Form 990

For the 2011 calendar year, or tax year beginning

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

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

2011, and ending

2011

Open to Public Inspection

2012

D Employer Identification Number Check if applicable: THE CORAL REEF ALLIANCE Address change 94-3211245 351 CALIFORNIA STREET #650 E Telephone number Name change SAN FRANCISCO, CA 94104 415-834-0900 Initial return Terminated 2,375,422. Amended return G Gross receipts \$ H(a) is this a group return for affiliates? F Name and address of principal officer: Application pending MICHAEL WEBSTER Yes X No H(b) Are all affiliates included? 351 CALIFORNIA ST., STE. 650 SAN FRANCISCO, CA 94104 Yes No If 'No,' attach a list. (see instructions) X 501(c)(3) 4947(a)(1) or Tax-exempt status) < (insert no.) Website: ► WWW.CORAL.ORG H(c) Group exemption number X Corporation Trust Form of organization: L Year of Formation: 1994 M State of legal domicile: CA Association Part I Summary Briefly describe the organization's mission or most significan: activities: <u>UNITING AND EMPOWERING COMMUNITIES TO</u> Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)..... 8 Activities & Number of independent voting members of the governing body (Part VI, line 1b)..... 8 13 Total number of individuals employed in calendar year 2011 (Part V, line 2a). 6 Total number of volunteers (estimate if necessary)..... 20 7a Total unrelated business revenue from Part VIII, column (C), line 12..... b Net unrelated business taxable income from Form 990-T, line 34. 0. Prior Year Current Year Contributions and grants (Part VIII, line 1h)..... 1,040,979 2,185,075. Revenue 45,470. Program service revenue (Part VIII, line 2g). 190,031. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... -1,366.316. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)...... Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,085,083. 2,375,422. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 74,341. 278,633. Benefits paid to or for members (Part IX, column (A), line 4)..... 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 632,689. 778,984. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 817,620. 1,011,176. 1,524,650. 2,068,793. -439,567. 306,629. **Beginning of Current Year** End of Year Total assets (Part X, line 16)..... 386,222. 712,729. Total liabilities (Part X, line 26). 98,390. 117,699. 22 287,832. 595,030. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Michael Executive Type or print name and title. Print/Type preparer's name Preparer's signature LISA DORAN, CPA Paid self-employed P00791709 Preparer ► DORAN & ASSOCIATES Firm's name Use Only ► 55 MITCHELL BOULEVARD, STE. Firm's address Firm's EIN - 262769279 SAN RAFAEL, CA 94903 Phone no. (415) 491-1130 May the IRS discuss this return with the preparer shown above? (see instructions). X Yes

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_	Х	
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 Revenue Procedure 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 E Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
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	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	.=		
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		х
89	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
9	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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
t	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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part! (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 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
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		_

Part IV Checklist of Required Schedules (continued)

		T	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.			
22		. 21	X	-
~	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 curren and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	t 23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		-
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
1	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ŀ	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		х
36		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (2	2011)

Form 990 (2011) THE CORAL REEF ALLIANCE Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V			T	
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1	5	Yes	No
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.				
	c Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?		. 1c	Х	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1	1.0		
	b If at least one is reported on line 2a, did the organization file all required federal employmen			Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see in		200		
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year	r?	. 3a	CANADACTA NO	X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.				
4	a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other financial account.)	or other authority over a			Х
	b If 'Yes,' enter the name of the foreign country: ►				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F				
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax				X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt		5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5с		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, as solicit any contributions that were not tax deductible?		6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contax deductible?	ontributions or gifts were	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and paservices provided to the payor?		7a	(Alter)	X
1	b 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 where S282?		7c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year				
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal to Did the organization receive any funds, directly or indirectly, to pay premiums on a personal to the organization receive any funds, directly or indirectly, to pay premiums on a personal to the organization receive any funds, directly or indirectly, to pay premiums on a personal to the organization receive any funds, directly or indirectly, to pay premiums on a personal to the organization receive any funds, directly or indirectly, to pay premiums on a personal to the organization receive any funds.	penefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		X
	g If the organization received a contribution of qualified intellectual property, did the organization as required?		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, has holdings at any time during the year?	g organizations. Did the ve excess business	8		7.600
9	Sponsoring organizations maintaining donor advised funds.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
а	Did the organization make any taxable distributions under section 4966?		9a		MINE CONT.
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а		10a			
		10Ь			
	Section 501(c)(12) organizations. Enter:				
		11a			
		11 ь			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1	12a		
12		12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
d	Is the organization licensed to issue qualified health plans in more than one state?	^	13a		
L	Note. See the instructions for additional information the organization must report on Schedule	0.			-0.7
0		3b			A Maria dia
		3c		\$500 Sec.	
h	Did the organization receive any payments for indoor tanning services during the tax year?		14a	_	<u>X</u>
n	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in So	neaule O	14b		

94-3211245 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. Section A. Governing Body and Management

-	Cuon / a Governing Body and management										
1	a Enter the number of voting members of the governing hade at the and of the Leaves		,		Yes	No					
	a Enter the number of voting members of the governing body at the end of the tax year	1a			1225						
			¥		3.2.3						
	b Enter the number of voting members included in line 1a, above, who are independent	1 b	8								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?			2		X					
3	of officers, directors or trustees, or key employees to a management company or other pers	under ti on?	ne direct supervision	3		Х					
4	Did the organization make any significant changes to its governing documents										
	since the prior Form 990 was filed?			4		Х					
5	and a significant diversion of the organiza	tion's a	ssets?	5		X					
6	6 Did the organization have members or stockholders?										
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?											
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?										
	Did the organization contemporaneously document the meetings held or written actions under the following:		, ,								
	a The governing body?			8a	X						
	b Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q	nnot be	reached at the	9		Х					
sec	ction B. Policies (This Section B requests information about policies not required by the Inter	nal Rev	enue Code.)								
10	Did the organization have lead shorters branches and the same				Yes	No					
	a 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, a operations are consistent with the organization's exempt purposes?			10b							
11:	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f	orm?		11 a	X						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	SEI	E SCHEDULE O			200					
12:	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13			12a	X						
	Were officers, directors or trustees, and key employees required to disclose annually interest to conflicts?			12b	Х						
(Did the organization regularly and consistently monitor and enforce compliance with the polic Schedule O how this is done SEE . SCHEDULE . Q	y? <i>If 'Y</i>	es,' describe in	12c	Х						
13	Did the organization have a written whistleblower policy?			13	X						
	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 a persons, comparability data, and contemporaneous substantiation of the deliberation and dec	approva ision?	I by independent								
г	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers of key employees of the organization SEE. SCHEDULE . O			15b	X						
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)				19010						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?			16a		X					
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and taken steps to organization's exempt status with respect to such arrangements?	evaluat o safeg	e its uard the	101							
ec	tion C. Disclosure			16b		_					
17	List the states with which a copy of this Form 990 is required to be filed ► SEE_SCHEDULE	0		_							
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection. Indicate how you make these available. Check all that apply.		(501(c)(3)s only) ava	 ailable	for pu	 ublic					
	X Own website Another's website X Upon request										
Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year. SEE SCHEDULE O											
20	State the name, physical address, and telephone number of the person who possesses the bo	oks and	records of the organ	nizatio	n:						
	CHRISTINE REYES 351 CALIFORNIA STREET, STE. 650 SAN FRANC	LSCO_	CA 94104 415-	834-	0900						

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

Check if Schedule O contains a response to any question in this Part VII.

