EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	$\pm$ 2022 calendar year, or tax year beginning $$ J U $\pm$ $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ıg ∪(	JN 30, 202.	)
В	Check if applicable	C Name of organization		D Employer identi	fication number
	Addres				
	Name change	Doing business as		94-3211	245
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)		E Telephone numb	
	Final return/ termin-	548 MARKET STREET 298	-	510-370	
_	ated	City or town, state or province, country, and ZIP or foreign postal code	L	G Gross receipts \$	3,877,244.
Ļ	Ameno return Applica	SAN FRANCISCO, CA 94104		H(a) Is this a group	
	tion pendin	F Name and address of principal officer: HELDI MIEKS		for subordinate	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	·	a list. See instructions
	Websit			H(c) Group exempt	
		-	. Year o	f formation: 1994	M State of legal domicile: CA
Р	art I	Summary	miin	WODID'C C	ODAT DEFEC
Se	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SAVING}}}$	THE	WORLD 5 CO	JRAL REEFS.
Governance	2	Check this box if the organization discontinued its operations or disposed of	f more	than 25% of its net	
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		I	1 40
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			1.0
გ დ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
iţi	6	Total number of volunteers (estimate if necessary)			
Activities	7a	Total unrelated business revenue from Part VIII, column (C), line 12			+
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			<del>-</del>
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		4,141,173	3,833,524.
	9	Program service revenue (Part VIII, line 2g)		5,359	. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,570	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	. 0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,148,102	3,876,939.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		678,403	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,281,340	. 2,490,178.
)SU	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 598,651.			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,066,474	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,026,217	
_	19	Revenue less expenses. Subtract line 18 from line 12		121,885	
SOF	3		Beg	inning of Current Yea	II.
Net Assets or	<b>20</b>	Total assets (Part X, line 16)		4,014,411	
A A	21	Total liabilities (Part X, line 26)		154,298	
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		3,860,113	. 3,415,989.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s			my knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer r		004
٥:		Signature of officer		03/04/2	024
Sig		HEIDI MYERS, FINANCE & OPERATIONS DIRECTOR		Duto	
He	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	ate Check	PTIN
Pai	id	PENNY L. LANE, CPA		if	
	parer	Firm's name KARLSSON & LANE, AN ACCOUNTANCY COR.	<u>.                                    </u>	self-empl	94-2590397
	e Only	Firm's address 4725 FIRST ST., STE. 226	<u>- •                                     </u>	THIII 3 LIIV	
	.,	PLEASANTON, CA 94566		Phone no (	925) 271-5519
Ma	ıy the IF	RS discuss this return with the preparer shown above? See instructions		1. 3.5.15	X Yes No
_		1			

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:
	THE CORAL REEF ALLIANCE (CORAL) IS ON A MISSION TO SAVE THE WORLD'S
	CORAL REEFS.
	(CONTD. ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	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	1 000 004
та	WESTERN CARIBBEAN:
	CORAL IS LEADER IN CORAL REEF CONSERVATION AND SCIENCE IN THE WESTERN
	CARIBBEAN. THE BIGGEST THREATS IN THE REGION INCLUDE OVERFISHING AND
	WASTEWATER POLLUTION, AND SO WE FOCUS OUR PROJECTS ON STUDYING THESE
	ISSUES AND THE IMPLEMENTATION OF SCALABLE SOLUTIONS TO ENSURE THAT THE
	MESOAMERICAN REEF WITHSTANDS THE IMPACTS OF CLIMATE CHANGE. OUR EFFORTS
	ARE SUCCESSFUL BECAUSE WE BELIEVE IN DATA-DRIVEN DECISION MAKING,
	BUILDING CAPACITY OF COMMUNITIES, AND CREATING RESILIENT ECOSYSTEMS.
4b	(Code: ) (Expenses \$ 1,134,565 • including grants of \$ ) (Revenue \$ )
40	(Code: ) (Expenses \$ 1,134,565. including grants of \$) (Revenue \$)  HAWAIIAN ISLANDS:
	CORAL HAS A COMPREHENSIVE APPROACH TO CORAL REEF PROTECTION IN HAWAII
	THAT INCLUDES A FOCUS ON LAND-BASED POLLUTION, INCLUDING SEWAGE AND
	SEDIMENT, AS WELL AS ENSURING COMMUNITIES HAVE SUSTAINABLE FISHING
	PRACTICES AND RESOURCES THEY NEED TO MANAGE THESE IMPORTANT ECOSYSTEMS.
	WE ARE DEEPLY COMMITTED TO UNDERSTANDING WATER QUALITY ISSUES FACING
	CORAL REEFS AND DRIVING SOLUTIONS TO ENSURE THAT OVER 80,000 HOMES IN
	HAWAII HAVE EFFECTIVE WASTEWATER TREATMENT IN ORDER TO PROTECT THE
	HAWAIIAN CORAL REEFS.
	(CONTD. ON SCHEDULE O)
40	(Code:) (Expenses \$ 467,141 • including grants of \$) (Revenue \$)
-10	GLOBAL CONSERVATION SCIENCE PROGRAM
	CORAL'S GLOBAL CONSERVATION PROGRAM IS INFLUENCING AND LEVERAGING
	PARTNERS, FIELD WORK, AND TECHNOLOGY TO DRIVE CONSERVATION SOLUTIONS
	THAT WILL RESCUE CORAL REEFS FROM THE IMPACTS OF CLIMATE CHANGE. OUR
	RESEARCH HAS PROVEN THAT CORAL REEFS CAN ADAPT AND WE NEED TO WORK
	QUICKLY TO STRENGTHEN LOCAL CAPACITY FOR RESEARCH, MANAGEMENT AND
	POLICY IN AREAS WITH HIGH CORAL BIODIVERSITY.
4-1	Other program convices (Describe on Schodule O.)
40	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses 2,864,490.
	Form <b>990</b> (2022)

