Form 990

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For th	e 2022 calendar year, or tax year beginning and	ending		
В	Check i applical	le: C Name of organization		D Employer identific	cation number
Г	Addr	THE CORAL RESTORATION FOUNDATION, INC.			
	Nam Char			65-105464	47
	Initia retur	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final retur			305-453-	
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,012,311.
	retur			H(a) Is this a group re	eturn
	Appl	F Name and address of principal officer: DK • K SCOII WINIERS		for subordinates	? Yes X No
	pend	89111 OVERSEAS HWY, TAVERNIER, FL 3307		H(b) Are all subordinates in	cluded? Yes No
<u> </u>	Tax-e	xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions
	Webs			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 2000 N	I State of legal domicile: FL
Ρ	art I				
đ	, 1	Briefly describe the organization's mission or most significant activities: WE AI			
Governance		CONSERVATION ORGANIZATION WORKING TO REST			•
er në	2	Check this box if the organization discontinued its operations or dispos	sed of more		
Ň	3			9	
		Number of independent voting members of the governing body (Part VI, line 1b)		8	
es es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
Activities &	6	Total number of volunteers (estimate if necessary)		1005	
Δc1	5 7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.	
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b Prior Year	Current Year
		Contributions and events (Dart) (III line 1h)		6,534,017.	5,765,099.
e	8	Contributions and grants (Part VIII, line 1h)		56,193.	50,222.
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,144.	4,269.
B	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		53,728.	85,305.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,671,082.	5,904,895.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,717,793.	2,348,154.
Exnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	ž t	Total fundraising expenses (Part IX, column (D), line 25) 295, 88	89.		
Ě	۶ 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,491,576.	2,411,786.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,209,369.	4,759,940.
	19	Revenue less expenses. Subtract line 18 from line 12		3,461,713.	1,144,955.
Net Assets or	sec		Be	ginning of Current Year	End of Year
sets	un 20	Total assets (Part X, line 16)		10,072,417.	11,103,632.
ASS	21 10 10	Total liabilities (Part X, line 26)		2,329,098.	2,215,358.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		7,743,319.	8,888,274.
Ρ	art II				
Und	der per	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	

Sign	Signature of officer			Date					
Here	DR. R SCOTT WINTERS, CEO								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date						
Paid	C BRIAN THRASHER, CPA	C BRIAN THRASHER,	CP 10/30	/23 self-employed P00415434					
Preparer	Firm's name CBIZ SOMERSET			Firm's EIN 92-1420131					
Use Only	Firm's address 3925 RIVER CROSSI	NG PKWY STE 100							
	INDIANAPOLIS, IN	46240		Phone no. (317) 472-2200					
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) THE CORAL RESTORATION FOUNDATION, INC. 65-1054647 Page 2
Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE ARE A NOT FOR PROFIT OCEAN CONSERVATION ORGANIZATION WORKING TO RESTORE OUR CORAL REEFS, EDUCATING OTHERS ON THE IMPORTANCE OF OUR
	OCEANS, AND USING SCIENCE TO FURTHER RESEARCH AND MONITORING
	TECHNIQUES.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,628,866. including grants of \$) (Revenue \$50,338.)
	RESTORATION
	CREATE OFFSHORE NURSERIES, MAINTAIN, AND OUTPLANT. THROUGH THIS PROGRAM WE ARE ACTIVELY RESTORING OUR CORAL REEFS.
	WE ARE ACTIVEDT RESTORING OOR CORAL REEFS:
4b	(Code:) (Expenses \$767,279. including grants of \$) (Revenue \$)
	SCIENCE
	DEVELOP NEW INNOVATIVE TECHNIQUES, MONITOR PREVIOUSLY OUTPLANTED
	COLONIES, AND FACILITATE OUTSIDE COLLABORATIONS
4c	(Code:) (Expenses \$844,765. including grants of \$) (Revenue \$50,222.)
	EDUCATION
	EDUCATE INDIVIDUALS ON HOW THEY CAN MAKE A DIFFERENCE FROM ANYWHERE IN
	THE WORLD TO BETTER OUR OCEANS
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 713, 301. including grants of \$) (Revenue \$)
4e	Total program service expenses 3,954,211.
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Form 990 (2022)			RESTORATION	FOUNDATION,	INC
Part IV Checklist o	of Require	d Schedu	lles		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			х
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u>л</u>
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
2	as applicable.			
d	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI			
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	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		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00-	complete Schedule G, Part III	19		<u>x</u> x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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 THE CORAL RESTORATION FOUNDATION, INC.
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 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
L	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00.		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Par				·
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 51			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	(22.5.5)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 33		х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" <i>to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		<u> </u>
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1			
b	amounts due or received from them.)			
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				-
		-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	····· [
	of officers, directors, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	Γ	5		Х
6	Did the organization have members or stockholders?	E C	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	····· [
	more members of the governing body?		7a		x
b					
	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	····· F			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		•		
	(This Section B requests information about policies not required by the internal neverale code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	ſ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	·····	ieu		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a		F	11a		x
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	h	Tita		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	·····	12.0		
v	on Schedule O how this was done		12c	х	
13		Г	13	x	
14		Г	14	x	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	·····	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
-	The organization's CEO, Executive Director, or top management official		15a	х	
a b			15b		x
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	·····	130		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
104			16a		x
۲	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	·····	īua		- 23
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
			16b		
Sec	exempt status with respect to such arrangements?		100		
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50	1(c)(3)e	only) (availal	
10	for public inspection. Indicate how you made these available. Check all that apply.	1(0)(0)3	Offiy) a	avallai	516
19	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policities of the organization made its governing documents. Image: Conflict of interest policities of the organization made its governing documents.	ov and	financ		
19	statements available to the public during the tax year.	oy, and	manc	nai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
20	THE CORAL RESTORATION FOUNDATION, INC 305-453-7030				
	89111 OVERSEAS HWY, TAVERNIER, FL 33070				
232000	3 12-13-22		Form	990	(2022)
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	··· ·····				