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

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

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

Check this box if neither the organization					C)					
(A) Name and title	(B) Average hours per week	(do n unie	ss pe	Pos eck m	sition ore t	than one than off trustee)	box, icer	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) H. WILLIAM JESSE										
CHAIR CHAPTER PERPETEN	1	X		X	_			0.	0.	0
(2) CURTIS BERRIEN VICE-CHAIR	-									
(3) JIM TOLONEN	1	X		X			-	0.	0.	0
TREASURER	-	17								
(4) C. ELIZABETH WAGNER	1	X		X			-	0.	0.	0.
SECRETARY	1	Х		Х				0		-
(5) PAULA HAYES		Λ		Λ			+	0.	0.	0.
DIRECTOR	1	Х		- 1				0.	0	
(6) LINDA CAIN	-	21					+	0.	0.	0.
DIRECTOR	1 1	Х						0.	0.	0
(7) ELIZABETH ULMER			7			\neg		0.	0.	0.
DIRECTOR	1 1	X						0.	0.	0.
(8) NANCY KNOWLTON			1					0.	0.	0.
DIRECTOR	1	Х						0.	0.	0.
(9) MICHAEL WEBSTER							\top		- 0.	0.
EXECUTIVE DIR.	40			X				62,913.	0.	3,285.
(10) CHRISTINE REYES							7	02/313.	0.	3,203.
DIR. OF FINANCE	40			X				0.	0.	0.
(11) TOM MESHISHNEK					\exists				· · ·	0.
FINANCE DIR.	40			X				60,850.	0.	8,889.
(12)				10-31				, , , , ,		0,003.
(13)			1	1	1	+	\dagger			
(14)			+	+	+	+	+			

Part VII Section A. Officers, Directors, Trust	ees, l	Кеу	En	ıplo	ye	es,	and	d Highest Com	pensated Emp	loyees	(cont)
				((C)						
(A) Name and title	(B) Average hours per	(do box offi	not c , unle cer ar	Pos theck ss pe	more rson directe	than is bot or/trus	one th an stee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) stimated unt of other noensation
	week (describ e hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	org ar	rom the ganization nd related anizations
	organi- zations in Sch O)	stee	rustee		a	pensated					
(15)											
(16)											
(17)											
(18)											-
<u>(19)</u>											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)									THE STATE OF THE S		
1 b Sub-total							>	123,763.	0.		12,174.
c Total from continuation sheets to Part VII, Section A	٩						▶ [0.	0.		0.
d Total (add lines 1b and 1c)							▶	123,763.	0.		12,174.
2 Total number of individuals (including but not limited	to tho	se li	sted	abo	ove)	who	rec	eived more than	\$100,000 of report	able com	pensation
from the organization 0							-				
											Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust dividua	ee, l	key	emp	loye	e, o	r hig	ghest compensate	d employee	. 3	X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual.	ortable an \$15	cor 60,00	nper	nsat If 'Ye	ion es' d	and comp	othe olete	er compensation for Schedule J for	rom	. 4	X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mnens	atio	n fro	m a	nv i	ınre	lated	d organization or i	ndividual	- 1	X
Section B. Independent Contractors	, inprote	-	,,,,,,		101	-	11 00			. 3	- 11
 Complete this table for your five highest compensate compensation from the organization. Report compen 	d inde	pend for t	lent he c	con	trac idar	tors yea	that r en	received more th ding with or withir	an \$100,000 of the organization'	s tax yea	ar.
(A) Name and business address								(B) Description of	f services	(C Comper) isation
				West I			1				
2 Total number of independent contractors (including b \$100,000 in compensation from the organization >		limit	ed t	o the	ose	liste	ed ab	oove) who receive	d more than		

F	Part VIII Statement of Revenue			34-321124	5 Page
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS	Ta Federated campaigns				
CONTRIBUTI	f All other contributions, gifts, grants, and similar amounts not included above. g Noncash contributions included in lns 1a-1f: \$ 11,932. h Total. Add lines 1a-1f.				
CF DEVENIE	2a PROGRAM FEES 900099 b	190,031.	190,031.		
PROGRAM SERVICE BEVENIE	d e f All other program service revenue				
PRC					
	3 Investment income (including dividends, interest and other similar amounts). ▶ 4 Income from investment of tax-exempt bond proceeds. ▶	316.			316.
	5 Royalties				
	7a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses				
	c Gain or (loss)	Other Control (Asset)			
OTHER REVENUE	8a Gross income from fundraising events (not including. \$		(G) 9 (B)		
0	c Net income or (loss) from fundraising events 9a Gross income from gaming activities.				
	See Part IV, line 19a b Less: direct expensesb c Net income or (loss) from gaming activities▶				
	10 a Gross sales of inventory, less returns and allowances				
	11 a b c d All other revenue.				Transition (Inc.)
	e Total. Add lines 11a-11d.	2,375,422.	190,031.	0.	316.