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# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1110		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	···		<del></del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1.10
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	Х	
24 2	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Α.	
2 <del>4</del> a	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			37
	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O	,		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
	(gambling) winnings to prize winners?	1c	$\Gamma_{\Delta}$	

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022) THE CORAL REEF ALLIANCE

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 24			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	60		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		- 21
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
Ŭ	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.0		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)  Continue 1007(-M4) many avantable trivials to the conscionting filling Form 1001 in the set of Form 10012.	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
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			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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 direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
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 rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE CORAL REEF ALLIANCE - 510-370-0500			
	548 MARKET STREET, SUITE 29802, SAN FRANCISCO, CA 94104			

# 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per	(do box		Pos heck ss pe	ition more rson i	than	one h an	(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		compensated se		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KIRBY RYAN	2.00								0	
BOARD CHAIR	1 00	Х		Х				0.	0.	0.
(2) MICHAEL BENNETT	1.00	١								•
VICE CHAIR	1 50	Х		Х				0.	0.	0.
(3) ROBERT WATT	1.50	۱							•	•
TREASURER	1 00	Х		Х				0.	0.	0.
(4) ADAM TRATT	1.00	١						_		•
SECRETARY	1 00	Х		Х				0.	0.	0.
(5) LAURETTA BURKE	1.00	١,,						_	•	0
DIRECTOR	1 00	Х						0.	0.	0.
(6) JEFF CHANIN	1.00	٠,						_	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(7) MARIA JOSE GONZALEZ	1.00	x						0.	0.	0
DIRECTOR	1.00	^						0.	0.	0.
(8) AILEEN LEE	1.00	x						0.	0.	0.
DIRECTOR (THROUGH 1/2023) (9) JUDY MCNARY	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(10) JIM MINARIK	1.00	^						0.	· ·	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(11) JIM TOLONEN	1.00	122						0.	•	•
DIRECTOR	1.00	x						0.	0.	0.
(12) C. ELIZABETH WAGNER	1.50							•		
DIRECTOR		x						0.	0.	0.
(13) SHANNON WILLIAMS	1.00	<del> </del>						•		
DIRECTOR		X						0.	0.	0.
(14) MADHAVI COLTON	40.00							-		-
EXEC.DIR.(TERM.6/2022)		1		х				94,249.	0.	13,021.
(15) HEATHER STARCK	40.00							, -		<u> </u>
EXECUTIVE DIRECTOR		1		х				98,385.	0.	8,143.
(16) HEIDI MYERS	40.00									
FINANCE & OPERATIONS DIRECTOR		1		х				162,000.	0.	13,577.
(17) JENNIFER MYTON	40.00									
CONSERVATION PROGRAM DIRECTOR		L	L	L	L_	Х	L_	126,875.	0.	10,504.

232007 12-13-22

Section A. Officers, Directors, Trus	1	ploy	ees			ighe	st C						
<b>(A)</b> Name and title	(B) Average			Pos				<b>(D)</b> Reportable	( <b>E)</b> Reportable	_	F	(F) stimate	ad.
Name and title	hours per	box	, unle	ss pe	rson	than	th an	compensation	compensation		l	nount	
	week	_	cer ar	id a d	lirecto	or/trus	stee)	from	from related			other	
	(list any hours for	or director						the organization	organizatior (W-2/1099-MI			pensa rom th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC			anizat	
	organizations	l trust	nal tru		oyee	ombe		1099-NEC)			an	d relat	:ed
	below line)	Individual trustee	Institutional trustee	Offlice r	Key employee	Highest compensated employee	Former				orga	anizati	ons
(18) AMANDA NORMAN	40.00	트	Ë	5	ā.	宝岩	요						
DEVELOPMENT & MARKETING DIRECTOR		ł				x		117,624.		0.	1	2,2	49.
(19) HELEN FOX	40.00					t		, -					
GLOBAL CONSERVATION SCIENCE DIRECTOR						X		127,563.		0.		5,1	02.
						-					<u> </u>		
		-				-	<u> </u>						
		-											
						$\vdash$							
								726,696.		0.		2 E	0.6
1b Subtotal								720,090.		0.	<del></del>	2,5	0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								726,696.		0.	6	2,5	_
Total number of individuals (including but n								·	L 0.000 of reportab	-			
compensation from the organization						·, ···			.,				4
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,			•		•		_		•				77
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su			-					•	the organization			Х	
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>									idual for convice		4	$\overline{}$	
rendered to the organization? If "Yes," com										5	5		Х
Section B. Independent Contractors	piete Geriedar	007	0, 0	2011	perc	3011							
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation 1	from	
the organization. Report compensation for													
(A)								(B)	i	_		C)	_
Name and business		~m -	<u>Γ ( )                                  </u>	T.			-	Description of s	services	<u> </u>	отпре	nsatio	11
TIPU TIPU RESEARCH & DATA 14 MAKALANI PLACE, MAKAWA								SUPPORT REST	$\bigcirc$ RATT $\bigcirc$ NI	1	20	4,7	1 2
TA MUNUMUL LUNCE' MUNUM	NO, HI	0	, 00	,			-	POLEOVI VEDI	OVVITON	1	∠ ∪	<b>ヸ,</b> /	TO.