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Form 990 (2022)		RESTORATION			65-1054647	Page 7
-	sation of Officers, Dir		Key Employees, H	lighest Con	npensated	
Employe	es, and Independent	Contractors				
Check if Sc	hedule O contains a respon	se or note to any line in [.]	this Part VII			
Section A. Officers, I	Directors, Trustees, Key Er	nployees, and Highest	Compensated Employ	yees		
 List all of the orga 		directors, trustees (whet			th or within the organization's rdless of amount of compens	
 List all of the organic 	anization's current key emp	oyees, if any. See the in	structions for definition	of "key emplo	yee."	

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title Average hours per builts any list any list any line) Period and antibular builts any list any line) Reportable and and attractions Reportable compension from organization (W2/1099/MSC) Estimated and compension from organization (W2/1099/MSC) (1) DR. SCOTT WINTERS 40.00 (U1) X X 191,420. 0. 0. (1) DR. SCOTT WINTERS 40.00 (U2) X X 0. 0. 0. (1) DR. SCOTT WINTERS 40.00 (U2) X X 0. 0. 0. (1) DR. SCOTT WINTERS 40.00 (U2) X X 0. 0. 0. (1) DR. SCOTT WINTERS 2.00 (U2) X X 0. 0. 0. (1) DR. SCOTT WINTERS 2.00 (U1) X X 0. 0. 0. (1) PATI KIRK GROSS 1.000 (U1) X X 0. 0. 0. (2) STAMES BOLINI 2.00 (U2) X 0. 0. 0. 0. DIRECTOR 1.00 (U2) X 0. 0. 0. 0. DIRE	(A)	(B)			(0	C)			(D)	(E)	(F)
Hours per weak (list any per minute statistical (list any per minute statist			(10		Pos	ition					
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	DIRECTOR		Х						0.	0.	0.
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Form 990 (2022)

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		RESTOR	AT	'IO	Ν	FO	UN	DA	TION, INC.	65-10)546	47	Page 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploye	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	box, offic	not cl , unles	ss per	ition more son is	than c s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization		Estin amou otl	F) nated unt of her nsation
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fron organ and r	n the ization elated zations
16	Subtotal								191,420.		0.		0.
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 191,420.		0.		0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste		ove) wn	o re	ceived more than \$100	,000 of reportable			1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su								hest compensated emp		[3	es No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	m of reportable 0,000? If "Yes,	e co " <i>co</i> i	mpe mple	ensat ete S	tion Sche	and edule	oth J f	ner compensation from t	he organization		4 2	x
	rendered to the organization? <i>If</i> "Yes." com tion B. Independent Contractors											5	X
1	Complete this table for your five highest con the organization. Report compensation for t										ensati	on from	
	(A) Name and business			DNE					(B) Description of s		Cc	(C) mpensa	ation
								_					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	thos C		ted	above) who received m	ore than			
	, ,									I	F	orm 99	0 (2022)