Page 10

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a re		(B)	(C)	(D)
Do not 1 6b, 7b, 8	include amounts reported on lines 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
and	ants and other assistance to governments d organizations in the United States. See rt IV. line 21.	64,415.	64,415.		
2 Gra	ants and other assistance to individuals in United States. See Part IV, line 22	01/1101	01/1101		
ord	ants and other assistance to governments, panizations, and individuals outside the ited States. See Part IV, lines 15 and 16.	214,218.	214,218.		
4 Bei	nefits paid to or for members				
trus	mpensation of current officers, directors, stees, and key employees	206,357.	78,132.	94,318.	33,907
6 Cor dis- sec in s	mpensation not included above, to qualified persons (as defined under ction 4958(f)(1)) and persons described section 4958(c)(3)(B).	0.	0.	0.	0
	ner salaries and wages	450,488.	350,695.	22,928.	76,865
8 Per	nsion plan accruals and contributions clude section 401(k) and section 403(b)				APPART ON ME
	ployer contributions)	19,851.	11,836.	4,644.	3,371
	ner employee benefits	41,510.	22,380.	11,328.	7,802
	yroll taxes	60,778.	39,209.	11,795.	9,774
	es for services (non-employees):				
	nagement				
	gal				
	counting	10,800.		10,800.	
	bbying				
	essional fundraising services. See Part IV, line 17				
	estment management fees				
	ier	482,215.	453,202.	24,158.	4,855
	vertising and promotion				
	ce expenses	21,582.	19,590.	1,476.	516
	ormation technology				
	/alties				
	cupancy	100,538.	88,521.	3,794.	8,223
	vel	169,794.	162,241.	2,330.	5,223
exp	ments of travel or entertainment enses for any federal, state, or local lic officials				
19 Con	ferences, conventions, and meetings				
20 Inte	rest				
21 Pay	ments to affiliates				
22 Dep	preciation, depletion, and amortization	4,309.	3,020.	965.	324.
	ırance	4,915.	330.	4,585.	
in li	er expenses. Itemize expenses not ered above (List miscellaneous expenses ne 24e. If line 24e amount exceeds 10% ne 25, column (A) amount, list line 24e enses on Schedule O.)				
	INTING AND PUBLICATIONS	75,117.	68,017.	180.	6,920.
b CO	MMUNITY TRAINING	68,458.	68,458.		
c PO	STAGE AND SHIPPING	25,412.	16,595.	547.	8,270.
	LECOMMUNICATIONS	23,000.	18,042.	2,708.	2,250.
e All c	other expenses	25,036.	10,386.	5,276.	9,374.
25 Total	I functional expenses. Add lines 1 through 24e	2,068,793.	1,689,287.	201,832.	177,674.
the joint cam	ort costs. Complete this line only if organization reported in column (B) toosts from a combined educational paign and fundraising solicitation.		- 1		
	ck here ► X if following				
SOF	98-2 (ASC 958-720)	59,462.	38,225.		21,237.

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	. 87,951	. 1	42,50
	2	Savings and temporary cash investments	. 107,193		336, 93
	3	Pledges and grants receivable, net	84,027		209,40
	4	Accounts receivable, net	. 69,312		90,53
	5	Receivables from current and former officers, directors, trustees, key employees and highest compensated employees. Complete Part II of Schedule L	, Harata (2012)	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1) persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)),	6	
5	7	Notes and loans receivable, net		7	
ASSET	8	Inventories for sale or use			
5	9	Prepaid expenses and deferred charges	17 000	8	
	1 50000		17,082.	9	8,392
	iua	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation	_		
	11	Investments – publicly traded securities.	. 13,169.		10,408
- 1.	12	Investments – other securities. See Part IV, line 11		11	9,276
- 1	13	Investments – program-related. See Part IV, line 11.		12	
	14	Intangible assets.		13	
	35000	Other assets See Port IV line 11		14	
100	16	Other assets. See Part IV, line 11	7,488.	15	5,271
-	17	Total assets. Add lines 1 through 15 (must equal line 34)	386,222.	16	712,729
100	18	Grants payable and accrued expenses	74,390.	17	112,611
	19	Grants payable. Deferred revenue.		18	
1	20	Tax-exempt bond liabilities		19	5,088
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
1 9	22	Payables to current and former officers, directors to some discourse to some discourse to some discourse the source of sou		21	
1		Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
12	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties	24,000.	24	
2	25 (Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	24,000.	25	
2	26	Total liabilities. Add lines 17 through 25.	98,390.	26	117 600
		Organizations that follow SFAS 117, check here X and complete lines	50,550.	20	117,699.
	2	27 through 29 and lines 33 and 34.			
2	? 7 (Unrestricted net assets	137,431.	27	97,713.
2	8.	Temporarily restricted net assets	150,401.	28	497,317.
2	9 F	Permanently restricted net assets	100,101.	29	431,311.
	(Organizations that do not follow SFAS 117, check here ► and complete		23	
	fi	ines 30 through 34.			
3		Capital stock or trust principal, or current funds	Spare and April 19 But 52	20	
3	1 F	Paid-in or capital surplus, or land, building, or equipment fund		30	
3	2 F	Retained earnings, endowment, accumulated income, or other funds		31	
3	3 T	otal net assets or fund balances		32	
34	4 T	otal liabilities and net assets/fund balances.		33	595,030.
		The manner and net assers/fully balances.	386,222.	34	712,729.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				X			
	Total and a serial Dest VIII and and IO	- 1						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			422.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,068,793					
3	Revenue less expenses. Subtract line 2 from line 1	3			629. 832.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Other changes in net assets or fund balances (explain in Schedule O) SEE . SCHEDULE O	5		Ę	569.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).	6	5	95,0	030.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				П			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?			Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
c	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue separate basis, consolidated basis, or both:	d on a						
	X Separate basis Consolidated basis Both consolidated and separate basis		44.000	GE FEE	62.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ingle	3a		Х			
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	red audit	3b) 			
BAA			Form	990 (2	2011)			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number