(A)
Name and business address

TIPU TIPU RESEARCH & DATA COLLECTION
14 MAKALANI PLACE, MAKAWAO, HI 96768

ARIZONA STATE UNIVERSITY
P.O. BOX 876011, TEMPE, AZ 85287

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2022)

\$100,000 of compensation from the organization

Form <b>Par</b>			/			REE	F ALLIAN	ICE		94-3211	245 Page <b>9</b>
Pai	נו	7 111						5			
			Check if Schedule O	conta	ains a re	sponse	or note to any li	ne in this Part VIII	/R\	(C)	[D]
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
တ တ	_	_	Fordered commissions		- 1.	1					300000113 3 12 3 14
Tr au	7		Federated campaigns			la		_			
اع ق			Membership dues			lb		-			
r ts			Fundraising events		⊢	lc		-			
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations			ld	530,577.	-			
Sir			Government grants (contr All other contributions, gifts,		· · -	le	330,377.	-			
je ti		T	similar amounts not included			ıf 3,	302,947.				
물물		_					22,831.	-			
اعق		_	Noncash contributions included in		_	lg \$		3,833,524.			
<u> </u>		n	Total. Add lines 1a-1f				Business Code	3,033,324.			
σ.	2	_					Business Code				
Š	2	a b									
Ser											
E M		c d									
Program Service Revenue		e									
<u>ہ</u>			All other program service	reve	nue						
			<b>Total.</b> Add lines 2a-2f								
	3		Investment income (include								
	Ĭ		•	•				43,720.			43,720.
	4		Income from investment of					,			-
	5		Royalties		•	•					
			,			Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
		d	Net rental income or (loss)	)							
	7		Gross amount from sales of			curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
venue			and sales expenses	7b		305.					
Ver		С	Gain or (loss)	7с	_	305.					
Be		d	Net gain or (loss)			<u></u>		-305.			-305.
Other	8	а	Gross income from fundraising	ng ev	ents (no	t					
δ			including \$			of					
			contributions reported on		•						
			Part IV, line 18					_			
			Less: direct expenses								
			Net income or (loss) from		_		 I				
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from			/ities	 T				
	10	а	Gross sales of inventory, l			40-					
		<b>L</b>	and allowances					-			
			Less: cost of goods sold				•				
$\dashv$		Ü	Net income or (loss) from	sale	o OI IIIVE	intory	Business Code				
snc	11	2					Duomicos Code				
ne	• •	a b									
ella e		C									
Miscellaneous Revenue			All other revenue								
_											

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43,415. Form **990** (2022)

3,876,939.

e Total. Add lines 11a-11d

# Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	<del></del>	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	242,517.	242,517.		
4	Benefits paid to or for members	212/32/4	212,327		
5	Compensation of current officers, directors,				
3	trustees, and key employees	354,634.	91,504.	235,767.	27,363
6	Compensation not included above to disqualified	334,034.	JI,301.	233,707.	27,303
O	persons (as defined under section 4958(f)(1)) and				
	nercone described in section 40E0(s)(2)(D)				
7		1,759,397.	1,273,763.	146,532.	339,102
7 •	Other salaries and wages Pension plan accruals and contributions (include	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,213,103.	140,334	333,102
8	section 401(k) and 403(b) employer contributions)	55,174.		55,174.	
0	The state of the s	177,728.	45,937.	119,093.	12,698
9 10	Other employee benefits	143,245.	21,172.	118,197.	3,876
10	Payroll taxes	143,243.	21,172.	110,157.	3,070
11	Fees for services (nonemployees):				
	Management	17,313.	16,500.	813.	
b	Legal	18,110.	15,614.	234.	2,262
	Accounting	10,110.	13,014.	251.	2,202
	Lobbying Professional fundacional continuo Scal Part IV Jine 17				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	718,919.	653,913.	1,305.	63,701
	column (A), amount, list line 11g expenses on Sch 0.)	110,919.	033,913.	1,303.	05,701
12	Advertising and promotion	159,701.	123,248.	3,118.	33,335
13	Office expenses	139,701.	143,240.	3,110.	33,333
14	Information technology				
15	Royalties	146,359.	116,427.	12,687.	17,245
16	Occupancy	211,111.	171,945.	1,260.	37,906
17	Travel	411,111.	1/1,940.	1,200.	37,900
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BAD DEBT EXPENSE	146,920.		146,920.	
b	TRAINING AND WORKSHOPS	39,299.	34,532.	1,519.	3,248
C	BANK CHARGES	34,933.	9,409.	1,289.	24,235
d	PRINTING AND COPYING	31,352.	20,358.	.,===	10,994
	All other expenses	64,351.	27,651.	14,014.	22,686
25	Total functional expenses. Add lines 1 through 24e	4,321,063.	2,864,490.	857,922.	598,651
<u>25                                    </u>	Joint costs. Complete this line only if the organization	=, ===, 0000	_, _ , _ , _ , _ ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	) 12-13-22				Form <b>990</b> (202)