232008 12-13-22

	1 990 (i		TORATION	FOUNDATION	N, INC.	65-1054	647 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c f f	Related organizations1dGovernment grants (contributions)1e2,All other contributions, gifts, grants, and similar amounts not included above1f3,	239,460. 416,358. 109,281. 173,966. Business Code	5,765,099.			
Program Service Revenue	2a b c d	DIVE PROGAM	541900	50,222.	50,222.		
Prog	g	All other program service revenue Total. Add lines 2a-2f		50,222.			
	3 4 5	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties	roceeds	4,269.			4,269.
	b c d	Rental income or (loss) 6c Net rental income or (loss)	(ii) Personal (ii) Other				
Other Revenue	c d	assets other than inventory 7a Less: cost or other basis 7b and sales expenses 7b Gain or (loss) 7c Net gain or (loss) 7c Gross income from fundraising events (not 7c					
Othe	b	including \$ 239,460. of contributions reported on line 1c). See Part IV, line 18	142,383. 107,416.	34,967.			34,967.
	9 a b	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities					54,507.
	10 a b	Gross sales of inventory, less returns		42,514.	42,514.		
Miscellaneous Revenue		OTHER INCOME	Business Code 541900	7,824.	7,824.		
Miscell Rev	c d e 12	All other revenue		7,824. 5,904,895.	100,560.	0.	39,236.
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Form	990	(2022)
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THE CORAL RESTORATION FOUNDATION, INC. 65-1054647 Page 10 Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			• • • •	
	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
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	102 669	154 124	20 524	
•	trustees, and key employees	192,668.	154,134.	38,534.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	1,804,211.	1,339,430.	249,915.	214,866.
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,007,411•	<u>+,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	47,713.	217,000.
o	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	226,705.	185,770.	27,789.	13,146.
9	Payroll taxes	124,570.	89,274.	20,654.	14,642.
1	Fees for services (nonemployees):	121/0/01	00,2,10	20,0010	
a					
b	Legal	19,269.	19,269.		
č	Accounting	33,400.		33,400.	
d		,		,	
e					
f	Investment management fees				
g					
•	column (A), amount, list line 11g expenses on Sch 0.)	441,005.	447,006.	-8,187.	2,186.
2	Advertising and promotion	46,553.	10,543.	-8,187. 35,950.	<u>2,186</u> 60.
3	Office expenses	30,560.	15,871.	11,561.	3,128.
4	Information technology	604,706.	551,561.	25,955.	27,190.
15	Royalties				
6	Occupancy	116,867.	98,528.	14,511.	3,828.
17	Travel	143,310.	128,625.	10,671.	4,014.
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,141.	3,999.	27.	115.
20	Interest	24,324.		24,324.	
21	Payments to affiliates	4.05 5.55			
22	Depreciation, depletion, and amortization	105,669.	98,658.	6,342.	669.
23	Insurance	93,458.	89,744.	3,431.	283.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OTHER PROGRAM EXPENSES	479,124.	479,124.		
b	SUPPLIES & EQUIPMENT	125,265.	124,473.	792.	
c	REPAIRS AND MAINTENANCE	85,862.	85,862.	0.	0.
d	BANK FEES	27,738.	8,398.	8,684.	10,656.
	All other expenses	30,535.	23,942.	5,487.	1,106.
5	Total functional expenses. Add lines 1 through 24e	4,759,940.	3,954,211.	509,840.	295,889.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

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7,743,319.

10,072,417.

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8,888,274.

Form 990 (2022)

11,103,632.

Beginning of year End of year 7,980,064. 8,624,115. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 745,331. 838,786. Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 75,410. 81,942. 8 Inventories for sale or use 8 91,841. 169,151. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 1,64<u>1,958</u>. basis. Complete Part VI of Schedule D _____ 10a 419,940. 1,178,711. 1,222,018. b Less: accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 1,060. 167,620. 15 15 Other assets. See Part IV, line 11 10,072,417. 11,103,632. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 598,196. 436,011. Accounts payable and accrued expenses 17 17 18 18 Grants payable 1,088,462. 1,074,377. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 642,440. 583,012. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 121,958. 0. 25 of Schedule D 2,329,098. 2,215,358. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 7,008,319. 8,685,274. 27 27 Net assets without donor restrictions Net assets with donor restrictions 735,000. 203,000. 28 28

THE CORAL RESTORATION FOUNDATION, INC.

