERICAN MUSEUM OF NATURAL HISTORY 1 (a) Name and address of organization CENTRAL PARK WEST AT 79TH STREET or government SANTA BARBARA, CA 93106 STANFORD UNIVERSITY Name of the organization NEW YORK, NY 10024 STANFORD, CA 94305 LA JOLLA, CA 92093 3227 CHEADLE HALL UC SANTA BARBARA 9500 GILMAN DR UC SAN DIEGO Part Part II

432101 10-15-14

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

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Schedule I (Form 990) (2014)

94-3211245

Schedule I (Form 990) (2014) THE CORAL REEF ALLIANCE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

, ,
2 1 V W 7 2 1 V V 7
ALANIA LA CALLA CA

(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 non-cash assistance
Supplementa	uired in Part I, lin	e 2, Part III, column	(b), and any other a	lditional information.	
PART I, LINE 2: THE CORAL REEF ALLIANCE PROVIDES G	GRANTS AND	D ASSISTANCE	CE THROUGH	TWO SEPARATE	
RAMS: 1) SUB-AWARDS TO ORGANI	ATIONS W		AND	VITI	
COLLABORATE WITH CORAL'S WORK AND	2) MICRO	MICRO-GRANT PRO	PROGRAM THAT	PROVIDES	
SUPPORT FOR SMALL-SCALE LOCAL PROJECTS	ECTS THAT	ARE	INTEGRAL TO CORAL'S	RAL'S MISSION	
AND PROGRAM ACTIVITIES IN THE REGION.	THE	SUB-AWARDS	PROGRAM	PROVIDES	
GRANTS AND OTHER ASSISTANCE TO ORG	ORGANIZATIONS	IN THE	UNITED STA	STATES.	
THE CORAL REEF ALLIANCE HAS ADOPTED	THE	FOLLOWING PO	POLICIES FOR	тнв	

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

Types of Property

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

Attach to Form 990.

THE CORAL REEF ALLIANCE

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 94-3211245

		(a) Check if	Number of contributions or	Noncash contribution	Method of de			_
		applicable		amounts reported on Form 990, Part VIII, line 1g	noncash contribu	tion ar	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	38,346.	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 organic			1 1				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29				
				=			Yes	No
30a	During the year, did the organization receive by	•		-	•			
	must hold for at least three years from the date							v
	exempt purposes for the entire holding period	?				30a		X
	If "Yes," describe the arrangement in Part II.	س د داد د داد د دا	an dua a Ala a mandama	of any man about and a section	. tions 0			y
31 22-	Does the organization have a gift acceptance					31	$\vdash \vdash$	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	ciτ, process, or sell noncash		00-		х
	contributions?					32a		
	If "Yes," describe in Part II.	oolumn (a) f	or a tupo of pro-	du for which column (a) !	ankad			
33	If the organization did not report an amount in describe in Part II.	Column (c) T	or a type or proper	rty for which column (a) is ch	eckeu,			
ЦΛ	For Paperwork Reduction Act Notice see	the Instruc	tions for Form 00	^	Schedule M	/Earm	990) (2014)

432142 08-12-14

Schedule M (Form 990) (2014)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 2014

