

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): 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.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: COASTAL CONSERVATION ASSOCIATION. Doing business as. Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 6919 PORTWEST DRIVE 100. City or town, state or province, country, and ZIP or foreign postal code: HOUSTON, TX 77024

D Employer identification number: 74-1984482. E Telephone number: (713) 626-4234

G Gross receipts \$ 39,523,364

F Name and address of principal officer: MITCH BROWNLEE, 6919 PORTWEST DRIVE, HOUSTON, TX 77024

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: WWW.JOINCCA.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1978

M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PROTECTION OF THE MARINE, ANIMAL AND PLANT LIFE AND RESOURCES OF THE COASTAL AREAS OF THE UNITED STATES, BOTH ONSHORE AND OFFSHORE, FOR THE BENEFIT AND ENJOYMENT OF THE GENERAL PUBLIC.

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue...

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: PATRICK MURRAY PRESIDENT. Date: 2023-08-11. Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

CCA IS ORGANIZED FOR THE PURPOSE OF PROMOTING AND ADVANCING THE PRESERVATION, CONSERVATION AND PROTECTION OF THE MARINE, ANIMAL AND PLANT LIFE AND RESOURCES OF THE COASTAL AREAS OF THE UNITED STATES, BOTH ONSHORE AND OFFSHORE, FOR THE BENEFIT AND ENJOYMENT OF THE GENERAL PUBLIC. SUCH OBJECTIVES WILL BE ACCOMPLISHED BY: (A) SPONSORING AND ENCOURAGING RESEARCH RELATING TO MARINE LIFE AND ENVIRONMENTAL FACTORS INFLUENCING ITS SURVIVAL; (B) EDUCATING THE GENERAL PUBLIC ON THE PRESERVATION AND CONSERVATION OF MARINE LIFE AND RESOURCES; (C) MOBILIZING THE GENERAL PUBLIC TOWARD THE ADOPTION OF SOUND CONSERVATION PRACTICES CONDUCTIVE TO THE PRESERVATION OF MARINE LIFE AND RESOURCES; (D) FORMULATING AND ENCOURAGING THE ADOPTION OF CONSERVATION PROGRAMS (NON-LEGISLATIVE) BY FEDERAL AND STATE AGENCIES, CONSERVATION AND ENVIRONMENTAL ORGANIZATIONS, AND SPORT AND COMMERCIAL FISHING ORGANIZATIONS, AND ASSISTING SUCH AGENCIES AND ORGANIZATIONS IN THE IMPLEMENTATION OF SUCH PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,945,853 including grants of \$ 3,726,371) (Revenue \$)
NUMEROUS PROGRAMS FOCUSING ON HABITAT MANAGEMENT AND RESTORATION, ENFORCEMENT, RESEARCH, EDUCATION AND PASSAGE OF PRO-RESOURCE LEGISLATION INCLUDING RESTORATION OF OYSTER REEFS AND OYSTER POPULATIONS, AUGMENTATION OF SPECIES VIA HATCHERY PROGRAMS, CREATION OF ARTIFICIAL REEFS, SEA GRASS AND MANGROVE PLANTINGS, DONATION OF EQUIPMENT TO ENFORCEMENT AGENCIES INCLUDING BOATS, BULLET PROOF VESTS, NIGHT VISION EQUIPMENT, VIDEO EQUIPMENT, ETC., GRADUATE AND UNDERGRADUATE SCHOLARSHIPS IN THE MARINE SCIENCE AREAS OF STUDY, CATCH AND RELEASE MORTALITY PRACTICES, TAGGING STUDIES, ETC. PRO-RESOURCE LEGISLATION INCLUDES THE PASSING OF SENSIBLE REGULATIONS SUCH AS SIZE, SLOT AND BAG LIMITS, GEAR RESTRICTION, SEASONAL CLOSURES IN SPAWNING AREAS, GAME FISH STATUS, LICENSING REQUIREMENTS, ETC.