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

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

65-1054647 Page 11

(B)

(A)

90 (2022)	
X	Ba	ance	Sheet

Form	990 (2022) THE CORAL RESTORATION FOUNDATION, INC.	65-10	54647	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,904		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,759		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,144		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,743	3,3	<u>19.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,888	3,2	74.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	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 reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2022)

232012 12-13-22

SCHE	DULE A		Dublic Cha	rity Status an	d Dub	lia Qu	innort		OMB No. 1545-0047		
(Form	990)		omplete if the organ		2022						
			494 494		LULL						
	t of the Treasury venue Service			tach to Form 990 or Fo Form990 for instruction			ormation		Open to Public Inspection		
Name o	f the organization		Go to www.irs.gov/	Form990 for instruction	is and the	atest ini	ormation.	Employer	identification number		
			CORAL REST	ORATION FOUNI	ATION	J. INC			5-1054647		
Part I	Reason	or Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The orga				For lines 1 through 12, cl							
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and state	-									
5 🗌		-		lege or university owned	or operate	ed by a go	vernmental u	nit describe	d in		
c [-		Complete Part II.)	antal unit described in	nation 17	0/L\/4\/A\	()				
6 7	-	-	-	nental unit described in section the section of the				ne general r	whic described in		
'	0		omplete Part II.)	Itial part of its support if	on a gove	mentar		ie general p			
8	-			1)(A)(vi). (Complete Part	: 11.)						
9	- ·			in section 170(b)(1)(A)(i		ed in conju	nction with a	land-grant	college		
	-	-		ulture (see instructions).		-		-	-		
	university:										
10 X	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	gross receipts from		
				t to certain exceptions; a							
				(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.		
	7		mplete Part III.)								
11	¬ ~	-	-	vely to test for public saf	•						
12	-	-	-	vely for the benefit of, to	-			•	-		
			-	d in section 509(a)(1) o f supporting organization							
a		-		upervised, or controlled l	-			-	nivina		
			-	gularly appoint or elect a	• • • •	-					
		•	omplete Part IV, Se								
b	Type II. A s	upporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing		
	control or n	nanagement o	f the supporting orga	anization vested in the sa	ime persoi	ns that co	ntrol or mana	ge the supp	orted		
_	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
c				g organization operated i				ly integrate	d with,		
		•	.,.	. You must complete F							
d	_ ^		•	orting organization oper				U	()		
			•	ation generally must sati	•		•	an attentiv	eness		
e				nplete Part IV, Sections written determination from				II Type III			
eL				nally integrated supportir			турет, туре	n, rype m			
f Er	nter the number of										
g Pr	rovide the followi	ng informatior	about the supporte								
	(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o		(vi) Amount of other		
	organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		

Total

					FOUNDATION,			Page 2
Part II	Support Schedule for	or Org	anization	s Described in Sec	ctions 170(b)(1)(A)(iv) and [·]	170(b)(1)(A)(vi)	

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
		() 0010	(1) 0010	() 0000	()) 0001	() 0000	(0, 7, 1, 1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					12	
12	Gross receipts from related activities, First 5 years. If the Form 990 is for th		,	fourth or fifth tox			
13	organization, check this box and stop	0		,	<i>,</i>	()()	
Sec	ction C. Computation of Publi		-				
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o					· · · · ·	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	ganization did not				
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	organization	-	
b	10% -facts-and-circumstances test	- 2021. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and s	top here. Explain i	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	/ supported organi	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s
						Schedule A	(Form 990) 2022

232022 12-09-22

THE CORAL RESTORATION FOUNDATION, INC. 65-1054647 Page 3 Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2738679.	3002312.	2965965.	6603296.	5858112.	21168364.		
2	Gross receipts from admissions,								
	merchandise sold or services per- formed, or facilities furnished in								
	any activity that is related to the			~~ ~ ~ /					
	organization's tax-exempt purpose	49,328.	34,684.	23,954.	37,268.	42,514.	187,748.		
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
F	or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5	2788007.	3036996.	2989919.	6640564.	5900626.	21356112.		
	Amounts included on lines 1, 2, and	2,0000,0		23033230	00103010	33000201			
10	3 received from disqualified persons	440,508.	326,564.	484,530.	1306940.	284,886.	2843428.		
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
с	Add lines 7a and 7b	440,508.	326,564.	484,530.	1306940.	284,886.	2843428.		
8	Public support. (Subtract line 7c from line 6.)						18512684.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 6	2788007.	3036996.	2989919.	6640564.	5900626.	21356112.		
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties,	4 54 6			~ ~ ~ ~ ~		400		
	and income from similar sources	4,710.	43,188.	44,262.	24,144.	4,269.	120,573.		
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975	4,710.	43,188.	44,262.	24,144.	4,269.	120,573.		
11	Add lines 10a and 10b Net income from unrelated business	4,/10.	43,100.	44,202.	24,144.	4,209.	120,575.		
••	activities not included on line 10b,								
	whether or not the business is regularly carried on								
12	Other income. Do not include gain								
-	or loss from the sale of capital								
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	2792717.	3080184.	3034181.	6664708.	5904895.	21476685.		
	First 5 years. If the Form 990 is for th					•			
	-						, 		
Sec	ction C. Computation of Publi	c Support Per	centage						
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	86.20 %		
	Public support percentage from 2021					16	83.08 %		
Sec	ction D. Computation of Inves	stment Income	Percentage						
17	Investment income percentage for 20)22 (line 10c, colun				17	.56 %		
	Investment income percentage from 2					18	.66 %		
19a	33 1/3% support tests - 2022. If the								
	more than 33 1/3%, check this box ar								
b	b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
00									
	Private foundation. If the organization	n ala not check a l	box on line 14, 19a	a, or 19b, check th	is box and see inst		(Form 000) 2000		
23202	3 12-09-22					Schedule A	(Form 990) 2022		