Form 990 (2022)
Part X Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,137,115.	1	119,827		
	2	Savings and temporary cash investments			1,759,127.	2	2,847,370
	3	Pledges and grants receivable, net			1,046,243.	3	405,078
	4	Accounts receivable, net			26,393.	4	201,845
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<	9	Prepaid expenses and deferred charges			32,898.	9	29,482
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	. 10a	34,167.			
	b	Less: accumulated depreciation	. 10b	34,167.	0.	10c	(
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin	4,853.	12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	7,782.	15	114,200		
	16	Total assets. Add lines 1 through 15 (must e			4,014,411.	16	3,717,802
	17	Accounts payable and accrued expenses	154,298.	17	189,429		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer offi	cer, director,			
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese pers	ons		22	
-	23	Secured mortgages and notes payable to un	related th	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24	. Complete Part X	•		440.00
		of Schedule D			0.	25	112,384
	26	Total liabilities. Add lines 17 through 25			154,298.	26	301,813
ပ္တ		Organizations that follow FASB ASC 958, o	heck her	e X			
ဥ		and complete lines 27, 28, 32, and 33.			1 042 450		0 011 075
ala	27	Net assets without donor restrictions			1,943,450.	27	2,011,875
ם	28	Net assets with donor restrictions			1,916,663.	28	1,404,114
5		Organizations that do not follow FASB ASC	958, ch	eck here			
<u> </u>		and complete lines 29 through 33.					
. I	29	Capital stock or trust principal, or current fun				29	
225	30	Paid-in or capital surplus, or land, building, or		F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			2 060 112	31	2 415 000
ž	32	Total net assets or fund balances			3,860,113.	32	3,415,989
	33	Total liabilities and net assets/fund balances			4,014,411.	33	3,717,802 Form <b>990</b> (202

Check if Schedule O contains a response or note to any line	in this Part XI				1 1		
					Ш		
			2 0 7	<i>-</i> ^	20		
1 Total revenue (must equal Part VIII, column (A), line 12)	The state of the s	1	3,87 4,32				
2 Total expenses (must equal Part IX, column (A), line 25)	Total expenses (must equal Part IX, column (A), line 25)						
		3	-44				
4 Net assets or fund balances at beginning of year (must equal Part	The state of the s	4	3,86	0,1	13.		
5 Net unrealized gains (losses) on investments		5					
6 Donated services and use of facilities		6					
7 Investment expenses		7					
8 Prior period adjustments		8					
9 Other changes in net assets or fund balances (explain on Schedul	e O)	9			0.		
10 Net assets or fund balances at end of year. Combine lines 3 throu	gh 9 (must equal Part X, line 32,						
column (B))		10	3,41	<u>5,9</u>	<u>89.</u>		
Part XII Financial Statements and Reporting							
Check if Schedule O contains a response or note to any line	in this Part XII				Ш		
				Yes	No		
1 Accounting method used to prepare the Form 990: Lash	X Accrual Other						
If the organization changed its method of accounting from a prior	year or checked "Other," explain on Schedule	O.					
2a Were the organization's financial statements compiled or reviewed	by an independent accountant?		2a		Х		
If "Yes," check a box below to indicate whether the financial state	ments for the year were compiled or reviewed	l on a					
separate basis, consolidated basis, or both:							
Separate basis Consolidated basis Bot	h consolidated and separate basis						
b Were the organization's financial statements audited by an indepe	ndent accountant?		2b	Х			
If "Yes," check a box below to indicate whether the financial state	ments for the year were audited on a separate	e basis,					
consolidated basis, or both:							
X Separate basis Consolidated basis Bot	h consolidated and separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee t	hat assumes responsibility for oversight of the	e audit,			l		
review, or compilation of its financial statements and selection of an independent accountant?							
If the organization changed either its oversight process or selection	n process during the tax year, explain on Sch	edule O.					
3a As a result of a federal award, was the organization required to un	dergo an audit or audits as set forth in the						
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х		
b If "Yes," did the organization undergo the required audit or audits'		red audit					
or audits, explain why on Schedule O and describe any steps take	n to undergo such audits		3b				