-	E CORAL REEF ALI								21124			
	rt I Reason for Pul						_) See	instruc	tions.		
The	organization is not a priv											
1	A church, convention	on of churches or ass	ociation of churches de	scribed	in sectio	on 1 70(b)(1)(A)(i)).				
2	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule	e E.)								
3	A hospital or a coop	perative hospital serv	ice organization describ	oed in se	ection 17	70(b)(1)(A)(iii).					
4	A medical research	organization operate	d in conjunction with a	hospital	describ	ed in se	ction 17	′0(b)(1)(A)(iii). E	nter the ho	spital	's
5	name, city, and sta An organization ope 170(b)(1)(A)(iv). (C	erated for the benefit	of a college or universi	ity owner	d or ope	rated by	a gove	rnmenta	ıl unit de	scribed in	section	 on
6 7	X An organization tha		governmental unit desc substantial part of its s					it or fror	n the ge	neral publi	c desc	cribed
8		Compagnitude - Agiller and a second file of the control of the con	70(b)(1)(A)(vi). (Compl	ete Part	11.)							
9			1) more than 33-1/3%			m contri	ibutions	membe	ership fe	es, and or	oss re	ceints
	from activities related investment income	ed to its exempt funct	tions – subject to certa ss taxable income (less	in excep	tions, a	nd (2) n	o more t	than 33	1/3% of	its suppor	t from	aross
10	An organization org	anized and operated	exclusively to test for p	oublic sa	fety. See	e sectio	n 509(a)	(4).				
11	An organization org more publicly suppo describes the type of	anized and operated orted organizations de of supporting organizations	exclusively for the bene escribed in section 509(ation and complete line	efit of, to (a)(1) or s 11e th	perform section rough 1	n the fur 509(a)(2 I h.	nctions o	of, or ca section	rry out ti 509(a)(3)	he purpose . Check th	s of o	ne or that
	a Type I	b Type II	c Type I	III – Fun	ctionally	/ integra	ted		d 🗌	Type III -	- Othe	er
e	By checking this boother than foundation section 509(a)(2).	x, I certify that the org on managers and other	ganization is not contro er than one or more pu	lled dire blicly su	ctly or in	ndirectly organiza	by one ations de	or more	disqual in section	ified perso on 509(a)(ns 1) or	
f	If the organization recheck this box	eceived a written dete	ermination from the IRS	S that is	а Туре	I, Type I	l or Typ	e III sup	porting	organizatio	n,	С
g	Since August 17, 20	06, has the organizat	ion accepted any gift	or contril	bution fr	om any	of the fo	ollowing	persons	?		
									S)		Yes	No
	(i) A person who below, the gov	directly or indirectly of	controls, either alone or apported organization?	togethe	r with p	ersons o	lescribe	d in (ii)	and (iii)	11 g (i)		
			ibed in (i) above?									_
			described in (i) or (ii) a									
h										119 (111)		
	h Provide the following information about the si (i) Name of supported organization (ii) EIN (iii) EIN (iiii) EIN (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organi column (your g	Is the zation in (i) listed in overning iment?	(v) Did y the organ colum your su	rou notify nization in n (i) of upport?	(vi) I organiz colur organize U.S	s the ation in on (i) ed in the 6.?	(vii) Amour	nt of sup	port
				Yes	No	Yes	No	Yes	No			
(A)				-								
(B)												
(B)												
(C)												
(D)												
(E)												
Total												

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

Schedule A (Form 990 or 990-EZ) 2011

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	tion A. Public Support						
Cale	endar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,356,159.	1,310,509.	1,499,339.	1,040,979.	2,185,075.	7,392,061.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,356,159.	1,310,509.	1,499,339.	1,040,979.	2,185,075.	7,392,061.
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)						1,205,333.
6	Public support. Subtract line 5 from line 4						6,186,728.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1,356,159.	1,310,509.	1,499,339.	1,040,979.	2,185,075.	7,392,061.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,757.	6,339.	454.	183.	316.	21,049.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0.
11	Total support. Add lines 7 through 10						7,413,110.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)
	tion C. Computation of Pul			- 11 (0)		14	92 46 %
	Public support percentage for 20 Public support percentage from 2						83.46 % 88.53 %
	33-1/3% support test — 2011. If t and stop here. The organization	he organization d	id not check the b	oox on line 13. an	nd the line 14 is 3	3-1/3% or more. o	heck this box
b	33-1/3% support test – 2010. If t and stop here. The organization	he organization d	id not check a bo	x on line 13 or 16	Sa, and line 15 is	33-1/3% or more,	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	IV how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	IV how the
18 BAA	Private foundation. If the organiz	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,			etructions > 0 or 990-EZ) 2011

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

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

Sec	ction A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ь	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.					i N	
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sect	tion B. Total Support						
alend	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6					1	
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
- 0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
13	Total support. (Add ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is organization, check this box and s	stop nere		d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	▶□
ecti	on C. Computation of Pub	lic Support Pe	ercentage				
5 F	Public support percentage for 201	1 (line 8, column	(f) divided by line	13, column (f)).			%
6 F	Public support percentage from 20	010 Schedule A, I	Part III, line 15	********			8
ecti	on D. Computation of Inve	stment Incom	e Percentage				
7	nvestment income percentage for	2011 (line 10c, o	column (f) divided	by line 13, colum	n (f))	17	%
8	nvestment income percentage fro	m 2010 Schedule	A, Part III, line 1	7		18	%
9 a 3	33-1/3% support tests – 2011. If the solution of the solution is not more than 33-1/3%, check the solution is the solution of the solution is the solution in the solution is the solution of the solution is the solution in the solution is the solution i	he organization d his box and stop	lid not check the be here. The organize	oox on line 14, an ation qualifies as	d line 15 is more a publicly suppor	than 33-1/3%, and ted organization	line 17
b3	3-1/3% support tests – 2010. If the second in the second	he organization d check this box ar	lid not check a boand stop here. The	x on line 14 or lin organization qual	e 19a, and line 16 ifies as a publicly	is more than 33-1, supported organiza	/20/
20 F	Private foundation. If the organiza	ation did not chec	k a box on line 14	, 19a, or 19b. che	eck this box and s	see instructions	>

Sc	hedule A	(Form	990 or 9	90-EZ)	2011	THE (CORAL	REEF	ALLI	ANCE			94-	3211245		Page
P	art IV	Suppl Part I (See	emen I, line nstruc	t al Info 17a or tions).	ormati 17b;	on. Co and Pa	mplete art III, I	this paine 12.	art to Also	provide comple	e the exp ete this p	lanations art for an	required y addition	by Part II al inform	, line 10 ation.);
														-		
									. – – –							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

THE CORAL REEF ALLIANCE 94-3211245

		(a) Donor advised fund	is	(b) Funds and other accounts
1	Total number at end of year		.~	(a) Farias and other associates
2				
3				
4	Aggregate value at end of year			
-				
5	funds are the organization's property, subject to	the organization's exclusive leg	al control?	Yes No
6	used only for charitable purposes and not for the purpose conferring impermissible private benefit			
Pa	rt II Conservation Easements. Complet	te if the organization answ	ered 'Yes' to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by t	he organization (check all that a	pply).	
	Preservation of land for public use (e.g., rec	reation or education)	reservation of an his	storically important land area
	Protection of natural habitat	P	reservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation co	ontribution in the forr	n of a conservation easement on the
				Held at the End of the Tax Year
	a Total number of conservation easements			
	b Total acreage restricted by conservation easeme			
	c Number of conservation easements on a certified	d historic structure included in (a	a) 20	
•	d Number of conservation easements included in (structure listed in the National Register	(c) acquired after 8/17/06, and no	ot on a historic	1
3	Number of conservation easements modified, tratax year ▶	insferred, released, extinguished	d, or terminated by the	ne organization during the
4	Number of states where property subject to cons	servation easement is located >		
5	Does the organization have a written policy rega and enforcement of the conservation easements	rding the periodic monitoring, in: it holds?	spection, handling of	violations, Yes No
	Staff and volunteer hours devoted to monitoring,			
7	Amount of expenses incurred in monitoring, insp	ecting, and enforcing conservati	on easements during	g the year
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the require	ements of section	Yes No
	In Part XIV, describe how the organization reports coinclude, if applicable, the text of the footnote to the conservation easements.			
Par	t III Organizations Maintaining Collecti	ons of Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answe	red 'Yes' to Form 990, Par	rt IV, line 8.	
1 a	If the organization elected, as permitted under SI art, historical treasures, or other similar assets he in Part XIV, the text of the footnote to its financial	eld for highlic exhibition, education	on or recearch in fur	ement and balance sheet works of therance of public service, provide,
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held following amounts relating to these items:	or public exhibition, education, o	or research in further	ance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line	e 1		
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, I amounts required to be reported under SFAS 116	historical treasures or other sim	ilar assets for finance	ial gain, provide the following

b Assets included in Form 990, Part X

a Revenues included in Form 990, Part VIII, line 1.....