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Part IV Supporting Organizations

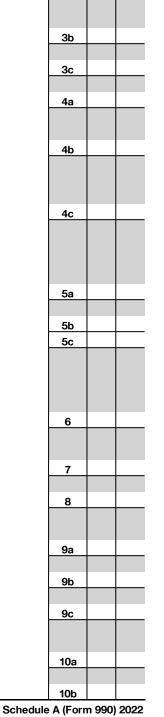
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

17

232024 12-09-22



Yes No

1

2

3a

65-1054647 Page 5 THE CORAL RESTORATION FOUNDATION, INC. Schedule A (Form 990) 2022 Dort IV Suppo

га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations	

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

Section D	. All Type III Supporting Organizations	
-----------	---	--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental enti	y (see instruction <u>s).</u>
---	--	---	--	-------------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2022

Yes No

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_	edule A (Form 990) 2022 THE CORAL RESTORATION			5-1054647 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See Instructions.
Sect	All other Type III non-functionally integrated supporting organizations mu ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

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THE CORA	L RESTORATION	FOUNDATION,	INC.	65-1	_ (
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	•	65-105464'	7 Page 7
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Sche Par		TORATION FOUNDA			5-1054647 Page	7
	on D - Distributions	allo, oupporting orga		iea)	Current Year	
<u>Sect</u>		matauraaaa		1	Current rear	
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			- 1		
2	organizations, in excess of income from activity	ic purposes or supported		2		
3	Administrative expenses paid to accomplish exempt purpose	e of supported organizations	<u></u>	2		
4	Amounts paid to acquire exempt-use assets	es of supported organizations	>	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotailo in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
•	(provide details in Part VI). See instructions.	le organization le respeneire		8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	IS	Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	THE	CORAL 1	RESTORAT	ION FOU	NDATION,	INC.	65-1054647 _{Pag}
Part VI	Supplemental Part IV. Section A.	tion D, lines 2 an	d 3; Part IV, 3	Section E, lines	s 1c, 2a, 2b, 3a	a, and 3b; Part V	', line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V, al information.
232028 12-09-2	2							Schedule A (Form 990) 2
202020 12-03-2	-				21			

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

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



Internal Revenue Service Name of the organization

Department of the Treasury

THE CORAL RESTORATION FOUNDATION TNC Employer identification number 65 - 1054647

Pa	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose o	conferring
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education)	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
a			
b			
C.	Number of conservation easements on a certified historic stru		<u>2</u> c
d	Number of conservation easements included in (c) acquired a		
~			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
4	year Number of states where property subject to conservation eas	amont is located	
5	Does the organization have a written policy regarding the peri		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	5, T 5,	5	5 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	nts that describes the
D -	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	· ·	
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical treater for the following encounter received to be used at a day 5400 A		gain, provide
_	the following amounts required to be reported under FASB AS	-	¢
a b	Revenue included on Form 990, Part VIII, line 1		
<u>b</u> тна	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions		
LПA	i or i aper work neuron Act notice, see the instructions		

