Form 990

Return of Organization Exempt From Income Tax

DW8 No. 1545-0047 2012

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 201	2 calendar year, or tax year beginning 7/01 , 2012, and endi	ng 6/	30		2013
В				D Employ		cation Number
	Address of	[전문]		94-3	32112	45
	Name char	ACT CATTERNATE CHARGE ACCA		E Telepho		
	Tipata resu	LONG PRINCIPOR ON DAIDA		415	-834-	0900
	Terminate					
	Amerous			G Bross is	ice ous \$	4,240,744.
	Application		H(a) is this	a group return		Annual Street, or the second second second second second
	- Laborer	351 CALIFORNIA ST., STE, 650 SAN FRANCISCO, CA 94104	H(b) Are all	attivates incl attach a list.	voted?	
1	-Tax-exempt		H No.	astach a list.	(see instr	uctions)
7	Website:		H/M Group	екепрбол по	mper 🏲	
K	Form of orga					рі соткіне: СА
-		mmary		1.000		V11
F	1 Briefi	describe the organization's mission or most significant activities: [INTTING]	COMMITM	TTTES	TO SE	VE CORAL
	DDD	[HANDER DE MENTER PROGRAMMENT (1887) (1887) (1887) (1887) (1887) (1887) (1887) (1887) (1887) (1887) (1887) (18	PANAGE	the best of		14 75.48
100	E	ML				
Governance						
Ne	2 Check	this box . If the organization discontinued its operations or disposed of m	ore than 2	5% of its	net ass	ets.
ĕ	3 Numb	er of voting members of the governing body (Part VI, line 1a)			3	12
60	4 Numb	or of independent voting members of the governing body (Part VI, line 1b)	to come	3-120	4	12
Activities &	5 Total	number of individuals employed in calendar year 2012 (Part V. line 2a)			5	20 40
Ť	6 Total	unrelated business revenue from Part VIII, column (C), line 12			7a	0.
4	h Notar	related business taxable income from Form 990-T, line 34	1127017177		7b	0.
-	D NO.	RESERVE DUSINESS MANUAL MANUAL MANUAL STATE MANUAL STATE OF THE STATE		rior Year		Current Year
	8 Contr	butions and grants (Part VIII, line 1h).		2,185,0	75.	4,054,542.
5	9 Progr	am service revenue (Part VIII, line 2g)		190,0		184,595.
Пе уопии	10 Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)		3	16.	1,607.
문		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,375,4		4,240,744.
		s and similar amounts paid (Part IX, column (A), lines 1-3)	1	278,6	33.	1,644,390.
	14 Bener	its paid to or for members (Part IX, column (A), line 4)				
	15 Salar	es, other compensation, employee benefits (Part IX, calumn (A), lines 5:10)		778,9	84.	922,319.
Expunses	16a Profe	ssional fundraising fees (Part IX, column (A), line 11e)				
E	b Total	fundraising expenses (Part IX, column (D). line 25) • 154, 113.	-		1	STATE OF THE PARTY
ă	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,011,1	76.	932,683.
		expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)		2,068,7		3,499,392.
		nue less expenses. Subtract line 18 from line 12		306,6		741,352.
8		and the superior and the superior super		ng of Curren		End of Year
1	20 Total	assets (Part X, line 16)	-	712,7		2,170,741.
4	21 Total	liabilities (Part X, line 26)	4	117,6		834,342.
1		ssets or fund balances. Subtract line 21 from line 20		595,0	30.	1,336,399.
D.	-	nature Block				
E.			o the best of a	ny krowecos	and serie	r, it is true, porrect, and
COT	pete. Deciaration	erjury. I declare that I have examined the return, including eccempenying schedules and statements, and the organizer (other than officer) is beset on all information of enion preserver has any knowledge.				
				11-	19-	13
Si	gn	Signature of officer	04	150		
	ere	Michael Webster, Executive Di	ector			
		Type or priot hame and stile.	- 1000			
	P	int/Type preparer's name Proparer's signature Date	2. 0	Check [2	G a B	TIM
Pa	id L	ISA DORAN, CPA	8/C	зей-етроу	nd E	00791709
	Contract of the Contract of th	nors came DORAN & ASSOCIATES	1		Transact.	- A
		ms aggress 55 MITCHELL BOULEVARD, STE. 3		Firm's EW		769279
		SAN RAFAEL, CA 94903		Phone no.	(415) 491-1130
Ma	y the IRS dis	cuss this return with the preparer shown above? (see instructions).	-1-11			X Yes No

Par		
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: CORAL TAKES A MULTI-PRONGED APPROACH TO PROTECTING CORAL REEFS IN PARTNERSHIP WITH LOCAL COMMUNITIES. OUR STRATEGIES INCLUDE REDUCING LOCAL THREATS, HELPING COMMUNITIE BENEFIT FROM CONSERVATION, AND IMPROVING REEF MANAGEMENT.	S
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X Note the prior Yes, 'describe these new services on Schedule O.	0
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No. 1f 'Yes,' describe these changes on Schedule O.	0
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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	.
4a	(Code:) (Expenses \$ 1,658,995. including grants of \$ 1,390,275.) (Revenue \$ REEFS TOMORROW INITIATIVE: THE CORAL REEF ALLIANCE SERVES AS PROGRAM DIRECTOR OF THI COLLABORATION BETWEEN SCIENTISTS FROM WORLD-CLASS ACADEMIC INSTITUTIONS AND CONSERVATION ORGANIZATIONS. THE GOAL OF THIS PROGRAM IS TO ADVANCE CORAL REEF SCIENCE, MANAGEMENT, AND CONSERVATION THROUGH INTERDISCIPLINARY STUDY OF REEF RESILIENCE, AND TO WORK WITH MANAGERS TO APPLY THIS NEW UNDERSTANDING TO REEF CONSERVATION. IN THE FIRST YEAR OF THIS PROGRAM, WE (1) SYNTHESIZED EXISTING DATA AN LITERATURE ON KEY CORAL REEF PROCESSES; (2) DEPLOYED INSTRUMENTS FOR COLLECTING DATA AT PALMYRA ATOLL IN THE PACIFIC OCEAN; (3) CAPTURED INITIAL DATA FOR TIME-SERIES ANALYSES ACROSS PHYSICAL AND BIOLOGICAL GRADIENTS ON PALMYRA; (4) DEVELOPED AND BEGA TO IMPLEMENT AN INTEGRATED MANAGEMENT NEEDS ASSESSMENT; AND (5) ESTABLISHED RELATIONSHIPS WITH KEY CORAL REEF MANAGERS ACROSS THE TROPICAL PACIFIC.	
	MEXICO: THE CORAL REEF ALLIANCE ADVANCED ITS WATER QUALITY AND SUSTAINABLE TOURISM INITIATIVES IN THE CANCUN-PLAYA DEL CARMEN-COZUMEL CORRIDOR—AN AREA IN WHICH BOOMING TOURISM HAS GREATLY AFFECTED THE MESOAMERICAN BARRIER REEF. WE WORKED WITH HOTELS TO COLLECT WATER QUALITY DATA AND TO TRAIN HOTEL MANAGERS ABOUT THE IMPORTANCE OF ENSURING GOOD WATER QUALITY FOR CORAL REEFS AS WELL AS FOR GUESTS. CORAL DEVELOPED OUTREACH MATERIALS FOR AND HELD MEETINGS WITH STAKEHOLDERS ABOUT WATER QUALITY ISSUE AND CONTINUED TO PROMOTE VOLUNTARY STANDARDS FOR MARINE RECREATION. CORAL DESIGNED AND WILL BE PRODUCING AND DISTRIBUTING OUTREACH MATERIALS FOR HOTEL ROOMS. CORAL ALSO PARTICIPATED IN REEF MONITORING AND CLEANUPS AND CONDUCTED OUTREACH AND EDUCATION TO THE PUBLIC THROUGH CANCUN USA TODAY.	S_
	Code: (Code: (Code:	
(Other program services. (Describe in Schedule O.) (Expenses \$ 695,572. including grants of \$ 16,765.) (Revenue \$ 184,595.) Total program service expenses > 3.158.465.	