# **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

pen to Public Inspection

Name of the organization

THE CORAL REEF ALLIANCE

Employer identification number 94-3211245

			COILLID ILDDI	111111111111111111111111111111111111111				1 30110		
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	his part.) S	See instructions.			
The	organ	ization is not a private found	lation because it is: (	(For lines 1 through 12, o	check only	one box.)				
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:	•							
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in		
		section 170(b)(1)(A)(iv). (C		,		, ,				
6		A federal, state, or local gov		mental unit described in	section 17	70(b)(1)(A)	)(v).			
	X	An organization that norma						nublic described in		
•		section 170(b)(1)(A)(vi). (C	•	initial part of its support	ioiii a gov	Ciriiricina	ranic or normano gonoral	public decorrace in		
8		A community trust describe	•	(1)(A)(vi) (Complete Par	+ 11 \					
9	H	An agricultural research org				nd in conju	inction with a land grant	collogo		
9	ш									
		or university or a non-land-g	grant college or agric	ulture (see instructions).	. Enter the	marrie, Cit	y, and state of the collec	je or		
10		university:  An organization that norma	Illy reactives (1) mare	than 22 1/20/ of its our	nort from	oontributie	na mambarabin face a	nd areas ressints from		
10	ш									
		activities related to its exen	-	•				-		
		income and unrelated busin See section 509(a)(2). (Con		(less section of reak) if	om busine	sses acqu	illed by the organization	arter June 30, 1973.		
11		An organization organized a	. ,	ively to test for public so	ofaty Saa	saction 50	00(2)(4)			
12	H	An organization organized a	•	•	•			nurposes of one or		
12		more publicly supported or	=	· ·	•		· · · · · · · · · · · · · · · · · · ·			
		lines 12a through 12d that						SHOOK THE BOX OH		
а		Type I. A supporting orga				-		, aivina		
u		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-				
		organization. You must o			a majority	01 1110 0110		apporting		
b		Type II. A supporting org	- ·		tion with it	ts support	ed organization(s) by ha	avina		
~		control or management o								
		organization(s). You mus			arrio poroc	3110 11141 01	ontrol of manage the ear	portou		
С		Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.		
Ī		its supported organization					• •			
d		Type III non-functionally		•				ization(s)		
_		that is not functionally int								
		requirement (see instruct		• ,	•		•			
е		Check this box if the orga	,	•						
		functionally integrated, or					,			
f	Ente	er the number of supported o		, 5	5 5					
g		ride the following information		ed organization(s).						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
Tota	ıl									

# 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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	2,401,883.	4,031,568.	4,053,223.	4,141,173.	3,833,524.	18,461,371.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,401,883.	4,031,568.	4,053,223.	4,141,173.	3,833,524.	18,461,371.
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)						1,802,326.
6	Public support. Subtract line 5 from line 4.						16,659,045.
Sec	ction B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,401,883.	4,031,568.	4,053,223.	4,141,173.	3,833,524.	18,461,371.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,665.	1,025.	611.	1,271.	43,720.	48,292.
9	Net income from unrelated business	-	-		<del>-</del>	-	<u> </u>
	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							18,509,663.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	· · ·
13	First 5 years. If the Form 990 is for the			ourth, or fifth tax v	ear as a section 5	501(c)(3)	
	organization, check this box and <b>stor</b>	-		•			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, c	olumn (f))		14	90.00 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	87.91 %
16a	33 1/3% support test - 2022. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop here	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pul	blicly supported or	rganization	_	
b	10% -facts-and-circumstances tes	t - 2021. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	_					
	organization meets the facts-and-circle				-		
<u>1</u> 8	Private foundation. If the organization						
	Ŭ		,				Form 990) 2022

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

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

Se	ction A. Public Support	clow, picase com	pioto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
_	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5	<u> </u>		+	+	+	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	<b>2021</b> Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	-					17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	
k	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		· ·	

232023 12-09-22

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
	1		
ŀ			
ļ	2		
	3a		
ı	Ja		
-	3b		
	3с		
ı			
	4a		
	4b		
	4c		
	5a		
-	5b 5c		
	6		
	7		
	8		
	0-		
-	9a		
	9b		
-	9с		
	10a		
	10b		

Par	t 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b 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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2022 THE CORAL REEF ALLIANC		94-3211245 Page		
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	, and the second	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ing trust on I	Nov. 20, 1970 (explain	in Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mu-	st complete	Sections A through E	<u>.</u>	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	<b>1</b> b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