Open to Public Inspection

Name of the organization

THE CORAL REEF ALLIANCE

Employer identification number 94-3211245

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

CONSERVATION PRACTITIONERS, MANAGERS, AND COMMUNITY MEMBERS TO DEVELOP

INDICATORS OF BIOCULTURAL RESILIENCE; (3) IMPROVED OUR UNDERSTANDING OF

HOW FISH MOVEMENT AND FEEDING PATTERNS INFLUENCE CORAL REEF RESILIENCE

VIA CORAL RECRUITMENT; (4) COMPLETED A MATHEMATICAL MODEL OF PALMYRA'S

OCEAN CIRCULATION PATTERNS WHICH REVEALED THAT HEALTHY REEFS DISSIPATE

WAVE ENERGY FAR MORE THAN EXPECTED; AND (5) DEVELOPED TWO VIDEO

PRODUCTS, ONE THAT SHARES INFORMATION ABOUT BEST MANAGEMENT PRACTICES

FROM A SOLOMON ISLANDER PERSPECTIVE AND ANOTHER THAT COVERS BASIC CORAL

REEF ECOLOGY USING STOP MOTION ANIMATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: TREATED WASTEWATER CURRENTLY BEING INJECTED INTO GROUNDWATER AND REACHING THE OCEAN VIA UNDERGROUND SEEPS. IN PARTNERSHIP WITH SCHOOLS, WE TRAINED 14 EDUCATORS IN WATERSHED MANAGEMENT PRINCIPLES AND HELPED THE EDUCATORS AND THEIR STUDENTS TO IMPLEMENT LOCAL PROJECTS THAT ALIGN WITH THE OBJECTIVES OF THE MAUI CONSERVATION COMMUNITY. AT THE SHORELINE, WE CONDUCTED FISHER OUTREACH TO INCREASE UNDERSTANDING OF AND SUPPORT FOR THE GOALS OF THE KAHEKILI HERBIVORE FISHERIES MANAGEMENT AREA. ON HAWAI'I ISLAND, WE LAUNCHED THE HAWAI'I HOTEL STEWARDSHIP GUIDE AND LOW IMPACT DESIGN GUIDE THROUGH A WORKSHOP WITH THE RESORT AND ACCOMMODATION SECTOR, LOCAL PRIVATE HOMEOWNER ASSOCIATIONS, AND MARINE RECREATION PROVIDERS. TO APPLY RECOMMENDATIONS FROM THE GUIDE, WE WORKED WITH SEVEN HOTELS TO IMPLEMENT 16 INITIATIVES. WE ALSO LAUNCHED THE CLEAN WATER FOR PUAKO'S REEFS PROGRAM IN SOUTH KOHALA AND ORGANIZED THE CLEAN WATER FOR REEFS ADVISORY

432211 08-27-14

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

Schedule O (Form 990 or 990-EZ) (2014)

Employer identification number

Name of the organization THE CORAL REEF ALLIANCE 94-3211245 COMMITTEE TO GUIDE AND INFORM THE PROJECT. WE COMPLETED A TECHNICAL EVALUATION OF SOLUTIONS THAT WILL DIRECTLY ADDRESS POLLUTION AFFECTING NEAR-SHORE REEFS FROM RESIDENTIAL WASTEWATER IN THE COMMUNITY OF PUAKO

BY APPLYING A COLLABORATIVE, MULTI-DISCIPLINARY APPROACH.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: GENERATING ENOUGH REVENUE TO BECOME SELF-SUSTAINING, PROVIDING AN EXAMPLE OF SUCCESSFUL AND EFFECTIVE LOCAL MANAGEMENT. TO IMPROVE NEARSHORE WATER QUALITY, WE WORKED WITH LOCAL ORGANIZATIONS TO IMPLEMENT A WATER QUALITY MONITORING PROTOCOL THAT ALLOWS US TO MEASURE CHANGES IN NEARSHORE WATER POLLUTION THAT RESULT FROM CONNECTING HOMES AND BUSINESSES TO A CENTRALIZED WASTEWATER TREATMENT FACILITY. TO DATE, IN WEST END ON ROATAN, 122 OF A POSSIBLE 145 HOMES AND BUSINESS HAVE BEEN CONNECTED.

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

SINCE 2004, CORAL HAS WORKED WITH THE PEOPLE OF KUBULAU TO STRENGTHEN THE COMMUNITY-MANAGED NAMENA MARINE RESERVE, FIJI'S LARGEST NO-TAKE MARINE PROTECTED AREA. OUR STRATEGY IS TO EMPOWER THE ESTABLISHED LOCAL MANAGEMENT BODIES TO TRANSPARENTLY AND EFFICIENTLY MANAGE THE NAMENA MARINE RESERVE. OVER THE YEARS, WE WORKED WITH THE KUBULAU COMMUNITY TO INCREASE DIVE TAG FEES FROM FIJI \$2 TO FIJI \$30 PER YEAR, AND HELPED THEM RESTRUCTURE HOW THE REVENUE WAS MANAGED BY APPORTIONING IT TO BETTER OFFSET THE REAL COSTS ASSOCIATED WITH MANAGING THE RESERVE. THE DIVE TAG REVENUE IS NOW USED TO FUND COMMUNITY DEVELOPMENT PROJECTS AND

ACADEMIC SCHOLARSHIPS FOR KUBULAU YOUTH. TO DATE, THERE HAVE BEEN OVER

Schedule O (Form 990 or 990-EZ) (2014)

FIJI; EXPENSES \$106,960:

THE CORAL REEF ALLIANCE

THE CORAL REEF ALLIANCE

170 SCHOLARSHIP RECIPIENTS. IN FY2015 WE SAW A NOTABLE INCREASE IN THE

SALE OF DIVE TAGS AS WELL AS THE COMMUNITY'S INDEPENDENT MANAGEMENT OF

THE RESERVE. OUR NEXT STEPS ARE TO WORK WITH THE RESOURCE COMMITTEE TO

COMPLETE THEIR REGISTRATION AS A LEGAL ENTITY IN FIJI, WHICH WILL ALLOW

THEM TO ACHIEVE COMPLETE AUTONOMY.