Par	t IV Checklist of Required Schedules		Yes	No
			res	NO
	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	Х	
	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	TO CALL TO CALL TO CALL TO SALE OF THE CALL TO	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, 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	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	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? If 'Yes,' complete Schedule D, Part VII.	11 b		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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		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.	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Α.
	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, 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
	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	-
ı	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 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
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), 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 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		х
	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
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Checklist of Required Schedules (continued) Yes No 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. Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. Х 22 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 Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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. Х 24a 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 24c any tax-exempt bonds?.... d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Schedule L. Part I. Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.... Х 26 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. Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. Х 28b Х 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M....... X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I...... X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Х 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I. 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV. Х 34 and V, line 1. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х 37 Х Х 38 Form 990 (2012)

Forn	n 990 (2012) THE CORAL REEF ALLIANCE 94-321124	5	F	age
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			г
	Check if Schedule O contains a response to any question in this Part V.		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		105	140
	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 vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	(G)(E)
	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 20		Х	
ŀ	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	A SOURCE	GREE
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	3a	51,1140	х
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 b		-
	b If "Yes" has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		-
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	BROTTON W	Х
1	b If 'Yes,' enter the name of the foreign country:	400		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a 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?	6a		х
1	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	6 b		
-	not tax deductible?	300	ALS	1000
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
3	services provided to the payor?services provided to the payor?	7 a		X
ŀ	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7Ь		
(c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d if 'Yes,' indicate the number of Forms 8282 filed during the year	1000	1	505
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9			G-6588	
-	a Did the organization make any taxable distributions under section 4966?	9a		-
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
_	Section 501(c)(7) organizations, Enter:	300		1790
2	Initiation fees and capital contributions included on Part VIII, line 12		Q.	
Ł	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
_	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	1777		CONC. IS
	Section 501(c)(29) qualified nonprofit health insurance issuers.	BIFS.		
8	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		Haze	
t	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			

c Enter the amount of reserves on hand.....

14a Did the organization receive any payments for indoor tanning services during the tax year?.....

14a

Form 990 (2012) THE CORAL REEF ALLIANCE 94-3211245 Page 6 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 Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year..... 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent ... 1 b 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE, SCH, O. Х Did the organization become aware during the year of a significant diversion of the organization's assets?.. 5 X 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 X members of the governing body?.... 7 a 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?..... 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8 a **b** Each committee with authority to act on behalf of the governing body?..... X 86 Is there any officer, director or 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 in Schedule O............ 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... X 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.....SEE. SCHEDULE. O. Х 120 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... X 14 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? a The organization's CEO, Executive Director, or top management official..... X 15a X b Other officers of key employees of the organization ... SEE. SCHEDULE. Q...... 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?... 16a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?..... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

CHRISTINE REYES 351 CALIFORNIA STREET, STE. 650 SAN FRANCISCO CA 94104 415-834-0900

BAA TEEA0106L 08/08/12 Form 990 (2012)

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.

	heck this box if neither the organization	nor any rela	ted or	ganiz	zatio	n co	mpens	sated	d any current officer, dir	ector, or trustee.	
					(C	;)					
	(A) Name and Title	(B) Average hours per week (list	Position (do not check mo one box, unless person is officer and a director/tru					n an e)	(D) Reportable compensation from the group is all to the compensation from the compensation of the compens	(E) Reportable compensation from related erganizations	(F) Estimated amount of other compensation
		any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee Key employee Officer		Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1)	H. WILLIAM JESSE	1_									
	TREASURER	0	Х		Х				0.	0.	0.
(2)	JOHN ANNER	1_									
	DIRECTOR	0	Х						0.	0.	0.
(3)	JIM TOLONEN	1									
	CHAIRMAN	0	Х		Χ				0.	0.	0.
(4)	C. ELIZABETH WAGNER	1_									
	SECRETARY	0	Х		Χ				0.	0.	0.
(5)	PAULA HAYES	1									
	DIRECTOR	0	Х						0.	0.	0.
(6)	LINDA CAIN	1									
	DIRECTOR	0	Х						0.	0.	0.
(7)	ELIZABETH ULMER	1									
	DIRECTOR	0	Х						0.	0.	0.
(8)	NANCY KNOWLTON	1									
	DIRECTOR	0	Х						0.	0.	0.
(9)	MICHAEL BENNETT	1									
	DIRECTOR	0	Х						0.	0.	0.
(10)	IAN BOISVERT	_ 1									
	DIRECTOR	0	Х						0.	0.	0.
(11)	MATT HUMPHREYS	_1_									
	DIRECTOR	0	X						0.	0.	0.
(12)	VIC SHER	1									
	DIRECTOR	0	Х						0.	0.	0.
(13)	MICHAEL WEBSTER	40									
	EXECUTIVE DIR.	0			Х				135,000.	0.	8,156.
(14)	CHRISTINE REYES	40									
	DIR. OF FINANCE	0			Х				75,734.	0.	7,404.