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

# **SCHEDULE C** (Form 990)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047 Open to Public Inspection

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

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

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

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

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

	Section 501(c)(4), (5), or (	(6) organiza	tions: Complete Part III.					
Nan	ne of organization						er identification	
			AL REEF ALLIANCE				94-32112	45
Pa	art I-A Complete	if the org	ganization is exempt und	der section 501(c)	or is a section 5	27 org	anization.	
2	Political campaign activ	ity expendit	zation's direct and indirect politic cures gn activities					
Pa	art I-B Complete	if the ord	ganization is exempt und	der section 501(c)	(3).			
			incurred by the organization und			\$		
2	Enter the amount of any	excise tax	incurred by organization manag	ers under section 4955	j	*		
3	If the organization incur	red a section	n 4955 tax, did it file Form 4720	for this year?			Yes	☐ No
			·					☐ No
	o If "Yes," describe in Par							
Pa	art I-C Complete	if the ore	ganization is exempt und	der section 501(c)	, except section	501(c)	(3).	
1	Enter the amount direct	ly expende	d by the filing organization for se	ection 527 exempt func	tion activities	\$		
2	Enter the amount of the	filing organ	ization's funds contributed to ot	ther organizations for s	ection 527			
						\$		
3	Total exempt function e	xpenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	,			
4			1120-POL for this year?					└── No
5	made payments. For ea	ch organiza hat were pr	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organizes a separate political org	zation's funds. Also er anization, such as a s	nter the a	amount of politic	al
	(a) Name		(b) Address	(c) EIN	(d) Amount paid fi filing organization funds. If none, ente	n's C	(e) Amount of pontributions recopromptly and odelivered to a supplifical organion of the control	eived and lirectly eparate zation.

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

Schedule C (Form 990) 2022

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Part II	-A Complete if the org section 501(h)).	ganization is exe	mpt under sectio	n 501(c)(3) and fil	led Form 5768 (el	lection under
A Chec	k if the filing organiza	ation belongs to an affi	iliated group (and list ir	n Part IV each affiliated	I group member's nam	e, address, EIN,
	expenses, and sha	re of excess lobbying	expenditures).			
B Chec	k if the filing organiza	ation checked box A a	nd "limited control" pro	ovisions apply.		
		ts on Lobbying Expe ditures" means amou	nditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Tot	al lobbying expenditures to infl	uence public opinion (	grassroots lobbying)			
<b>b</b> Tot	al lobbying expenditures to infl	uence a legislative boo	dy (direct lobbying)			
<b>c</b> Tot	al lobbying expenditures (add l	ines 1a and 1b)				
	er exempt purpose expenditur				4,321,063.	
<b>e</b> Tot	al exempt purpose expenditure	es (add lines 1c and 1d	d)		4,321,063.	
	bying nontaxable amount. Ent				366,053.	
If th	e amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
Not	over \$500,000	20% of	the amount on line 1e.			
Ove	er \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Ove	er \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Ove	er \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Ove	er \$17,000,000	\$1,000,	000.			
<b>g</b> Gra	ssroots nontaxable amount (er	nter 25% of line 1f)			91,513.	
h Suk	otract line 1g from line 1a. If zer	o or less, enter -0			0.	
i Suk	otract line 1f from line 1c. If zero	o or less, enter -0			0.	
	nere is an amount other than ze					
rep	orting section 4911 tax for this	year?				Yes No
	(Some organizations t	hat made a section 5	eraging Period Under i01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
		Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
(or	Calendar year fiscal year beginning in)	( <b>a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a Lob	obying nontaxable amount	321,505.	296,001.	351,311.	366,053.	1,334,870.
<b>b</b> Lob	bying ceiling amount					

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	( <b>d)</b> 2022	(e) Total				
2a Lobbying nontaxable amount	321,505.	296,001.	351,311.	366,053.	1,334,870.				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,002,305.				
c Total lobbying expenditures	78,839.		39,267.		118,106.				
d Grassroots nontaxable amount	80,376.	74,000.	87,828.	91,513.	333,717.				
e Grassroots ceiling amount (150% of line 2d, column (e))					500,576.				
f Grassroots lobbying expenditures									

Schedule C (Form 990) 2022

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

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(k	p)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
q	Media advertisements?  Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(	(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year	? 3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part		e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year				
C	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the argentization agree to correct the respective of pended untible labbling and				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and payaged transport year?		4		
5	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information		3		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II.	-Δ lines 1	and 2 (See	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	, 1100), 1 410 11	, iii 100 T	and 2 (000	

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE CORAL REEF ALLIANCE

**Employer identification number** 94-3211245

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 51161 4411654 141165	(2) - 2.120 2.12 2.110 2.20
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	L	sed funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	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 str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerve	ation agreements during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(b)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservat		
•	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
			•
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