▶\$

Part III Organizations Maintaining	Collections	of Art, His	torical	Treasures,	or Other Similar As	sets	contir	nued)
3 Using the organization's acquisition, ac items (check all that apply):								
a Public exhibition		d Loar	or exc	hange programs	S			
b Scholarly research		e Othe	7.					
c Preservation for future generations								
4 Provide a description of the organization Part XIV.	on's collections	and explain h	ow they	further the orga	nization's exempt purp	ose in		
5 During the year, did the organization so assets to be sold to raise funds rather	olicit or receive	donations of a	art, histo	orical treasures,	or other similar	Ye	•	□No
Part IV Escrow and Custodial Arra	angements.	Complete if	the or	rganization a	nswered 'Yes' to Fo	orm 99	00, Pa	rt IV,
1a Is the organization an agent, trustee, control included on Form 990, Part X?			*	10,101	ther assets not			
b If 'Yes,' explain the arrangement in Par	t XIV and comp	lete the follow	ving tab			Ye	s	No
						Amou	nt	Week or
c Beginning balance					1с			40
d Additions during the year					1d			
e Distributions during the year					1e			
f Ending balance					1f			
2a Did the organization include an amount	on Form 990, F	Part X, line 21	?			Yes	5	No
b If 'Yes,' explain the arrangement in Par	t XIV.							
Part V Endowment Funds. Comple								
1 a Beginning of year balance	Current year	(b) Prior yea	ar	(c) Two years bac	k (d) Three years back	(e)	Four year	rs back
b Contributions								
HOUSE AND AS NO SHEET AS NO SH							055	
c Net investment earnings, gains, and losses.		(i)						
d Grants or scholarships								
e Other expenditures for facilities and programs.								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the	current year er	nd balance (lir	ne 1g, c	olumn (a)) held	as:		-	
a Board designated or quasi-endowment	-	%						
b Permanent endowment ▶	[%]							
c Temporarily restricted endowment ►		용						
The percentages in lines 2a, 2b, and 2c	should equal 10	00%.						
3a Are there endowment funds not in the po	ossession of the	organization	that are	e held and admi	nistered for the	,		_
organization by.							Yes	No
(i) unrelated organizations.						3a(i)		
(ii) related organizations	#: P-4					3a(ii)		
b If 'Yes' to 3a(ii), are the related organizaDescribe in Part XIV the intended uses or	tions listed as r	equirea on Sc	nedule	R?		3b		
Part VI Land, Buildings, and Equipr	nont Soo Eo	on's endowme	ent fund	S.				
Description of property	Carrier Section 1997	r other basis						
1a Land	(inve	stment)		ost or other sis (other)	(c) Accumulated depreciation	(d) E	Book va	lue
b Buildings					Emp.			
c Leasehold improvements			-	22 626	11.000			
d Equipment				23,696.	14,859.			837.
e Other.				8,356.	6,785.		1,	571.
		000 Dart V	·	(D) 15- 1011				100
otal. Add lines 1a through 1e. (Column (d) ma	usi equal Form	ээи, <i>Part X,</i> С	oiumn ((b), line 10(c).).		ıle D (Fı		408.

Part VII Investments - Other Securities	See Form 990, Part X,	line 12. N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		The state of the s
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
<u>(D)</u>		
(E)		
<u>(F)</u>		
(G)		
(H)		
(1) Total. (Column (b) must equal Form 990 Part X, column (B) line 1	2)	
Part VIII Investments - Program Related		line 13. N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation:
	(b) Book value	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
<u>(6)</u> (7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 1	3.) ▶	
Part IX Other Assets. See Form 990, Pa	rt X, line 15. N/A	
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col	lumn (B), line 15.)	
Part X Other Liabilities. See Form 990,	Part X, line 25.	
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(6)		
(7)		
(8)		
(8)		
(8) (9) (10)		
(8))>	

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

SEE PART XIV

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		2,375,422.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2,068,793.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		306,629.
4	No. 1 and 1		569.
5	Donated services and use of facilities	_	
6	Investment expenses.	_	
7		ACCOUNTS TO THE	
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8	_	569.
10	and the control of th		307,198.
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		
1		1	2,375,991.
12	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments		
	b Donated services and use of facilities		
	c Recoveries of prior year grants		
	d Other (Describe in Part XIV.)		
	e Add lines 2a through 2d	2e	569.
3	Subtract line 2e from line 1	3	2,375,422.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	. S. 100	
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.) 4b		
	Add lines 4a and 4b.	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,375,422.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return	
-	Total expenses and losses per audited financial statements.	1	2,068,793.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
Ŀ	Prior year adjustments		
c	Other losses		
c	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,068,793.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.) 4b		
	Add lines 4a and 4b.	4c	0.000.700
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,068,793.
			1.01
any a	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete additional information.	this par	and 25; It to provide
	PART X - FIN 48 FOOTNOTE		
	ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - THE PREPARATI	CON O	£
	FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALI	LY_AC	CEPTED IN
	THE UNITED STATES OF AMERICA REQUIRES THE CORPORATION TO REPORT INFORM	<u>ATIO</u>	<u>N</u>
	REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE CORPORATI	<u>ON.</u>	_THE
	CORPORATION HAS DETERMINED WHETHER ANY TAX POSITIONS HAVE MET THE RECO	GNIT	ION
	THRESHOLD AND HAVE MEASURED THE CORPORATION'S EXPOSURE TO THOSE TAX PO	SITI	ONS
	MANAGEMENT BELIEVES THAT THE CORPORATION HAS ADEQUATELY ADDRESSED ALL	RELE	VANT TAX

Schedule D (Form 990) 2011 THE CORAL REEF ALLIANCE	94-3211245	Page 5
Part XIV Supplemental Information (continued)		-
PART X - FIN 48 FOOTNOTE (CONTINUED)		
POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES.	FEDERAL AND STATE T	AX
AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT TH	E PREVIOUS THREE YEA	RS
OF TAX RETURNS FILED. ANY INTEREST OR PENALTIES ASSESSED TO	THE CORPORATION ARE	
RECORDED IN OPERATING EXPENSES. NO INTEREST OR PENALTIES FR	OM FEDERAL OR STATE	TAX
AUTHORITIES WERE RECORDED IN THE ACCOMPANYING FINANCIAL STAT	EMENTS.	