4b (Code:) (Expenses \$ 606,118 including grants of \$) (Revenue \$)
PUBLICATION OF TIDE MAGAZINE & RISING TIDE NEWSLETTER AND DISTRIBUTION TO NEARLY 115,000 MEMBERS. THE PUBLICATIONS EDUCATE THE MEMBERSHIP ABOUT CONSERVATION ISSUES AND PROMOTE RESPONSIBLE UTILIZATION OF MARINE RESOURCES.

4c (Code:) (Expenses \$ 30,040 including grants of \$) (Revenue \$)
PUBLICATION AND DISTRIBUTION OF STATE CHAPTER NEWSLETTERS TO MEMBERS. THE NEWSLETTERS INFORM THE MEMBERSHIP OF LOCAL CONSERVATION AND FISHERIES MANAGEMENT ISSUES.

(Code:) (Expenses \$ 10,771,232 including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ 10,771,232 including grants of \$) (Revenue \$)

4e Total program service expenses 17,353,243

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Main form content with questions 2a through 17, including sub-questions and input fields for various tax compliance items.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed FL, MD, MS, NC, NY, OR, SC, VA, WA, CA, TN, AL, NH 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: PATRICK MURRAY 6919 PORTWEST DRIVE SUITE 100 HOUSTON, TX 770248010 (713) 626-4234

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

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

- List all of the organization's **former** officers, key employees, or 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) MITCH BROWNLEE CHAIRMAN & DIRECTOR	8.00	X		X				0	0	0
(2) BUD ABBOTT DIRECTOR	2.00	X						0	0	0
(3) DEGRAAF ADAMS DIRECTOR	2.00	X						0	0	0
(4) BRUCE AEBEL DIRECTOR	2.00	X						0	0	0
(5) JEFF AKIN DIRECTOR	2.00	X						0	0	0
(6) ROBERT ALLAIN DIRECTOR	2.00	X						0	0	0
(7) JEFF ALLEN DIRECTOR	2.00	X						0	0	0
(8) ROB ALLEN DIRECTOR	2.00	X						0	0	0
(9) MIKE ANDERSON DIRECTOR	2.00	X						0	0	0
(10) JACK ANDRY DIRECTOR	2.00	X						0	0	0
(11) JEFF ANGERS DIRECTOR	2.00	X						0	0	0
(12) BRUCE ARENDALE DIRECTOR	2.00	X						0	0	0
(13) DEAN ASHER DIRECTOR	2.00	X						0	0	0
(14) ROGER BALL DIRECTOR	2.00	X						0	0	0
(15) DALE BALLARD DIRECTOR	2.00	X						0	0	0
(16) JOHN BALLOTTI DIRECTOR	2.00	X						0	0	0
(17) SCOTT BANDY DIRECTOR	2.00	X						0	0	0