Form 990 (2012) THE CORAL REEF ALLIANCE									94-321124		Page 8
Part VII Section A. Officers, Directors, Trus		Key	Em			es,	and	d Highest Com	pensated Empl	oyees (cont)
(A) Name and title	Average hours per week	offic	unile: er an	neck ss po d a c	sition more erson direct	than is bott or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estima amount o compens	ated of other sation
	(list any hours for related organiza - tions below dotted line)	dividu	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(M-51.099-MI2C)	(M-51/094-WI3C)	from organiz and rei organiza	sation lated
(15) TOM MESHISHNEK FIN. DIR. (FMR)	<u>40</u> 0			Х				9,467.	0.		0.
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)		-									
(25)											
1 b Sub-total	1 A						4	220,201.	0.		0.
d Total (add lines 1b and 1c)					dan.		>	220,201.	0.		,560.
from the organization 1	those i	sted	abov	/e) v	WINO	ecen	vea	more than \$100,00	o or reportable comp		
Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r or trus	stee,	key	em	ploy	ee, c	or hi	ghest compensate	ed employee	3	es No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater									from	4	Х
Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen	satio	n fro	om a	any I fo	unre	late	d organization or	individual	5000 EW	X
Section B. Independent Contractors											
 Complete this table for your five highest compensation from the organization. Report compensation. 	tion for	epend the ca	dent alend	cor dar y	ntrak year	etors endir	tha	t received more the vith or within the or	nan \$100,000 of ganization's tax year.		
Name and business address	SS							Description of	of services	(C) Compensa	stion
2 Total number of independent contractors (including but \$100,000 in compensation from the organization ►		ted to	thos	se li	isted	abov	ve) v	who received more	then		Y CHEST
RAA		TEEAO	1081	01/2	24/13					Form 990	(2012)

9				acatan I	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
3 5	1a Federated		_	1 a		and the second		
8 5	b Membersi	nip dues		1 b				
2 Z	c Fundraisi	ng events		1 c				for the second
8	d Related o	rganizations		1 d				
SS	e Government	grants (contribu	tions)	le 137,533.				No.
CONTRIBUTIONS, CIFTS, GRANTS AND OTHER SIMILAR AND UNTS	f All other con similar amo	tributions, gifts, unts not included	grants, and above	3,917,009.				
88	g Noncash cor	tributions includ	led in Ins 1a-1f:					
	h Total. Add	lines 1a-1f.			4,054,542.	ATT HE WARE		
3				Business Code				
PROGRAM SERVICE REVENUE	2a PROGRA	M FEES	-	900099	184,595.	184,595.		
畜				-				-
S	a			-				
8	f All other	rooram sani	ice revenue	-				
옾		_			184,595.			
	3 Investmen	nt income (inc	cluding divide	nds, interest and		87-0-0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Mary and William Representation	1,607
				npt bond proceeds	1,007.			1,607
	5 Noyamba		(i) Real	(ii) Personal	CT COMPANY	Professional Profession	A. 18 19 A. C. 2018 S.	
	6a Gross ren	ts	.,,					
	b Less: rent	al expenses						
	c Rental incom	e or (loss)			Annual property	P TO A SECURITY OF THE PARTY OF		
	d Net rental	income or (l	oss)	· · · · · · · · · · · · · · · · · · ·				
	7 a Gross amour assets other	t from sales of than inventory.	(i) Securitie	s (ii) Other				
	b Less: cost or and sales ex	other basis penses						
	c Gain or (lo	oss)					10	
	d Net gain o	or (loss)		······				
MUE	8a Gross inco	ting.\$	-		92 see			dynamic Calledon
OTHER REVE			ed on line 1c)					
8								
롲								
_	c Net incom	e or (loss) fro	om fundraisin	g events				
	9a Gross inco See Part I	ome from gar V, line 19	ming activities	i. . a				100
								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	c Net incom	e or (loss) fro	om gaming a	ctivities				
	10a Gross sale and allows	s of inventor	y, less return	s . a				
	b Less; cost	of goods sol	d	. b				
				rventory ►				
		cellaneous Reven	iue .	Business Code				
	11 a							
	ь							
	c							
	12 Total reve	nue. See inst	tructions	-	4.240.744	184.595	٥.	1,607.

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).

Sec	Check if Schedule O contains a re	esponse to any question	n in this Part IX		X
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,396,025.	1,396,025.		
2	the United States. See Part IV, line 22				Allegalian 1940
-	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	248,365.	248,365.		
4 5	Benefits paid to or for members	222,843.	81,448.	106,242.	35,153.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	551,691.	462,792.	25,067.	63,832.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).	19,790.	13,597.	3,462.	2,731.
9		57,540.	36,734.	11,831.	8,975.
10	Payroll taxes	70,455.	52,937.	12,071.	5,447.
11		7071001			
	a Management				
	b Legal	3,475.	2,500.	975.	
	c Accounting	11,200.		11,200.	
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
12	other. (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0) . SCH . O Advertising and promotion.	450,227.	445,963.	973.	3,291.
13		29,264.	28,112.	714.	438.
14	Information technology	25/2011	20,122.		
15	Royalties				
16	Occupancy	107,845.	98,291.	2,878.	6,676.
17	Travel	89,350.	85,731.	593.	3,026.
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		5,250.	4,425.	487.	338.
	Insurance	5,734.		5,734.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	7-1			
i	COMMUNITY TRAINING	127,902.	127,902.		
	PRINTING AND PUBLICATIONS	39,581.	32,931.	427.	6,223.
	POSTAGE AND SHIPPING	23,823.	16,377.	211.	7,235.
	TELECOMMUNICATIONS	20,618.	17,029.	1,745.	1,844.
	All other expenses	18,414.	7,306.	2,204.	8,904.
25	Total functional expenses. Add lines 1 through 24e	3,499,392.	3,158,465.	186,814.	154,113.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720).	57,340.	36,802.		20,538.
DA.		27,210.	30,0021		Form 990 /2012\

32

33

34

1,336,399.

2,170,741.

Form 990 (2012)

595,030.

712,729.

Page 11 Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X..... (A) Beginning of year (B) End of year 42.502. 1 9.411. Cash — non-interest-bearing..... Savings and temporary cash investments..... 336,932. 2 2,018,561. Pledges and grants receivable, net..... 209,409. 3 58,702. 3 Accounts receivable, net..... 90,539 4 50,676. Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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). Complete Part II of Schedule L..... 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges..... 9 8,392 18,544 10a Land, buildings, and equipment: cost or other basis.

Complete Part VI of Schedule D...... 10a 38,970. b Less: accumulated depreciation..... 10b 10 c 26.894. 10,408. 12,076. 11 Investments — publicly traded securities..... 9,276. 11 12 Investments - other securities. See Part IV, line 11..... 12 13 Investments - program-related. See Part IV, line 11..... 13 14 Intangible assets..... 14 Other assets. See Part IV. line 11..... 15 5,271 15 2,771. 16 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 712,729. 2,170,741. 112,611 17 834,342. 18 Grants payable..... 18 Deferred revenue. 19 5.088. 19 Tax-exempt bond liabilities. 20 20 LIABILITIES Escrow or custodial account liability. Complete Part IV of Schedule D....... 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 22 23 23 Secured mortgages and notes payable to unrelated third parties..... Unsecured notes and loans payable to unrelated third parties..... 24 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. 25 Total liabilities. Add lines 17 through 25..... 26 834,342 26 117,699. X and complete Organizations that follow SFAS 117 (ASC 958), check here > P lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 97,713. 27 RUSCHETS 27 39,984. Temporarily restricted net assets..... 28 497,317. 28 296,415 29 è Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. DZC 30 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 31 BALANCES

TEEA0111L 01/03/13

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances.....