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	dule D (Form 990) 2022 THE CORA t III Organizations Maintaining Co	L RESTORA						65-10			age 2
Fai	•								• (contii	nued)	
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the	following that	t make sig	gnificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c		Loan or exc	change progra	am					
b	Scholarly research	e	• 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	n how th	ey further th	he organizatio	on's exem	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be mai								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part										
1 a	Is the organization an agent, trustee, custodia								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							∟			
5			liowing t	abic.					Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•				
Par							0.				
		(a) Current year		rior year	(c) Two yea		(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1o	a, column (a)) held as:	I			•		
	Board designated or quasi-endowment	,	%	,, e e e e e e e e	,,,						
b	Permanent endowment	%	_/*								
	Term endowment										
Ū	The percentages on lines 2a, 2b, and 2c shou	-									
3a	Are there endowment funds not in the posses		ation tha	t are held a	nd administer	red for th	<u>م</u>				
00	organization by:	ofor of the organize					0		[Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizat										
4	Describe in Part XIII the intended uses of the								_ 00		<u> </u>
Par	t VI Land, Buildings, and Equipme		WINCHEI								
	Complete if the organization answered), Part IV	/, line 11a. S	See Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or c	-		t or other		cumulate	d	(d) Boo	k valu	e.
	· · · · · · · · · · · · · · · · ·	basis (investr		• • •	(other)		preciation	_	(,		-
1a	Land			46	3,500.				46	3,5	00.
	Buildings				54,320.		30,10)9.			11.
	Leasehold improvements										
	Equipment			71	4,138.	3	389,83	31.	32	4,3	07.
	Other						-				
	Add lines 1a through 1e. (Column (d) must equivalent		X. colun	nn (B), line 1	0c.)				1,22	2,0	18.
								<u> </u>			

Schedule D (Form 990) 2022

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Part VII Investments - Other Securities. Complete if the organization answered "Yes	" on Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	on Form 000 Dart IV line	110 Soo Form 000 Port V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d of year market value
	(b) BOOK value	(c) Method of Valdation. Cost of en	1-01-year market value
(1)			
<u>(2)</u> (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes	" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.			I
Complete if the organization answered "Yes (a) Description of liability	on Form 990, Part IV, Ine	- 11e of 111. See Form 990, Part X, IINE 25	. (b) Book value
(1) Federal income taxes (2) NONCURRENT PORTION OF LEA	C.L.		
	יזטא		121,958
			1 121,900
(4) (5)			
(5)			
(7)			
(8)			
(9)			
	25.)		121,958
Total. (Column (b) must equal Form 990, Part X, col. (B) lin 2. Liability for uncertain tax positions. In Part XIII, provid			
organization's liability for uncertain tax positions unde			

THE CORAL RESTORATION FOUNDATION, INC.

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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 THE CORAL RESTORATION FO	UNDATION,	INC.	65-3	1054647 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With R	evenue per l	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			. 1	5,904,895.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				5,904,895.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,904,895.
	Total Tevende: 7 ad lines of and tot (This must equal Form 550. Fait 1. line 12.)				
	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With I	Expenses pe		ı.
	tt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With I	Expenses pe		1.
	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With I 12a.	Expenses pe	r Returi	4,759,940.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With I 12a.	Expenses pe	r Returi	1.
Pa	Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With I	Expenses pe	r Returi	1.
Pa 1 2	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With I 12a. 2a	Expenses pe	r Returi	1.
Pa 1 2 a	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2a 2b	Expenses pe	r Returi	1.
Pa 1 2 a	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	Expenses pe	r Returi	1.
Pa 1 2 a	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses pe		n. <u>4,759,940.</u> 0.
Pa 1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses pe		n. <u>4,759,940.</u>
Pa 1 2 a b c d e	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses pe		n. <u>4,759,940.</u> 0.
Pa 1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses pe		n. <u>4,759,940.</u> 0.
Pa 1 2 a b c d e 3 4	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses pe		n. <u>4,759,940.</u> 0.
Pa 1 2 a b c d e 3 4	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ements With I 12a. 2a 2b 2c 2d 2d	Expenses pe	2e 3	n. <u>4,759,940.</u> <u>0.</u> <u>4,759,940.</u> 0.
Pa 1 2 a b c d a b c 3 4 b c 5	t XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 12a. 2b 2b 2c 2d	Expenses pe	2e 3 4c	n. <u>4,759,940.</u> <u>0.</u> <u>4,759,940.</u>

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

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED AS AN OTHER THAN

PRIVATE FOUNDATION.

AUTHORITATIVE ACCOUNTING STANDARDS REQUIRE THE FOUNDATION TO EXAMINE ITS

TAX POSITIONS FOR UNCERTAIN POSITIONS. MANAGEMENT IS NOT AWARE OF ANY TAX

POSITIONS THAT ARE MORE LIKELY THAN NOT TO CHANGE IN THE NEXT 12 MONTHS OR

THAT WOULD NOT SUSTAIN AN EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

ALTHOUGH THE FOUNDATION HAS NOT INCURRED ANY INTEREST AND PENALTIES

ASSOCIATED WITH THESE POSITIONS, IT IS THEIR POLICY TO EXPENSE THEM IN THE

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STATEMENT OF ACTIVITIES.