Schedule D	(Form 990) 2011 THE CORAL REEF ALLIANCE	94-3211245	Page 5
Part XIV	(Form 990) 2011 THE CORAL REEF ALLIANCE Supplemental Information (continued)		

Schedule F (Form 990)

1

Statement of Activities Outside the United States

OMB No. 1545-0047 2011

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Inspection Employer identification number

THE CORAL REEF ALLIANCE

94-3211245

Part | General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?...

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. PART V

No

3 Activities per Region. (The	e following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed.) PAR	T V
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA					
(1) (MEXICO)		3	PROGRAM SERVICE	SEE PART V	538,618.
(2) CENTRAL AMERICA		2	PROGRAM SERVICE	SEE PART V	189,603.
(3) EAST ASIA	1	4	PROGRAM SERVICE	SEE PART V	386,575.
_(4)					
(5)					
(6)			5 7 0		
(7)					
(8)					
(9)					
(10)			18		
(11)			No.		
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					-
3a Sub-total	1	9			1,114,796.
b Total from continuation sheets to Part I					=, == =, .50.
c Totals (add lines 3a and 3b)	1	9			1,114,796.

Page 2

Schedule F (Form 990) 2011

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other) BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOOK of (h) Description on non-cash assistance N/A (g) Amount of non-cash assistance (f) Manner of cash disbursement TRANS. TRANS. TRANS. TRANS TRANS TRANS TRANS TRANS TRANS TRANS TRANS TRANS WIRE WIRE WIRE WIRE WIRE WIRE WIRE 61,568. 6,004. 5,790 009 000 5,000 5,000 (e) Amount of cash grant 5,000 6,000 5,000 26,580 57,840 2 8 (d) Purpose of grant SEE PART SEE PART SEE PART SEE PART PART PART PART SEE PART SEE PART SEE PART SEE PART SEE PART SEE SEE SEE EAST ASIA EAST ASIA EAST ASIA EAST ASIA (c) Region EAST ASIA CENTRAL AMERICA CENTRAL AMERICA AMERICA CENTRAL AMERICA AMERICA AMERICA AMERICA NORTH NORTH NORTH (b) IRS code section and EIN (if applicable) (a) Name of organization 0 (1) (12) (13) (14) (12) (16) 8 0 9 9 (0) 9 9 0 8

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

Schedule F (Form 990) 2011

Enter total number of other organizations or entities. m

Page 3

Schedule F (Form 990) 2011 THE CORAL REEF ALLIANCE

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	are in carried adplicated in additional space is needed.	inition lai space	Is needed.				
(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
6							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
ВАА			TEFA35031 OR/OS/11			Schedule F	Schedule F (Form 990) 2011

Sch	edule F (Form 990) 2011 THE CORAL REEF ALLIANCE	94-3211245	Page 4
	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes 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).	s,' the Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of 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).	Certain e —	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Foreign Corporations. (see Instructions for Form 5471)	Certain	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a quelecting fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Inform Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	ation	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Fore Partnerships. (see Instructions for Form 8865).	the eign Yes	X No

BAA

TEEA3505L 01/17/12

6 Did the organization have any operations in or related to any boycotting countries during the tax year?

If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).

Schedule F (Form 990) 2011

X No

Complete this part to 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 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US
APPLICANTS_MUST_SUBMIT_CORAL'S_STANDARD_MICRO-GRANT_APPLICATION_FORM_TO_BE
CONSIDERED. THE APPLICATION MUST REVIEWED AND APPROVED BY (IN ORDER) A PROGRAM
MANAGER, PROGRAM DIRECTOR, FINANCE DIRECTOR AND EXECUTIVE DIRECTOR. FUNDING
PRIORITIES ARE DETERMINED FIRST BY THE INTENTIONS OF CORAL'S RESTRICTED GRANTS, AND
SECONDLY BY THE REGIONAL PRIORITIES ESTABLISHED BY THE ORGANIZATION.
NO_SINGLE_MICRO-GRANT_SHALL_COMPRISE_MORE_THAN_2%_OF_CORAL'S_TOTAL_ORGANIZATIONAL
BUDGET, AND THE SUM OF ALL SUB-GRANTS SHALL COMPRISE NO MORE THAN 10% OF CORAL'S
TOTAL BUDGET. GRANTEES MUST COMPLETE AND CERTIFY CORAL'S STANDARD MICRO-GRANT
AGREEMENT. FOR ALL AWARDS OVER \$1,000, NO GRANTEE SHALL RECEIVE MORE THAN 50% AS AN
INITIAL PAYMENT. DISBURSEMENT OF FUNDS ARE MANAGED BY THE ACCOUNTING STAFF, SUBJECT
TO THE SAME APPROVAL AND DOCUMENTATION PROCEDURES REQUIRED FOR ALL EXPENDITURES.
CORAL USES THE VOLUNTARY BEST PRACTICES FOR U.S-BASED CHARITIES ISSUED BY THE US
TREASURY DEPARTMENT'S ANTI-TERRORIST FINANCING GUIDELINES, AS WELL AS THE PRINCIPLES
OF INTERNATIONAL CHARITY TO INFORM THE PROCESS OF APPROVAL APPLICATIONS AND
MONITORING THE USE OF FUNDS. EACH MICRO-GRANT HAS A DESIGNATED PROGRAM MANAGER AS
THE PRIMARY CONTACT, AND WHO IS RESPONSIBLE FOR OBTAINING AND DELIVERING REPORTS TO
CORAL STAFF AND FUNDERS.
PART I - ADDITIONAL SUPPLEMENTAL INFORMATION
LINE 3 (E) PROGRAM ACTIVITIES
CENTRAL AMERICA: TO DEVELOP FUNCTIONING AND EFFECTIVELY MANAGED NETWORK OF MARINE
PROTECTED AREAS IN THE BAY ISLANDS, SUPPORTED BY LOCAL COMMUNITIES.
EAST_ASIA_AND_PACIFIC: COMMUNITIES_SUPPORT_LOCAL_CONSERVATION_AND_MANAGEMENT;
DEVELOPMENT OF A FUNCTIONING NETWORK OF MARINE PROTECTED AREAS. ELIMINATE COMMERCIAL
TRADE AND FISHING FOR SHARKS.