32

33

34

BAA

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI.				[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4.2	40.	744.
2	Total expenses (must equal Part IX, column (A), line 25)	2			392.
3	Revenue less expenses. Subtract line 2 from line 1	3			352.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			030.
5	Net unrealized gains (losses) on investments	5			17.
6	Donated services and use of facilities	6			
7	Investment expenses.	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B)).	10	1,3	36,	399.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				П
				Yes	-
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.				
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a			
	Separate basis Consolidated basis Both consolidated and separate basis		ALC: NO ROLL		W-12/78/19
E	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat	ie.	P-2-6-6	Side of	1000
	basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			是规则	
			125.5		DELT.
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. Зь		
BAA				99n /	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2012

Employer identification number Name of the organization 94-3211245 THE CORAL REEF ALLIANCE Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). 9 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly 11 supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c | Type III - Functionally integrated Type II Type III - Non-functionally integrated d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) 11 g (ii) A family member of a person described in (i) above?..... (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) h Provide the following information about the supported organization(s) (vi) is the organization in column (i) organized in the U.S.? (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in column (i) of your support? (vii) Amount of monetary (i) Name of supported (iv) Is the organization in column (i) listed in your governing document? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

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

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.)

Se	ction A. Public Support						
Ca	lendar year (or fiscal year ginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	1,310,509.	1,499,339.	1,040,979.	2,185,075.	1,577,699.	7,613,601.
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	1,310,509.	1,499,339.	1,040,979.	2,185,075.	1.577.699.	7,613,601.
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)						1,609,038.
6	Public support. Subtract line 5 from line 4						6,004,563.
Se	ction B. Total Support						0,004,000.
	endar year (or fiscal year jinning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,310,509.	1,499,339.	1,040,979.	2,185,075.	1,577,699.	7,613,601.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	6,339.	454.	183.	316.	1,607.	8,899.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					2,0011	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
	Total support. Add lines 7 through 10				,		7,622,500.
12	Gross receipts from related activi	ties, etc (see inst	ructions)			12	0.
	First five years. If the Form 990 is f organization, check this box and	stop here		rd, fourth, or fifth to	ax year as a section	n 501(c)(3)	▶□
	tion C. Computation of Pub						
14	Public support percentage for 20	12 (line 6, column	(f) divided by line	e 11, column (f)).		14	78.77%
	Public support percentage from 2						83.46%
16a	33-1/3% support test — 2012. If the and stop here. The organization of	he organization d qualifies as a publ	id not check the blicly supported or	oox on line 13, an ganization	nd the line 14 is 3	3-1/3% or more, c	heck this box
b	33-1/3% support test — 2011. If the and stop here. The organization	ne organization die qualifies as a pub	d not check a box licly supported or	on line 13 or 16a ganization	a, and line 15 is 3	3-1/3% or more, o	theck this box
17 a	10%-facts-and-circumstances tes or more, and if the organization n the organization meets the 'facts-	naate ina "tarte.ar	5.阿二四(12.四) (13.5.) (13.5.) (13.5.) (13.5.) (13.5.)	toot about this i		 Eventule to Death I 	N. P. St. and Co.
	10%-facts-and-circumstances tes or more, and if the organization morganization meets the 'facts-and-	neets the 'facts-ar -circumstances' te	nd-circumstances' est. The organizat	test, check this to ion qualifies as a	oox and stop here publicly supporte	. Explain in Part I d organization	V how the ► □
18	Private foundation. If the organiza	ation did not chec	k a box on line 13	3, 16a, 16b, 17a,	or 17b, check this	box and see instr	ructions
AA					Scha	dule A /Form 990	or 990 E71 2012

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.)

	ction A. Public Support						
Cale	ndar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
3	tax-exempt purpose						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	governmental unit to the organization without charge			*			
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
1	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	dar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
Ł	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b			,			
12	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 organization, check this box and	stop here		d, third, fourth, o	or fifth tax year as	a section 501(c)(3)	▶ □
	tion C. Computation of Put						
	Public support percentage for 20						e e
16	Public support percentage from 2	2011 Schedule A,	Part III, line 15			16	8
	tion D. Computation of Inve						
17	Investment income percentage for				mn (f))	17	8
18	Investment income percentage fr		4.5		177		8
19 a	33-1/3% support tests - 2012. If is not more than 33-1/3%, check	the organization this box and stor	did not check the p here. The organ	box on line 14, a ization qualifies a	and line 15 is more	than 33-1/3%, and orted organization	line 17 ►
	33-1/3% support tests - 2011. If line 18 is not more than 33-1/3% Private foundation. If the organize	the organization , check this box a	did not check a board stop here. The	ox on line 14 or li e organization qu	ine 19a, and line 1 alifies as a public	16 is more than 33-1 ly supported organiz	/3%, and ation
20	rivate foundation. If the organiz	sauon did not che	ck a box on line	4, 19a, or 19b, c	neck this box and	see instructions	

	(Form 990 e			THE	CORAL	REEF	ALLI	ANCE			94-32	11245	Page 4
Part IV	Suppler Part II, I (See ins	nental Ir line 17a structions	nformat or 17b; s).	ion. (and F	Complet Part III,	e this p line 12.	oart to Also	provid comple	le the expla ete this par	nations t for any	required by additional	y Part II, line information.	10;

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2012

Name of the organization		Employer identification number
THE CORAL REEF ALLIANCE		94-3211245
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
	Jan political organisation	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
		are realisation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	eneral Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
	990-PF that received, during the year, \$5,000 or more (in mone	y or property) from any one
Contributor. (Complete Parts I and II.)		
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi) and received	orm 990 or 990-EZ that met the 33-1/3% support test of the from any one contributor, during the year, a contribution of VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I an	the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organization total contributions of more than \$1,000 for the prevention of cruelty to children or anim.	n filing Form 990 or 990-EZ that received from any one contribute use exclusively for religious, charitable, scientific, literary, or hals. Complete Parts I, II, and III.	or, during the year, educational purposes, or
For a section 501(c)(7), (8), or (10) organizatio	n filing Form 990 or 990-EZ that received from any one contribute	or, during the year,
— contributions for use exclusively for religious, c if this box is checked, enter here the total contributions.	haritable, etc. purposes, but these contributions did not total to make the received during the year for an exclusively reliable.	iore than \$1,000.
	ss the General Rule applies to this organization because it receive	
religious, charitable, etc, contributions of \$5	5,000 or more during the year	>\$
Caution: An organization that is not covered by the General R answer 'No' on Part IV, line 2, of its Form 990; or check to meet the filling requirements of Schedule B (For	tule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 9 the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-Frm 990, 990-EZ, or 990-PF).	90-PF) but it must ≥F, to certify that it does not
BAA For Paperwork Reduction Act Notice, see or 990-PF.	the Instructions for Form 990, 990EZ, Schedule B (F	orm 990, 990-EZ, or 990-PF) (2012)