15100301 138273 CORALREEF

Pai	t III Organizations Maintaining C	Collections of Ar	t, Hist	torical Tr	easures, o	or Othe	r Similar As	sets(cont	inued)
3	Using the organization's acquisition, accessi	ion, and other record	s, checl	k any of the	following tha	at make si	gnificant use o	f its	
	collection items (check all that apply):			•	_				
а	Public exhibition	d		Loan or exc	hange progra	am			
b	Scholarly research	е			0 1 0				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how th	nev further t	the organizati	on's exen	npt purpose in	Part XIII.	
5	During the year, did the organization solicit of	="		•	-				
	to be sold to raise funds rather than to be m		-		•			Yes	☐ No
Pai	t IV   Escrow and Custodial Arran								
	reported an amount on Form 990, Pa	-		9			,	,, -	
1a	Is the organization an agent, trustee, custod		liarv for	contribution	ns or other as	sets not i	ncluded		
	on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
-								Amour	nt
c	Beginning balance						1c		
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F							Yes	□ No
	If "Yes," explain the arrangement in Part XIII.								
Pai							 D.		<u> </u>
		(a) Current year		rior year			d) Three years b	ack (e) Fou	ır years back
12	Beginning of year balance	, ,	. ,		' '	<del>'</del>	,	- ' '	
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
_	End of year balance		- //:		-\\    -				
2	Provide the estimated percentage of the cur			g, column (	a)) neid as:				
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c sho	•							
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	and administe	ered for th	e		Yes No
	organization by:							2 11	Yes No
	(i) Unrelated organizations								
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization				·			3b	
4	Describe in Part XIII the intended uses of the		wment	funds.					
Pai	t VI Land, Buildings, and Equipm		. D	/ Bin	D		10		
	Complete if the organization answere	1			1		1		
	Description of property	(a) Cost or ot			t or other		cumulated	( <b>d</b> ) Boo	ok value
		basis (investr	nent)	basis	(other)	dep	reciation		
	Land								
	Buildings								
С	Leasehold improvements				4 4 6 5		24 4 5 5		
d	Equipment			3	84,167.		34,167.		0.
	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line	10c.)				0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 ITE CORAL RE	SEF ALLIANCE		-3211243 Page 3
Part VIII Investments - Other Securities.	on Farma 000 Dart IV line	11h Can Faura 000 Bart V line 10	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	Lof-vear market value
(1) = 1111111	(b) Book value	(c) Wethod of Valdation. Cost of en	1-01-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)	<u>·</u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	5 000 D 1 1 1 1 1		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) OPERATING LEASE LIABILITY			112,384.
			112,304.
(3)			
<u>(4)</u>			
<u>(5)</u> (6)			
(7)			
(8)			
\-/			

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

Schedule D (Form 990) 2022

112,384.

Schedule D (Form 990) 2022

### SCHEDULE F (Form 990)

# **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.

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

**Employer identification number** 

THE CORAL REEF ALLIANCE 94-3211245

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990. Part IV line 14b.

	r onn 550, r art re	7, III IC 1 <del>1 D</del> .				
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
	_	-		the selection criteria used to award the		Yes No
	9,	J			——	
2	For grantmakers Desc	rihe in Part V the	organization's	procedures for monitoring the use of it	e grante and other assistance outs	ide the
_	United States.	inde iii i ait v tiic	organization 3	procedures for mornioring the use of its	s grants and other assistance outs	ide trie
2		ha fallowing Dord	. L lina 2 tabla a	an he dunlicated if additional anges is	anadad \	
3	(a) Region	(b) Number of		an be duplicated if additional space is a (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	(a) Negion	offices	employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	employees, agents, and independent	gram services, investments, grants to		for and
			I contractors	recipients located in the region)	of service(s) in the region	investments in the region
			in the region	, ,	.,	in the region
					CENTRAL AMERICA AND THE	
					CARIBBEAN: TO DEVELOP	
ENT	TRAL AMERICA AND				FUNCTIONING AND	
HE	CARIBBEAN	1	14	PROGRAM SERVICES	EFFECTIVELY MANAGED	951,137.
						_
3 a	Subtotal	1	14			951,137.
	Total from continuation					,
	sheets to Part I	0	o			0.
^	Totals (add lines 3a					<u> </u>

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2022

and 3b)

951,137.

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V	238,755.	WIRE TRANSFER		WATER QUALITY MONITORING, SCALING WASTEWATER	U.S. DOLLARS
			recognized as charities by the					

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Part III Grants and Other Assistan	ce to Individuals Outsid	le the United St	ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if a	additional space is neede						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

# Part IV Foreign Forms

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

Schedule F (Form 990) 2022

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

#### PART I, LINE 2:

AN IMPORTANT PART OF THE WORK OF THE CORAL REEF ALLIANCE IS PARTNERING ALONGSIDE LOCAL NONPROFITS IN COASTAL COMMUNITIES. EMPOWERING LOCAL STAKEHOLDERS AND PROVIDING THEM WITH THE RESOURCES THEY NEED TO CARRY OUT OUR WORK IN THE LONG-TERM IS KEY TO OUR SUCCESS IN SAVING CORAL REEFS. WE PROVIDE FINANCIAL ASSISTANCE IN THE FORM OF SUBGRANTS FOR PARTNERS WHO ARE ALSO WORKING TO ENSURE CORAL REEFS HAVE CLEAN WATER, SUSTAINABLE FISHERIES, AND THAT THEY ARE HEALTHY DIVERSE NETWORKS THAT CAN ADAPT TO CLIMATE CHANGE IMPACTS. THESE GRANT AWARDS ARE PROVIDED TO ORGANIZATION BOTH WITHIN AND OUTSIDE OF THE U.S. CORAL HAS PROCESSES IN PLACE TO ENSURE APPROPRIATE MANAGEMENT AND ACCOUNTING OF THE FUNDS. GRANTEES MUST COMPLY AND SIGN A GRANT AGREEMENT AND HAVE APPROPRIATE DOCUMENTATION FOR THEIR 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 APPROVING APPLICATIONS AND MONITORING THE USE OF FUNDS. EACH MICRO-GRANT HAS A DESIGNATED PROGRAM MANAGER AS THE PRIMARY CONTACT, WHO IS RESPONSIBLE FOR OBTAINING AND DELIVERING REPORTS TO CORAL STAFF AND

### PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: CENTRAL AMERICA AND THE CARIBBEAN: TO DEVELOP FUNCTIONING AND EFFECTIVELY MANAGED NETWORK OF MARINE PROTECTED AREAS ALONG THE MESOAMERICAN REEF, SUPPORTED BY LOCAL COMMUNITIES.

Schedule F (Form 990) 2022

FUNDERS.

# SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE CORAL REEF ALLIANCE

 $Employer\ identification\ number \\ 94-3211245$ 

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

232111 10-18-22

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	<i>I-</i> 2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HEIDI MYERS	(i)	162,000.	0.	0.	6,480.	7,097.	175,577.	0.
FINANCE & OPERATIONS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

## SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2022 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CORAL REEF ALLIANCE

Employer identification number 94-3211245

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

OUR RESEARCH HAS PROVEN THAT CORALS CAN ADAPT TO THE EFFECTS OF CLIMATE

CHANGE IF IMMEDIATE THREATS ARE REDUCED AND IF WE PROTECT HEALTHY AND

ECOLOGICALLY CONNECTED NETWORKS OF REEFS.

CORAL STAFF, PARTNERS, AND SCIENTISTS IN OUR ALLIANCE ARE WORKING

TOWARDS THE FOLLOWING LONG-TERM OUTCOMES ALONGSIDE COASTAL COMMUNITIES

TO ENSURE WE HAVE HEALTHY AND ADAPTIVE CORAL REEFS:

1.SUSTAINABLE FISHERIES MAINTAIN ECOSYSTEM BALANCE, PREVENTING

OVERFISHING OF KEY SPECIES AND PRESERVING THE DIVERSITY OF MARINE LIFE.

2. CORAL REEFS HAVE CLEAN WATER, FREE FROM LAND BASED POLLUTION.

3.DIVERSE, CONNECTED, AND WELL-MANAGED NETWORKS OF REEFS ARE THRIVING, SHOWCASING THE RESILIENCE AND VITALITY OF THESE MARINE ECOSYSTEMS.

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

MEASURABLE IMPROVEMENT IN WATER QUALITY, REDUCTION IN SEDIMENT AND

SEWAGE SMOTHERING CORAL REEFS, POLICY CHANGE, RESEARCH PUBLICATIONS TO

INFORM STRATEGIES, ADAPTATION PRIORITIZED IN PLANNING, MONITORING KEY

INDICATORS OF REEF HEALTH.

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

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, AND THE

AUDIT AND EXECUTIVE COMMITTEES OF THE BOARD, PRIOR TO FILING. EACH STAFF

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

COPY IS ALSO PROVIDED TO THE ENTIRE GOVERNING BOARD FOR COMMENT BEFORE

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page **2** 

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

FILING.

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

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

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

STAFF HAVE A CONTINUING RESPONSIBILITY TO PROMPTLY DISCLOSE TO THE

ORGANIZATION THE EXISTENCE OF ANY ADDITIONAL AFFILIATIONS AS THEY ARE

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

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

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

THE EXECUTIVE COMMITTEE SHALL ANNUALLY REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE SHALL GATHER RECENT DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. MANAGEMENT MAY ASSIST THE COMMITTEE IN THE DATA COLLECTION. UPON REVIEW OF ALL PERTINENT DATA, THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL DETERMINE AND APPROVE THE COMPENSATION OF THE EXECUTIVE DIRECTOR. COMPENSATION DECISIONS ARE RECORDED AND MAINTAINED IN THE ORGANIZATION'S RECORDS.

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

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

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

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

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

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Schedule O (Form 990) 2022 Page **2** 

Name of the organization  THE CORAL REEF ALLIANCE	Employer identification number 94-3211245
FORM 990, PART VI, SECTION C, LINE 19:	
THE ARTICLES OF INCORPORATION, BYLAWS AND CONFLICT OF INT	EREST POLICY ARE
AVAILABLE ON REQUEST. THE AUDIT REPORT IS POSTED ON THE O	RGANIZATION'S
WEBSITE, AND THE FINANCIAL STATEMENTS ARE AVAILABLE IN AN	ABBREVIATED FORM
IN THE ANNUAL REPORT.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	653,913.
MANAGEMENT AND GENERAL EXPENSES	1,305.
FUNDRAISING EXPENSES	63,701.
TOTAL EXPENSES	718,919.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	718,919.
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