Schedule F (Form 990) 2011 THE CORAL REEF ALLIANCE	94-3211245	Page 5
Part V Supplemental Information Complete this part to provide the information required by Part I, line 2 3, column (f) (accounting method; amounts of investments vs expendit (accounting method); Part III (accounting method); and Part III, column recipients), as applicable. Also complete this part to provide any additional control of the control of t	(monitoring of funds); Part tures per region); Part II, lin c) (estimated number of ional information (see instru	
PART I - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)		
NORTH AMERICA (MEXICO): INITIATE A SHIFT FROM UNSUSTAINABLE	TOURISM TO SUSTAINAB	LE
TOURISM: SUPPORT COZUMEL MARINE PROTECTED AREAS IN DOING SO) <u>.</u>	
		_

SCHEDULE I

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2011

Open to Public Inspection

8 N

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
▶ Attatch to Form 990.

Employer identification number Trees engineing for the grants of assistance, and 94-3211245 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and SEE PART IV 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part I General Information on Grants and Assistance the selection criteria used to award the grants or assistance? THE CORAL REEF ALLIANCE Name of the organization

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government or go	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RAINFOREST ALLIANCE 665 BROADWAY, STE. 500 NEW YORK, NY 10012	13-3377893 501 (C) (3	501 (C) (3)	33,280.	0		N/A	REEF TOURISM
(2) SUSTAINABLE TRAVEL INT'L 835 SW WILLIAM DR WHITE SALMON, WA 98672	37-1461679 501 (C) (3	501 (C) (3)	31, 135.	0.0	U.S. DOLLARS	N/A	REEF TOURISM INITIATIVE
(3)							
(4)		.01		10			
<u>6</u>							
(8)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 3 Enter total number of other organizations listed in the line 1 table. 	3) and government o	rganizations listed	in the line 1 table				0 2
					The state of the s	The second name of the second na	

Schedule I (Form 990) (2011)

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

Schedule I (Form 990) (2011) THE CORAL REEF ALLIANCE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					
2					
n					
4					
5				1	
9					
7					
Part IV Supplemental Information. Complete this part to	plete this part to p	provide the information required in Part I, line	ition required in Pa	art I, line 2, and any other	er additional information.
PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.	MONITORING USE	E OF GRANTS FUN	IDS IN U.S.		
THE CORAL REEF ALLIANCE HAS ADOPTED THE FOLLOWING POLICIES FOR THE ADMINISTRATION OF	DOPTED THE FOL	TOMING POLICIE	S FOR THE ADMIN	NISTRATION OF	
ALL COMMUNITY PROJECTS AND "MICRO-GRANTS":	ICRO-GRANTS":	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	: : : : : : : : :		
ŭı	NIZES THAT DIR	ECT SUPPORT FO	R SMALL-SCALE 1	LOCAL PROJECTS	
IS AN INTEGRAL PART OF THE CORAL REEF SUSTAINABLE DESTINATION MODEL (CRSD).	RAL REEF SUSTA	INABLE DESTINA	TION MODEL (CR.	SD) . CORAL	
USES THE VOLUNTARY BEST PRACTICES FOR U.S.	ICES FOR U.S	-BASED CHARITIES ISSUED BY THE US TREASURY	S ISSUED BY THE	E US TREASURY	
DEPARTMENT'S ANTI-TERRORIST FINANCING GUIDELINES, AS WELL AS THE PRINCIPLES OF	INANCING GUIDE	LINES, AS WELL	AS THE PRINCIL	PLES OF	
INTERNATIONAL CHARITY TO INFORM THE PROCESS OF APPROVAL APPLICATIONS AND MONITORING	RM THE PROCESS	OF APPROVAL A	PPLICATIONS AND	D MONITORING	
THE USE OF MICRO-GRANT FUNDS.	APPLICANTS	MUST SUBMIT CORAL'S STANDARD MICRO-GRANT	AL'S STANDARD 1	MICRO-GRANT	
APPLICATION FORM TO BE CONSIDERED.		THE APPLICATION MUST REVIEWED AND APPROVED BY (IN	REVIEWED AND A	PPROVED BY (IN	Schedule (Form 990) (2011)

THE CORAL REEF ALLIANCE

94-3211245

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

ORDER) A PROGRAM MANAGER, PROGRAM DIRECTOR, FINANCE DIRECTOR AND EXECUTIVE DIRECTOR. GRANTEES MUST COMPLETE AND CERTIFY CORAL'S STANDARD MICRO-GRANT AGREEMENT. THIS AGREEMENT REQUIRES PERIODIC PROGRAMMATIC AND FINANCIAL REPORTING, AS WELL AS STANDARDS FOR FINAL REPORTING OF ACTIVITIES AND FINANCIAL ACCOUNTING. GRANTS FUNDS ARE DISBURSED IN AT LEAST TWO PHASES. FOR ALL AWARDS OVER \$1,000, NO GRANTEE SHALL RECEIVE MORE THAN 50% AS AN INITIAL PAYMENT. DISBURSEMENT OF FUNDS ARE MANAGED BY THE ACCOUNTING STAFF, WITH THE SAME APPROVAL DOCUMENTATION REQUIRED BY ALL ORGANIZATIONAL DISBURSEMENTS. EACH MICRO-GRANT HAS A DESIGNATED MANAGER AS THE PRIMARY CONTACT WITH THE GRANTEE, AND WHO IS RESPONSIBLE FOR OBTAINING AND DELIVERING REPORTS TO THE MANAGEMENT TEAM AND TO CORAL'S FUNDERS, AS APPLICABLE. THROUGH THE USE OF FIELD STAFF, CORAL IS IN REGULAR COMMUNICATIONS WITH ALL GRANTEES, AND PROVIDES ASSISTANCE AND LOGISTICS WHEN NEEDED IN IMPLEMENTING PROJECTS. FUNDING PRIORITIES ARE DETERMINED FIRST BY THE INTENTIONS OF CORAL'S RESTRICTED GRANTS, AND SECONDLY BY THE REGIONAL PRIORITIES ESTABLISHED BY THE CRSD MODEL DEVELOPED BY THE PROGRAM TEAM. APPLICATIONS FOR PROJECTS OUTSIDE THE SCOPE OF CRSD AND/OR OUTSIDE CORAL'S REGIONAL FOCUS MUST BE CONSIDERED CASE-BY-CASE. NO SINGLE MICRO-GRANT SHALL COMPRISE MORE THAN 2% OF CORAL'S TOTAL ORGANIZATIONAL BUDGET, AND THE SUM OF ALL MICRO-GRANTS SHALL COMPRISE NO MORE THAN 10% OF CORAL'S TOTAL ORGANIZATIONAL BUDGET.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