INDONESIA; EXPENSES \$159,778; GRANTS \$29,001; REVENUE \$12,266:

TOGETHER WITH OUR PARTNERS WE ARE CREATING A NETWORK OF LMMAS FOR TWO
REGENCIES IN NORTHERN BALI-KARANGASEM AND BULELENG-THAT BRINGS LOCAL
MANAGEMENT PLANS AND LOCAL FINANCING SYSTEMS TOGETHER TO SUPPORT
REGIONAL SCALE MANAGEMENT EFFORTS. BY DOING SO WE ARE CREATING A MODEL
FOR LOCAL MARINE PROTECTED AREA AND MANAGEMENT NETWORKS THROUGH
CO-MANAGEMENT. DURING THIS PAST YEAR, WE HAVE HELPED COASTAL VILLAGES
TO COMPLETE A FIRST DRAFT MANAGEMENT PLAN AND IMPLEMENT A DIVE TAG
PROGRAM IN THE VILLAGE OF AMED. WE HAVE ALSO WORKED WITH THE FISHERIES
DEPARTMENT TO DEVELOP A GUIDE FOR PATROLS USED TO ENFORCE REGULATIONS.

MANAGEMENT EFFECTIVENESS: EXPENSES \$48,200:

CORAL AIMS TO CREATE A SERIES OF NETWORKS OF MARINE PROTECTED AREAS

ACROSS THE GLOBE TO PROTECT CORAL REEFS. THIS YEAR, CORAL LAUNCHED A

NEW PROGRAM TO TRAIN CONSERVATION PRACTITIONERS IN EFFECTIVE MANAGEMENT

STRATEGIES AND TO HELP IDENTIFY AND RESOLVE/ADDRESS CHALLENGES TO

BUILDING LOCAL CAPACITY. CORAL SYNTHESIZED EXISTING KNOWLEDGE ABOUT

LOCAL MANAGEMENT SYSTEMS AND HOSTED A WORKSHOP WITH 27 CONSERVATION

EXPERTS TO UNDERSTAND THE MAJOR REASONS WHY AND HOW LOCAL MANAGEMENT

SYSTEMS FALL SHORT OR FAIL. THE WORKSHOP HELPED CORAL IDENTIFY PRIORITY

CONCERNS AND POTENTIAL SOLUTIONS. WITH THIS INFORMATION, CORAL IS

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization THE CORAL REEF ALLIANCE

Employer identification number 94-3211245

CURRENTLY PLANNING ACTIVITIES AIMED TO IMPROVE LOCAL MANAGEMENT EFFORTS

AROUND THE WORLD.

EXPENSES \$ 314,938. INCLUDING GRANTS OF \$ 29,001. REVENUE \$ 12,266.

FORM 990, PART VI, SECTION A, LINE 8B:

COMMITTEES MAINTAIN DOCUMENTATION OF THEIR MEETINGS, HOWEVER, NO COMMITTEES

HAVE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

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

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

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

FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD, PRIOR TO

FILING. EACH STAFF MEMBER AND COMMITTEE MEMBER SHALL SIGN-OFF AS THEIR

REVIEW IS COMPLETED.

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

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

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

STAFF HAVE A CONTINUING RESPONSIBILITY TO PROMPTLY DISCLOSE TO THE

ORGANIZATION THE EXISTENCE OF ANY ADDITIONAL AFFILIATIONS AS THEY ARE

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

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

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

THE EXECUTIVE COMMITTEE SHALL ANNUALLY REVIEW THE COMPENSATION OF THE

EXECUTIVE DIRECTOR AND THE FINANCE DIRECTOR. THE EXECUTIVE COMMITTEE SHALL

GATHER RECENT DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED

PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED

08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Employer identification number Name of the organization THE CORAL REEF ALLIANCE 94-3211245 ORGANIZATIONS. MANAGEMENT MAY ASSIST THE COMMITTEE IN THE DATA COLLECTION. UPON REVIEW OF ALL PERTINENT DATA, THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL DETERMINE AND APPROVE THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND THE FINANCE DIRECTOR. MINUTES OF THE DELIBERATIONS OF THE EXECUTIVE COMMITTEE REGARDING COMPENSATION REVIEW SHALL BE RECORDED AND MAINTAINED IN THE ORGANIZATION'S CORPORATE RECORDS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,MA,MD,ME,MI,MN,NC,ND,NH,NJ,NM,NV NY,OK,OH,OR,PA,RI,SC,TN,UT,VA,WV,WI FORM 990, PART VI, SECTION C, LINE 18: THE ARTICLES OF INCORPORATION, BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST. THE AUDIT REPORT AND FEDERAL FORM 990 ARE POSTED ON THE ORGANIZATION'S WEBSITE, AND THE FINANCIAL STATEMENTS ARE AVAILABLE IN AN ABBREVIATED FORM IN THE ANNUAL REPORT. 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 AND FEDERAL FORM 990 ARE POSTED ON THE ORGANIZATION'S WEBSITE, AND THE FINANCIAL STATEMENTS ARE AVAILABLE IN AN ABBREVIATED FORM IN THE ANNUAL REPORT.

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