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee			
(18) CHRIS BEAN DIRECTOR	2.00	X				0	0	
(19) TOM BELL DIRECTOR	2.00	X				0	0	
(20) RICHARD BERRY DIRECTOR	2.00	X				0	0	
(21) STUART BILLEAUD DIRECTOR	2.00	X				0	0	
(22) BILL BIRD DIRECTOR	2.00	X				0	0	
(23) WESLEY BLACKSHER DIRECTOR	2.00	X				0	0	
(24) STEVE BOWLER DIRECTOR	2.00	X				0	0	
(25) DOUG BOYD DIRECTOR	2.00	X				0	0	
(26) MIKE BRIMER DIRECTOR	2.00	X				0	0	
(27) LUKE BRITZ DIRECTOR	2.00	X				0	0	
(28) STAN BROGDON DIRECTOR	2.00	X				0	0	
(29) JAY BROWN DIRECTOR	2.00	X				0	0	
(30) BOB BRUMBY DIRECTOR	2.00	X				0	0	
(31) LYNN BUERER DIRECTOR	2.00	X				0	0	
(32) DAVE BUETTNER DIRECTOR	2.00	X				0	0	
(33) DAVE BULTHUIS DIRECTOR	2.00	X				0	0	
(34) BILL BYRD DIRECTOR	2.00	X				0	0	
(35) GRAY CANE DIRECTOR	2.00	X				0	0	
(36) CHARLIE CAPLINGER DIRECTOR	2.00	X				0	0	
(37) MARK CARTER DIRECTOR	2.00	X				0	0	
(38) ROCKY CARTER DIRECTOR	2.00	X				0	0	
(39) ROCKY CHASE DIRECTOR	2.00	X				0	0	
(40) MEL CHING DIRECTOR	2.00	X				0	0	
(41) SPENCE COLLINS DIRECTOR	2.00	X				0	0	
(42) TONY CONSTANT DIRECTOR	2.00	X				0	0	
(43) CHAD COURVILLE DIRECTOR	2.00	X				0	0	
(44) PAT COWLES DIRECTOR	2.00	X				0	0	
(45) FRED CRABILL DIRECTOR	2.00	X				0	0	
(46) STUART CREIGHTON DIRECTOR	2.00	X				0	0	
(47) LILI CROOK DIRECTOR	2.00	X				0	0	
(48) RON CROWDER DIRECTOR	2.00	X				0	0	
(49) BILL DAUGHERTY DIRECTOR	2.00	X				0	0	
(50) STEPHEN DAVID DIRECTOR	2.00	X				0	0	
(51) SCOTT DEAL DIRECTOR	2.00	X				0	0	
(52) ERIK DELONG DIRECTOR	2.00	X				0	0	
(53) APRIL DEPAOLA DIRECTOR	2.00	X				0	0	
(54) JD DICKENSON DIRECTOR	2.00	X				0	0	
(55) RICH DONALDSON DIRECTOR	2.00	X				0	0	
(56) JIM DUCAS DIRECTOR	2.00	X				0	0	
(57) TOMMY ELKINS DIRECTOR	2.00	X				0	0	
(58) CHRIS ELKINS DIRECTOR	2.00	X				0	0	
(59) JASON EWING DIRECTOR	2.00	X				0	0	
(60) ROB FONDREN DIRECTOR	2.00	X				0	0	
(61) JOHN FRANCK DIRECTOR	2.00	X				0	0	
(62) STEVE FURMAN DIRECTOR	2.00	X				0	0	
(63) KYLE GERMAN DIRECTOR	2.00	X				0	0	
(64) PAUL GIORDANO DIRECTOR	2.00	X				0	0	
(65) RYAN GIROUARD DIRECTOR	2.00	X				0	0	
(66) MARC GORELNIK DIRECTOR	2.00	X				0	0	
(67) BEN GRAHAM DIRECTOR	2.00	X				0	0	
(68) J SCOTT GREEN DIRECTOR	2.00	X				0	0	
(69) ROBERT HALE DIRECTOR	2.00	X				0	0	
(70) BART HALL DIRECTOR	2.00	X				0	0	
(71) DON HALL DIRECTOR	2.00	X				0	0	
(72) TIM HARDIN DIRECTOR	2.00	X				0	0	
(73) KYLE HARRIS DIRECTOR	2.00	X				0	0	
(74) CHRIS HAWLEY DIRECTOR	2.00	X				0	0	
(75) WILL HERBERT DIRECTOR	2.00	X				0	0	
(76) LIZ HEWITT DIRECTOR	2.00	X				0	0	
(77) BRANDON HILL DIRECTOR	2.00	X				0	0	