1 of Part 1

THE CORAL REEF ALLIANCE

94-3211245

(a)	(b)	(e)	(-h
(a) Numbe	r Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SERVICE A LIABORE FORDATION SERVICE A LIABOR	 \$150,031 _	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Numbe	r House, address, and 200 a li	(c) Total contributions	(d) Type of contribution
2	SIRSUE CRASCUSANIA AVE NO. 9225	 \$ <u>462,750</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	Name, editrons, and 207 = 4	(c) Total contributions	(d) Type of contribution
3	PEN CHARLENGLE PROSTS POLIC STREET IN	 \$153,633.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	Marrie, schilose, and ZIV = 0	 (c) Total contributions	(d) Type of contribution
4	STATE STATE STATE STATES	 \$ <u>2,476,843.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	Himm, address, and 30° = 4.	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Connected Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		 \$	Person Payroll Noncash
			(Complete Part II if there is a noncash contribution.)

Page

1 to

1 of Part II

THE CORAL REEF ALLIANCE

Employer identification number

94-3211245

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. from (b) Description of noncash property given (d) Date received FMV (or estimate) (see instructions) Part I N/A (a) No. (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received from Part I (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received from Part I \$ (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. (b)
Description of noncash property given (c) (d) Date received from FMV (or estimate) (see instructions) Part I ŝ BAA Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization THE CORAL REEF ALLIANCE

Employer identification number 94-3211245

Part III	Exclusively religious, charitable, e	etc. individual contribut	ions to sect	ion 501(c)(7), (8) or (10)
	organizations that total more than	S1.000 for the year. Com	inlete columne (s	A through (a) and the following line auto-
	For organizations completing Part III, enter	total of exclusively religious,	charitable, etc	,
	For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	 (Enter this information once I space is needed. 	. See instructio	ns.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addres	(e) Transfer of gif ss, and ZIP + 4		ationship of transferor to transferee
			+	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	•	(d) Description of how gift is held
		(e) Transfer of gift		
-	Transferee's name, addres	s, and ZIP + 4		tionship of transferor to transferee
-				
(-)	(h)			
(a) lo. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
+		(-)		
	Transferrate	(e) Transfer of gift		
H	Transferee's name, address	s, and ZIP + 4	Relat	tionship of transferor to transferee
-				
(a)	(h)	4.3		
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-				
F				
		(e) Transfer of gift		
-	Transferee's name, address,	and ZIP + 4	Relati	onship of transferor to transferee
-				

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

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

Part III Organizations Mainta	lining Collectio	ns of Art, Hist	orical Treasures, o	or Other Similar As	ssets (contin	uea)
3 Using the organization's acquisition items (check all that apply):	n, accession, and oth	ner records, check a	any of the following that	are a significant use of it	s collecti	on	
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other					
c Preservation for future gene	rations						
Provide a description of the organiz Part XIII.	zation's collections a	nd explain how the	y further the organization	s exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or receithan to be maintain	ive donations of an	rt, historical treasures, organization's collection	or other similar assets	Ye:	s	No
Part IV Escrow and Custodial Arr	rangements, Comp	lete if the organiz	ation answered 'Yes'	to Form 990, Part IV, I	ine 9, or		
1a is the organization an agent, tru:	stee, custodian, or	other intermedian	y for contributions or of	ther assets not include	d		
on Form 990, Part X? b If 'Yes,' explain the arrangement					. Yes	s	No
					Amour	nt	
c Beginning balance				1с			
d Additions during the year				1d			
e Distributions during the year				1e			
f Ending balance				1f			
2 a Did the organization include an a					Yes		No
b if 'Yes,' explain the arrangement						.	
		· · · · · · · · · · · · · · · · · · ·	merriae been promee	u u		[_
Part V Endowment Funds. C	complete if the c					Farmer	
1 a Beginning of year balance	(a) Corrent	(b) Prior yea	ar (c) Two years	(d) Three years	(e)	Four yea	ars
b Contributions		_					
B Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	e of the current yes	r end balance (lin	e 1g, column (a)) held	as:			
a Board designated or quasi-endowme	ent >	%					
b Permanent endowment >	8						
c Temporarily restricted endowmen	nt 🕨	8					
The percentages in lines 2a, 2b,	and 2c should equa	1 100%.					
3 - Are there and a most finds and in the	ha accession of the						
3a Are there endowment funds not in the organization by:	ne possession of the	organization that a	re neid and administered	for the	Г	Yes	No
(i) unrelated organizations					. 3a(i)	162	NO
(ii) related organizations							
b If 'Yes' to 3a(ii), are the related o							
4 Describe in Part XIII the intended	uses of the orangi	as required on oc	at funda		. 3b		
Part VI Land, Buildings, and E							
Description of property	(st or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	lue
1a Land							
b Buildings							
c Leasehold improvements			23,696.	17,987.		5,	709.
d Equipment			15,274.	8,907.			367.
e Other							
otal. Add lines 1a through 1e. (Column	n (d) must equal Fo	rm 990, Part X, co	olumn (B), line 10(c).)			12.	076.
AA			177		ule D (Fo		

Part VII	Investments – Other Securities. Se	e 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) Financ	cial derivatives		GIM-UI-year market value	
	y-held equity interests			
(3) Other				
(A)				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
0				
Total. (Colum	nn (b) must equal Form 990, Part X, column (B) line 12.)	Form 000 Don't V	E 10 V/3	
Part VIII	Investments — Program Related. Ser (a) Description of investment type	(b) Book value		
	(a) Description of investment type	(b) book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)		-		
	nn (b) must equal Form 990, Part X, column (B) line 13.).	-		
Part IX	Other Assets, See Form 990, Part X,			01/100
		escription	(b) Book valu	e
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, column ((B), line 15.)	>	
	Other Liabilities. See Form 990, Part			
	(a) Description of liability	(b) Book value	SERVICE CHESTON CONTRACTOR AND CONTRACTOR	
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
(11)				ALC: NO.
	n (b) must equal Form 990, Part X, column (B) line 25.)	b		MAKE.
fection in	C 740) Footnote. In Part XIII, provide the text of the footnote			550,555