232054 09-01-22

Schedule D	(Form 990) 2022 Supplemental Infor	THE	CORAL	RESTORATION	FOUNDATION,	INC.	65-1054647	Page 5
Part XIII	Supplemental Infor	mation	(continued)					
							Schedule D (Form 9	90) 2022

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047		
(Form 990)	Complete if the	or if the	2022							
Department of the Treasury		Attach to Form 990 o						Open to Public		
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instrue	ctions	and t	ne latest information		Employor i	Inspection dentification number		
Name of the organization		AL RESTORATION FOU	NDA	rioi	N, INC.		65-105			
Part I Fundrais required to		Complete if the organization answe				ine 17	'. Form 990-	EZ filers are not		
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 										
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o f	Amount paic r retained by undraiser ed in col. (i)			
			Yes	No						
Total 3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration		

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

Schedule G (Form 990) 2022

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THE CORAL RESTORATION FOUNDATION, INC. 65-1054647 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and group	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			ANNUAL GALA (event type)	(event type)	(total number)	col. (c))
e			(event type)	(event type)	(lotal humber)	
Revenue	1	Gross receipts	381,843.			381,843.
	2	Less: Contributions	239,460.			239,460.
_	3	Gross income (line 1 minus line 2)	142,383.			142,383.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	24,134.			24,134.
ect Ex	7	Food and beverages	59,919.			59,919.
Ē	8	Entertainment	7,872.			7,872.
	9	Other direct expenses	7,872.			7,872. 15,491.
	10	Direct expense summary. Add lines 4 through		•		107,416.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)			34,967.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes %	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming a No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
					<u> </u>	
3208	2 10)-27-22			Sche	edule G (Form 990) 2022

Schedule G	G (Form 990) 2022	THE CO	ORAL	RESTORATION	FOUNDATION,	INC. 65-3	1054647	Page 3
11 Does	the organization conduct ga	aming activitie	es with r	nonmembers?			Yes	No
12 Is the	organization a grantor, ben	eficiary or tru	istee of a	a trust, or a member of a	partnership or other en	ntity formed		
to adr	minister charitable gaming?						Yes	No No
13 Indica	te the percentage of gaming	g activity con	nducted	in:				
a The o	rganization's facility						13a	%
b An ou	tside facility						13b	%
14 Enter	the name and address of th	e person who	o prepar	es the organization's ga	ming/special events boo	oks and records:		
Name								
Addre	ess							
15a Does	the organization have a con	tract with a t	hird par	ty from whom the organi	zation receives gaming	revenue?	🗌 Yes	No No
	- "				¢			
	s," enter the amount of gam ning revenue retained by the			by the organization	\$	_ and the amount		
-	s," enter name and address							
Chiles			Jarty.					
Name	9							
Addre	ess							
16 Gamir	ng manager information:							
Name								
Gamir	ng manager compensation	\$						
Descr	iption of services provided							
	Director/officer	Employ		Independe	ent contractor			
	Director/onicer		yee					
17 Manda	atory distributions:							
	organization required under	r state law to	make c	haritable distributions fro	om the gaming proceed	s to		
	the state gaming license?						Yes	🗌 No
	the amount of distributions							
organ	ization's own exempt activit				-			
Part IV	Supplemental Infor	mation. Pr	rovide th	ne explanations required	by Part I, line 2b, colum	nns (iii) and (v); and Pa	art III, lines 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as	s applicable.	Also pro	vide any additional infor	mation. See instructions	S.		
232083 10-27-	-22			34		Scheo	dule G (Form 9	990) 2022
				34				

Schedule C	a (Form 990) Supplemental Ir	THE	CORAL	RESTORATION	FOUNDATION,	INC.	65-1054647	Page 4
Part IV	Supplemental Ir	formation	(continued)	1				
,								
							Schedule G (F	orm 990)
000004 04 01								

232084 04-01-22

SCHEDULE J Compensat		Compensation Information		OMB No. 1	1545-004	47		
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	20			
Co.		Compensated Employees		2022		-		
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public				
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nam	e of the organization			identificatio		mber		
De		THE CORAL RESTORATION FOUNDATION, INC.	65-2	105464	7			
Ра	rt I Question	s Regarding Compensation						
	o				Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	, i i i i i i i i i i i i i i i i i i i						
	Travel for com	panions Payments for business use of personal re ation and gross-up payments Health or social club dues or initiation fee						
	Discretionary							
		spending account Personal services (such as maid, chauffer						
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	-			1b				
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х			
	,	, , , , , , , , , , , , , , , , , , , ,						
3	Indicate which, if a	y, of the following the organization used to establish the compensation of the organization's	3					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to					
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.						
	Compensation	committee Written employment contract						
	Independent of	ompensation consultant Compensation survey or study						
	Form 990 of o	ther organizations Approval by the board or compensation of	committee					
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:						
а		e payment or change-of-control payment?				X		
b	-	eive payment from a supplemental nonqualified retirement plan?				X X		
С	-	eive payment from an equity-based compensation arrangement?		4c				
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only sostion 501/-)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
5	contingent on the r		/11					
а	-			5a		x		
b	Any related organiz	ation?		<u>5</u> b		X		
~		r 5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	งท					
	contingent on the r							
а	•			6a		X		
b	b Any related organization?							
		r 6b, describe in Part III.						
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	\$					
	not described on lir	es 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		d the organization also follow the rebuttable presumption procedure described in						
		53.4958-6(c)?						
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)) 2022		