THE CORAL REEF ALLIANCE	94-3211245
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESC	RIPTION
CORAL'S CORAL REEF CSI PROGRAM IS EXPANDING AND IMPRO	VING THE FIELD OF CORAL REEF
FORENSIC INVESTIGATION, WITH THE GOAL OF HOLDING INDI	VIDUALS AND COMPANIES
ACCOUNTABLE FOR THEIR REEF-DAMAGING PRACTICES. CORAL	DEVELOPED_FOUR_ADDITIONAL
TRAINING MODULES WITHIN THE CSI PROGRAM TO EXPAND OUR	IMPACT: SEA TURTLE FIELD
FORENSICS; BIOCHEMICAL CONTAMINANT ASSAYS; MARINE PRO	TECTED AREAS ENFORCEMENT; AND
VESSEL_GROUNDING.	
HONDURAS: IN HONDURAS, CORAL HELPED FORGE-AND SERVE	AS A MAJOR ADVOCATE
FOR-LEGISLATION THAT WAS SIGNED INTO LAW IN EARLY 201	2, DESIGNATING CORDELIA BANKS
AS A "SITE OF WILDLIFE IMPORTANCE." THAT DESIGNATION (GRANTS ADDITIONAL GOVERNMENTAL
PROTECTIONS FOR THE AREA, ONE OF THE FEW SITES IN THE	CARIBBEAN WHERE STAGHORN CORAL
(AN ENDANGERED SPECIES) THRIVES.	
REEF RESILIENCE: CORAL'S REEF RESILIENCE TO CLIMATE (CHANGE PROGRAM CONTINUED WITH
AN AUGUST 2011 WORKSHOP IN PLAYA DEL CARMEN, A COASTAI	L_COMMUNITY_IN_MEXICO_ALONG_THE
MESOAMERICAN REEF. EACH WORKSHOP PARTICIPANT FROM THIS	S_TRAINING, AS_WELL AS_FROM_AN
EARLIER TRAINING IN BALI, REPLICATED THE WORKSHOP IN F	HIS OR HER LOCAL COMMUNITY AND
IMPLEMENTED A CORAL REEF CONSERVATION PROJECT, FUNDED	BY A CORAL MICROGRANT.
INDONESIA: _CORAL_CONTINUED_TO_RAISE_AWARENESS_ABOUT_T	THE NEED FOR SHARK CONSERVATION
IN INDONESIA, COORDINATING A MULTITUDE OF PARTNERS TO	PRODUCE A FILM HIGHLIGHTING
THE CONNECTION BETWEEN HEALTHY SHARKS, HEALTHY CORAL R	REEFS, AND HEALTHY HUMAN
POPULATIONS. WE ALSO WORKED WITH OUR PARTNERS TO DEVEL	OP A DIVER USER-FEE SYSTEM IN
AMED; REVENUE FROM THE PROGRAM IS REINVESTED IN LOCAL	CONSERVATION ACTIVITIES THAT
SUSTAIN THE REEFS.	

Name of the organization THE CORAL REEF ALLIANCE	94-3211245
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
BELIZE: TWO "REEF ETIQUETTE" SIGNS, INTENDED TO INCREASE AWA	RENESS OF, AND
APPROPRIATE BEHAVIOR ON, CORAL REEFS, WERE INSTALLED IN PLACE	NCIA. CORAL ALSO WORKED
WITH PARTNERS ON AMBERGRIS CAYE TO SUCCESSFULLY REPLANT MANGRO	OVES (ESSENTIAL FOR
CORAL REEF HEALTH) IN THE REGION, AND JOINTLY COORDINATED A L	IONFISH TOURNAMENT TO
REDUCE POPULATIONS OF THIS INVASIVE SPECIES.	
PALMYRA: CORAL, IN PARTNERSHIP WITH A HOST OF WORLD-CLASS RES	SEARCH AND
ENVIRONMENTAL INSTITUTION PARTNERS, BEGAN DEVELOPMENT OF A MUL	LTI-DISCIPLINE REEF
RESILIENCE STUDY ON THE PALMYRA ATOLL IN THE SOUTH PACIFIC.	
OTHER EXPENSES: CORAL'S FIELD SUMMIT-IN WHICH OUR FRONT-LINE (CONSERVATION TEAMS FROM
HAWAII, MEXICO, HONDURAS, FIJI AND INDONESIA GATHERED IN SAN I	FRANCISCO FOR A WEEK OF
INTENSIVE TRAINING WITH OUR STAFF.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
A DRAFT COPY OF FORM 990 AS PREPARED BY THE AUDIT FIRM SHALL I	BE REVIEWED IN TURN BY
THE FINANCE DIRECTOR, THE EXECUTIVE DIRECTOR, THE FINANCE COMM	MITTEE AND THE
EXECUTIVE COMMITTEE OF THE BOARD, PRIOR TO FILING. EACH STAFF	MEMBER AND COMMITTEE
MEMBER SHALL SIGN-OFF AS THEIR REVIEW IS COMPLETED.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	MENT OF CONFLICTS
CONFLICT OF INTEREST POLICY	
IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST	ALL EMPLOYEES
ACKNOWLEDGE THAT THEY MUST DISCLOSE THE EXISTENCE OF A FINANCI	AL INTEREST AND BE
GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE EX	ECUTIVE DIRECTOR
AND/OR THE BOARD OF DIRECTORS (AS APPLICABLE), PRIOR TO CONSI	DERING A PROPOSED

Employer identification number

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-1	94		//	- 1	14	1

Schedule O (Form 990 or 990-EZ) 2011 Name of the organization Employer identification number THE CORAL REEF ALLIANCE 94-3211245 FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE 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 FINANCE/AUDIT COMMITTEE SHALL DETERMINE AND APPROVE THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND THE FINANCE DIRECTOR. MINUTES OF THE DELIBERATIONS OF THE FINANCE/AUDIT COMMITTEE REGARDING COMPENSATION REVIEW SHALL BE RECORDED AND MAINTAINED IN THE ORGANIZATION'S CORPORATE RECORDS. FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED AL AK AA AZ CA CO CT FL GA HI IL KS KY LA MA MD ME MI MN MS NH NJ NM NY NC ND OK OH OR PA RI SC TN UT VA WA WV WI FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC IN OFFICE UPON REQUEST AND VIA THE CORAL WEBSITE.

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

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THE CORAL REEF ALLIANCE

94-3211245

FORM 990, PART XI, LINE 5	
OTHER CHANGES IN NET ASSETS OR FUND	BALANCES