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
1 Total revenue, gains, and other support per audited financial statements	1	4,240,761.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Section	
a Net unrealized gains on investments	State 1	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	17.
3 Subtract line 2e from line 1	3	4,240,744.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	2562	4,240,744.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.).	-	
	23031	
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,240,744.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	1 - 1 -	
1 Total expenses and losses per audited financial statements	1	3,499,392.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments	27	
c Other losses		
d Other (Describe in Part XIII.). 2d		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	3,499,392.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	40000	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.). 4b		
c Add lines 4a and 4b.	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,499,392.
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X - FIN 48 FOOTNOTE	lines 1b addition	and 2b; Part V, al information.
ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - THE PREPARAT	ION O	F
FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERAL	LY AC	CEPTED IN
THE UNITED STATES OF AMERICA REQUIRES THE CORPORATION TO REPORT INFOR	MATIO	N
REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE CORPORAT	TON.	THE
CORPORATION HAS DETERMINED WHETHER ANY TAX POSITIONS HAVE MET THE REC	OCNTT.	TON
THRESHOLD AND HAVE MEASURED THE CORPORATION'S EXPOSURE TO THOSE TAX P	OSTUTA	ONG
THE CONFORMATION S ENFOSORE TO TROSE TAX P	02111	
MANACEMENT BELLEVES THAT THE CODDODATION HAS ADECUATED ADDRESORD ALL	DETEN	73 ነመ መልህ
MANAGEMENT BELIEVES THAT THE CORPORATION HAS ADEQUATELY ADDRESSED ALL		
BAA	chedule	D (Form 990) 2012

Schedule D (Form 990) 2012 THE CORAL REEF ALLIANCE	94-3211245	Page 5
Part XIII Supplemental Information (continued)		
PART X - FIN 48 FOOTNOTE (CONTINUED)		
POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES. I	FEDERAL AND STATE T.	AX
AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE	PREVIOUS THREE YEA	RS
OF TAX RETURNS FILED. ANY INTEREST OR PENALTIES ASSESSED TO T	HE CORPORATION ARE	
RECORDED IN OPERATING EXPENSES. NO INTEREST OR PENALTIES FROM	FEDERAL OR STATE	TAX
AUTHORITIES WERE RECORDED IN THE ACCOMPANYING FINANCIAL STATEM	MENTS.	

Schedule F (Form 990)

Statement of Activities Outside the United States

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

THE CORAL REEF ALLIA				94-32112	
Part I General Informat to Form 990, Par	tion on Activiti t IV, line 14b.	ies Outside th	e United States. Comple	te if the organizatio	n answered 'Yes'
 For grantmakers. Does the the grantees' eligibility for 	e organization ma the grants or assi	intain records to sistance, and the s	substantiate the amount of its selection criteria used to award	grants and other assista the grants or assistance	e? X Yes No
2 For grantmakers. Describe i United States. PART V	n Part V the organi	zation's procedure	s for monitoring the use of its gra	ents and other assistance	outside the
3 Activities per Region. (The	following Part I,	line 3 table can b	e duplicated if additional space	e is needed.) PART 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	506,021.
(2) CENTRAL AMERICA		2	PROGRAM SERVICE	SEE PART V	297,877.
(3) EAST ASIA	1	7	PROGRAM SERVICE	SEE PART V	435,342.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total	1	12			1,239,240.
b Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b). .

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. Part II can be duplicated if additional space is needed. 94-3211245

-	(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
ε			CENTRAL	SEE PART	11,400.	WIRE TRANS.		N/A	BOOK
ଷ			CENTRAL	SEE PART V	6,000.	WIRE TRANS.			BOOK
(3)			EAST ASIA	SEE PART	56.250	WIRE			BOOK
9				SEE PART	5.765	WIRE			ROOK
9			F	SEE PART	36,000.	WIRE TRANS.		N/A	BOOK
9			NORTH AMERICA	SEE PART V	53,300.	WIRE TRANS.		N/A	BOOK
ε			NORTH	SEE PART V	68,000.			N/A	BOOK
8									
6									
(10)									
Œ									
(12)									
(13)									
C149									
(15)									
(16)									
2 8 四专四	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. Enter total number of other organizations or entities.	tions listed above that a section 501(c)(3) equipments of entities.	are recognized as ch uivalency letter	arities by the foreig	gn country, recogniz	zed as charities by the foreign country, recognized as tax-exempt by the IRS letter.	/ the IRS, or for which	A A	7
1 -	The state of the s							Cohodulo E	Schodulo E (Form 000) 2012

Page 3

THE CORAL REEF ALLIANCE Schedule F (Form 990) 2012

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. 94-3211245

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2012 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA (1) (12) (13) (14) (12) (16) (1) € 8 3 9 8 (10) @ 9 0 6

TEEA3503L 12/17/12

BAA	TEEA3505L 12/17/12	Schedule F	(Form 990) 2012
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).	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
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
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
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).	Yes	X No
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
Pai	t IV Foreign Forms		

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_PAYMENTDISBURSEMENT_OF_FUNDS_ARE_MANAGED_BY_THE_ACCOUNTING_STAFFSUBJECT
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_AREASELIMINATE_COMMERCIAL
TRADE AND FISHING FOR SHARKS.

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 - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)
NORTH AMERICA (MEXICO): INITIATE A SHIFT FROM UNSUSTAINABLE TOURISM TO SUSTAINABLE
TOURISM: SUPPORT COZUMEL MARINE PROTECTED AREAS IN DOING SO.

BAA

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

2012

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 94-3211245 S

.....X Yes Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990. Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? SEE PART IV 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part | General Information on Grants and Assistance THE CORAL REEF ALLIANCE

(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, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
13-6162659	501 (C) (3)	333.143.	0	U.S. DOLLARS		REEFS TOMORROW
53-0242652	501 (C) (3)	100,000.	0	U.S. DOLLARS		REEFS TOMORROW INITIATIVE
94-1156365	501 (C) (3)	160,765.	0.	U.S. DOLLARS		REEFS TOMORROW INITIATIVE
37-1461679	501 (C) (3)	62,000.	0.	U.S. DOLLARS		MARTI
95-6006145	501 (C) (3)	173,652.	0.	U.S. DOLLARS		REEFS TOMORROW INITIATIVE
95-6006144	501 (C) (3)	458,010.	0.	U.S. DOLLARS		REEFS TOMORROW INITIATIVE
56-1258660	501 (C) (3)	108,455.	0.	U.S. DOLLARS		REEFS TOMORROW INITIATIVE
				9		
and government o	rganizations listed in 1 table	in the line 1 table				7
	(b) EIN 13-6162659 13-6162659 94-1156365 95-6006145 95-6006144 56-1258660 s listed in the line	1 (a) Name and address of organization of government organization of government of government of government organizations of government organizations listed EERICAN MUSEUM OF NAT'L HIST	cable (d) Amount o	(b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash listed in the line 1 table assistance (d) Amount of cash grant (e) Amount of non-cash assistance assistance assistance (e) Amount of non-cash assistance (e) Amount of non-cash assistance assis	(b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of ron-cash (Goods Prince) (Goods Pr	### (c) Amount of non-cash (f) Method of valuation assistance (book, FMV, appraisal, other) 13. 0. U.S. DOLLARS

Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

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

Schedule I (Form 990) (2012) 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					
8					
4					
5					
9					
7					
Part IV Supplemental Information. Complete this part to additional information.		provide the informa	tion required in Pa	rt I, line 2, Part III, coli	provide the information required in Part I, line 2, Part III, column (b), and any other
PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.	MONITORING US	E OF GRANTS FUN	DS IN U.S.		
THE CORAL REEF ALLIANCE HAS ADOPTED THE FOLLOWING POLICIES FOR THE ADMINISTRATION OF	OPTED THE FOL	LOWING POLICIES	FOR THE ADMIN	ISTRATION 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		
	 			: I I I I I I I I I I	
THE CORAL REEF ALLIANCE RECOGNIZES THAT DI	NIZES THAT DIR	RECT SUPPORT FOR	SUPPORT FOR SMALL-SCALE LOCAL PROJECTS	OCAL PROJECTS	
IS AN INTEGRAL PART OF THE CORAL REEF SUST	RAL REEF SUSTA	AINABLE DESTINATION MODEL (CRSD). CORAL	LION MODEL (CRS	D) . CORAL	
USES THE VOLUNTARY BEST PRACTICES FOR U.S.		-BASED CHARITIES ISSUED BY THE US TREASURY	S ISSUED BY THE	US_TREASURY	
DEPARTMENT'S ANTI-TERRORIST FINANCING GUIDELINES, AS WELL AS THE PRINCIPLES OF	INANCING GUIDE	LINES, AS WELL	AS THE PRINCIP	LES OF	
INTERNATIONAL CHARITY TO INFORM THE PROCES	RM_THE_PROCESS	S OF APPROVAL APPLICATIONS AND MONITORING	PLICATIONS AND	MONITORING	
THE USE OF MICRO-GRANT FUNDS.	APPLICANTS	MUST SUBMIT COR	SUBMIT CORAL'S STANDARD MICRO-GRANT	IICRO-GRANT	
APPLICATION FORM TO BE CONSIDERED.	THE	APPLICATION MUST REVIEWED AND APPROVED	REVIEWED AND AF	PROVED BY (IN	
ВАА					Schedule I (Form 990) (2012)

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 2012

Open to Public

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.

Inspection Employer identification number

94-3211245 THE CORAL REEF ALLIANCE FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION HAWAII: OUR WORK IN HAWAII FOCUSES ON SUSTAINABLE TOURISM AND IMPROVING WATER QUALITY TO IMPROVE REEF HEALTH, WITH MOST OF OUR EFFORT CENTERED ON MAUI AND IN KONA. IN MAUI, WE ARE PARTNERING WITH HUNDREDS OF HOTELS AND CONDOMINIUM PROPERTIES TO PREPARE THEM TO DIVERT TREATED WASTEWATER TO THEIR IRRIGATION SYSTEMS INSTEAD OF DISCHARGING IT ONTO REEFS, WHERE IT CAUSES ALGAE TO OVERGROW. WE ARE URGING PROPERTY MANAGERS TO USE THIS RECYCLED WATER FOR LANDSCAPING AND OTHER NEEDS, THUS SAVING MONEY AS WELL AS POTABLE WATER SUPPLY. WE ALSO PARTNER WITH HOTELS TO INSTALL IN-ROOM MATERIALS THAT EDUCATE THE PUBLIC ABOUT REEFS AND HOW TO AVOID HARMING THEM WHILE SNORKELING AND DIVING. IN ADDITION, WE WORK WITH HOTELS TO HELP PRODUCE, ADOPT, AND INSTALL INTERPRETIVE SIGNS ABOUT THE KAHEKILI HERBIVORE FISHERIES MANAGEMENT AREA, EDUCATING THE PUBLIC ABOUT THE CRUCIAL ROLE HERBIVORES PLAY IN REEF HEALTH, AND REINFORCING THE MESSAGE THAT FEEDING WILD FISH HAS SERIOUS ECOLOGICAL CONSEQUENCES. WE CONTINUE OUR WORK WITH MARINE RECREATION PROVIDERS TO ADOPT VOLUNTARY STANDARDS FOR BETTER BEHAVIOR ON REEFS. AND WE CONTINUE TO COORDINATE THE VITAL CORAL REEF MONITORING "MAKAI WATCH" PROGRAM, WHICH HAS INCREASED CITIZEN SCIENCE PARTICIPATION IN WEST MAUI. FIJI: CORAL'S OBJECTIVES IN FIJI CONTINUE TO FOCUS ON STRENGTHENING MANAGEMENT OF THE NAMENA MARINE RESERVE AND ON ACHIEVING BETTER PROTECTION FOR SHARKS. CORAL WORKED TO INCREASE AND IMPROVE COMMUNICATION AND UNDERSTANDING AMONG STAKEHOLDERS IN THE NAMENA MARINE RESERVE, BY ESTABLISHING REGULAR STAKEHOLDER MEETINGS AMONG THE KUBULAU RESOURCE MANAGEMENT COMMITTEE (KRMC), THE KUBULAU BUSINESS DEVELOPMENT COMMITTEE (KBDC), MARINE RECREATION PROVIDERS, AND LOCAL NGOS. THESE EFFORTS WILL INCREASE THE KRMC'S ABILITY TO MANAGE THE RESERVE AUTONOMOUSLY, WITH SUPPORT AND