THE CORAL RESTORATION FOUNDATION, INC. 65 - 1054647

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DR. SCOTT WINTERS	(i)	191,420.	0.	0.	0.	0.	191,420.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

Z

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

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

Department of the Treasury Internal Revenue Service Name of the organization

	Inspection						
Employer identification number							
6	5-1054647						

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THE CORAL RESTORATION FOUNDATION, INC.

Pa	t I Types of Property							
		(a)	(b)	(c)		(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on		od of determin	•	-
		applicable		Form 990, Part VIII, line 1g	noncash	contribution ar	nounts	5
1	Art - Works of art	Х	10	16,615.	FMV AT 2	AUCTION		
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		11,190.	FMV AT	AUCTION		
6	Cars and other vehicles			,				
7	Boats and planes							
8								
9	Securities - Publicly traded	X	7	50,856.	STOCK V	ALUE		
9 10	Securities - Closely held stock		,	50,050.				
11	Securities - Partnership, LLC, or							
10	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other		0					
18	Collectibles	Х	9	65,715.	FMV AT 2	AUCTION		
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (TRAVEL AND ENTE)	Х	31	29,590.	FMV AT 2	AUCTION		
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of the							
	exempt purposes for the entire holding period?		·			30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		Х
	Does the organization hire or use third parties of							
	contributions?		-			32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	r for which column (a) is cheo	ked.			
	describe in Part II.		-71 · P P V		,			

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M	(Form 990) 2022	THE	CORAL	RESTORA	TION	FOUNDATION	, INC.	65-1054647	Page 2
Part II	Supplemental	Inforr	nation. _F	Provide the infor	mation re	quired by Part I, lines	30b, 32b, and	33, and whether the organization of both. Also comp	tion
	is reporting in Part	I, colun	nn (b), the r	number of contri	butions, 1	the number of items r	eceived, or a co	ombination of both. Also comp	olete
	this part for any ac	aditional	Informatio	n.					
232142 09-09-22	2							Schedule M (Form	990) 2022
								•	•

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Internal Revenue Service Name of the organization

THE CORAL RESTORATION FOUNDATION, INC.

65-1054647

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

EDUCATING OTHERS ON THE IMPORTANCE OF OUR OCEANS, AND USING SCIENCE TO

FURTHER RESEARCH AND MONITORING TECHNIQUES.

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

GLOBAL

AND PROVIDE RESOURCES FOR THE GLOBAL COMMUNITY OF ADVOCATE, PROMOTE,

CORAL RESTORATION IMPLEMENTATION.

INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 713,301.

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

THE ENTIRE GOVERNING BODY DOES NOT REVIEW THE 990 BEFORE FILING.

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

OFFICERS AND OTHER SIGNIFICANT MANAGEMENT PERSONNEL CRF REQUIRES DIRECTORS,

TO CONFIRM IN WRITING ANNUALLY WHETHER OR NOT CONFLICTS OF INTEREST EXIST

AND DESCRIBING EXISTING CONFLICTS OF INTEREST. THE EXECUTIVE COMMITTEE OF

THE BOARD REVIEWS AND EVALUATES THE SIGNIFICANCE OF ALL CONFLICTS OF

INTEREST DISCLOSED.

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

COMPENSATION PROCESS FOR TOP OFFICIAL:

CEO COMPENSATION WAS EVALUATED AND ESTABLISHED BY INDEPENDENT DIRECTORS

USING COMPENSATION COMPARABILITY DATA.

FORM	990,	PART	VI,	SECTION	C,	LINE	19:	
	/		· - /		- /			

Name of the organization)22				Page : Employer identification number 65-1054647
	THE CORAL F	RESTORATION	FOUNDATION,	INC.	65-1054647
NO DOCUMENTS	AVAILABLE TO	THE PUBLIC	с.		
232212 10-28-22					Schedule O (Form 990) 2022

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