COMMITMENT FROM ALL RELEVANT GROUPS. CORAL HOSTED A SHARK IDENTIFICATION AND BIOLOGY

THE CORAL REEF ALLIANCE	94-3211245
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
WORKSHOP FOR GOVERNMENT AND NGO PARTNERS, AND WORKED WITH FIJI	AIRWAYS (FORMERLY AIR
PACIFIC) TO OBTAIN THEIR COMMITMENT TO STOP SHIPPING UNSUSTAIN	ABLY HARVESTED SHARKS.
INDONESIA: CORAL IS WORKING IN INDONESIA TO ESTABLISH AN ECOL	OGICALLY CONNECTED AND
SOCIOECONOMICALLY SUSTAINABLE NETWORK OF LOCALLY MANAGED MARIN	E AREAS (LMMAS) IN THE
SUNDA-BANDA REGION OF EASTERN INDONESIA, AND TO BUILD SUPPORT	AT THE COMMUNITY AND
GOVERNMENT LEVELS FOR CO-MANAGING THIS NETWORK OF LMMAS. CORAL	LED EFFORTS TO
STRENGTHEN MANAGEMENT OF THE MARINE CONSERVATION CONCESSION ARE	EA LEASED FROM THE
RAJA AMPAT COMMUNITY BY THE MISOOL ECO RESORT, BY STRENGTHENING	G_PATROLS, DEVELOPING
_ A MORE ROBUST AND EFFECTIVE REPORTING SYSTEM, AND LINKING ACTIV	VITIES WITHIN THE
RESERVE TO PATROLS LED BY OTHER GROUPS OUTSIDE OF THE AREA. COM	RAL SUPPORTED THE RAJA
AMPAT_REGENCY_GOVERNMENT'S_EFFORT_TO_PROTECT_SHARKS_AND_MANTAS,	AND IN 2013, THE
REGENCY GOVERNMENT SIGNED INTO LAW THE SHARK AND MANTA RAY SANG	CTUARY THAT HAD BEEN
DESIGNATED IN 2010. THE LAW PROTECTS SHARKS AND RAYS IN 46,000	SQUARE KILOMETERS
(18,000 SQUARE MILES) OF OCEAN OFF THE COAST OF RAJA AMPAT. COR	RAL ALSO IMPLEMENTED A
SHARK AWARENESS PROGRAM FOR ELEMENTARY SCHOOL STUDENTS IN RAJA	AMPAT AND ISSUED
MICROGRANTS ENABLING LOCAL COMMUNITIES TO BETTER PROTECT THEIR	REEFS.
REEF RESILIENCE: CORAL'S REEF RESILIENCE TO CLIMATE CHANGE PRO	GRAM HAS TRAINED
THOUSANDS OF CORAL REEF MANAGERS, CONSERVATIONISTS, AND OTHERS	ABOUT THE CONCEPTS OF
REEF RESILIENCE AND HEALTH, THREATS TO REEFS, AND HOW TO MONITO	R THEM. PARTICIPANTS
IN THE TRAININGS THEN REPLICATE THE TRAININGS IN THEIR COUNTRIE	S, REACHING
ADDITIONAL CORAL REEF MANAGERS AND CONSERVATIONISTS.	

Schedule O (Form 990 or 990-EZ) 2012 Employer identification number 94-3211245 THE CORAL REEF ALLIANCE FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS CHANGE IN BY-LAWS TO CHANGE DIRECTOR TERM LIMITS AND ADD AN AUDIT COMMITTEE CHARTER. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS A DRAFT COPY OF FORM 990 AS PREPARED BY THE AUDIT FIRM SHALL BE REVIEWED IN TURN BY THE FINANCE DIRECTOR, THE EXECUTIVE DIRECTOR, THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD, PRIOR TO FILING. EACH STAFF MEMBER AND COMMITTEE MEMBER SHALL SIGN-OFF AS THEIR REVIEW IS COMPLETED. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT 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 FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE EXECUTIVE DIRECTOR AND/OR THE BOARD OF DIRECTORS (AS APPLICABLE), PRIOR TO CONSIDERING A PROPOSED FINANCIAL TRANSACTION OR ARRANGEMENT. A CONFLICT OF INTEREST ARISES WHEN A PERSON IN A POSITION OF AUTHORITY OVER AN ORGANIZATION, SUCH AS A BOARD MEMBER OR EMPLOYEE, MAY BENEFIT FINANCIALLY FROM A DECISION HE OR SHE COULD MAKE IN SUCH CAPACITY, INCLUDING INDIRECT BENEFITS TO FAMILY MEMBERS OR BUSINESSES WITH WHICH THE PERSON IS CLOSELY ASSOCIATED. OTHER SITUATIONS MAY CREATE THE APPEARANCE OF A CONFLICT, OR PRESENT A DUALITY OF INTERESTS IN CONNECTION WITH A PERSON WHO HAS INFLUENCE OVER THE ACTIVITIES OR FINANCES OF THE ORGANIZATION. FOR PURPOSES OF THIS POLICY, THE FOLLOWING CIRCUMSTANCES SHALL BE DEEMED TO CREATE A CONFLICT OF INTEREST:

INVOLVED IN A TRANSACTION WITH CORAL FOR GOODS OR SERVICES.

AN EMPLOYEE (INCLUDING A FAMILY MEMBER OF THE EMPLOYEE) IS A PARTY TO A CONTRACT, OR

Employer identification number

	l	94	-3	2:	11	2	4	5
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THE CORAL REEF ALLIANCE	94-3211245
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING	AND ENFORCEMENT OF CONFLICTS (CONTINUED)
AN EMPLOYEE (INCLUDING A FAMILY MEMBER OF THE EMP	PLOYEF) HAS A MATERIAL FINANCIAL
INTEREST IN A TRANSACTION BETWEEN CORAL AND AN EN	NTITY IN WHICH THE EMPLOYEE OR
FAMILY MEMBER IS A DIRECTOR, OFFICER, AGENT, PART	TNER, ASSOCIATE, EMPLOYEE, TRUSTEE,
OR OTHER LEGAL REPRESENTATIVE.	
AN EMPLOYEE (INCLUDING A FAMILY MEMBER OF THE EMP	PLOYEE) IS ENGAGED IN SOME CAPACITY,
OR HAS A MATERIAL FINANCIAL INTEREST IN, A BUSINE CORAL.	ESS OR ENTERPRISE THAT COMPETES WITH
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APP	PROVAL PROCESS - OFFICERS & KEY EMPLOYEES
THE EXECUTIVE COMMITTEE SHALL ANNUALLY REVIEW THE	COMPENSATION OF THE EXECUTIVE
DIRECTOR AND THE FINANCE DIRECTOR. THE EXECUTIVE	COMMITTEE SHALL GATHER RECENT DATA
AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALI	FIED PERSONS IN FUNCTIONALLY
COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANI	ZATIONS. MANAGEMENT MAY ASSIST THE
COMMITTEE IN THE DATA COLLECTION. UPON REVIEW OF	ALL PERTINENT DATA, THE MEMBERS OF
THE EXECUTIVE COMMITTEE SHALL DETERMINE AND APPRO	OVE THE COMPENSATION OF THE
EXECUTIVE DIRECTOR AND THE FINANCE DIRECTOR. MIN	UTES OF THE DELIBERATIONS OF THE
EXECUTIVE COMMITTEE REGARDING COMPENSATION REVIEW	SHALL BE RECORDED AND MAINTAINED
IN THE ORGANIZATION'S CORPORATE RECORDS.	
FORM 990 , PART VI, LINE 17 - LIST OF STATES 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 DOCUME	NTS PUBLICLY AVAILABLE
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	AND FINANCIAL STATEMENTS ARE MADE
AVAILABLE TO THE PUBLIC IN OFFICE UPON REQUEST AN	D VIA THE CORAL WEBSITE.

2012

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

THE CORAL REEF ALLIANCE

94-3211245

FORM 990.	PART IX.	LINE 11G
OTHER FE	ES FOR S	ERVICES

		(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
OTHER CONSULTANTS REGIONAL REPRESENTATIVES		158,213. 292,014.	153,949. 292,014.	973.	3,291.
REGIONAL REPRESENTATIVES	TOTAL \$	450,227.	\$ 445,963.	\$ 973.	\$ 3,291.