(78) BRANDON HOLLEY DIRECTOR	2.00	X				0	0	
(79) TOM HOLLINGSHEAD DIRECTOR	2.00	X				0	0	
(80) BILL HORNSEY DIRECTOR	2.00	X				0	0	
(81) RAY HOWELL DIRECTOR	2.00	X				0	0	
(82) CHRIS HUGHES DIRECTOR	2.00	X				0	0	
(83) MARK HURM DIRECTOR	2.00	X				0	0	
(84) GREG HURT DIRECTOR	2.00	X				0	0	
(85) GEORGE HUYE DIRECTOR	2.00	X				0	0	
(86) BRYAN IRWIN DIRECTOR	2.00	X				0	0	
(87) CLAUDE JENNINGS DIRECTOR	2.00	X				0	0	
(88) ALEX JERNIGAN DIRECTOR	2.00	X				0	0	
(89) KYLE JOHNSON DIRECTOR	2.00	X				0	0	
(90) DAN JOHNSON DIRECTOR	2.00	X				0	0	
(91) MARK JUNEAU DIRECTOR	2.00	X				0	0	
(92) JOE KOSHKIN DIRECTOR	2.00	X				0	0	
(93) MIKE LAMBRECHTS DIRECTOR	2.00	X				0	0	
(94) DONIC LASKO DIRECTOR	2.00	X				0	0	
(95) CHUCK LEDET DIRECTOR	2.00	X				0	0	
(96) RYAN LONG DIRECTOR	2.00	X				0	0	
(97) RON LUSTER JR DIRECTOR	2.00	X				0	0	
(98) RONNIE LUSTER SR DIRECTOR	2.00	X				0	0	
(99) MORGAN LYNCH DIRECTOR	2.00	X				0	0	
(100) BRUCE MACLACHLAN DIRECTOR	2.00	X				0	0	
(101) MICHAEL MARK DIRECTOR	2.00	X				0	0	
(102) ANDY MARKS DIRECTOR	2.00	X				0	0	
(103) DENNY MARTIN DIRECTOR	2.00	X				0	0	
(104) HOWARD MASON DIRECTOR	2.00	X				0	0	
(105) CAMP MATENS DIRECTOR	2.00	X				0	0	
(106) JR MCCROSKEY DIRECTOR	2.00	X				0	0	
(107) SCOTT MCKNIGHT DIRECTOR	2.00	X				0	0	
(108) JIM MICKEL DIRECTOR	2.00	X				0	0	
(109) JEFF MILLER DIRECTOR	2.00	X				0	0	
(110) JOHN MORELLO DIRECTOR	2.00	X				0	0	
(111) WD MORRIS JR DIRECTOR	2.00	X				0	0	
(112) MARC MOUTON DIRECTOR	2.00	X				0	0	
(113) RICK MURPHY DIRECTOR	2.00	X				0	0	
(114) LYNN MURTAGH DIRECTOR	2.00	X				0	0	
(115) JOE NEBER DIRECTOR	2.00	X				0	0	
(116) DON NEW DIRECTOR	2.00	X				0	0	
(117) MATT OLSON DIRECTOR	2.00	X				0	0	
(118) TIRA OVERSTREET DIRECTOR	2.00	X				0	0	
(119) VAN PARRISH DIRECTOR	2.00	X				0	0	
(120) DEXTER PEACOCK DIRECTOR	2.00	X				0	0	
(121) DON PERKINS DIRECTOR	2.00	X				0	0	
(122) MIKE PETIT DIRECTOR	2.00	X				0	0	
(123) GARY PLUM DIRECTOR	2.00	X				0	0	
(124) RANDY POELMA DIRECTOR	2.00	X				0	0	
(125) BRUCE POLLEY DIRECTOR	2.00	X				0	0	
(126) VENABLE PROCTOR DIRECTOR	2.00	X				0	0	
(127) JIM PURGERSON DIRECTOR	2.00	X				0	0	
(128) DANNY RAYMOND DIRECTOR	2.00	X				0	0	
(129) BOBBY RICE DIRECTOR	2.00	X				0	0	
(130) DON ROBERTS DIRECTOR	2.00	X				0	0	
(131) PAUL ROBERTS DIRECTOR	2.00	X				0	0	
(132) DAN ROBERTS DIRECTOR	2.00	X				0	0	
(133) RICK ROBERTS DIRECTOR	2.00	X				0	0	
(134) SNOOP ROTH DIRECTOR	2.00	X				0	0	
(135) SANDY SAFLEY DIRECTOR	2.00	X				0	0	
(136) DAVE SASS DIRECTOR	2.00	X				0	0	
(137) DAVE SCHAMP DIRECTOR	2.00	X				0	0	
(138) DALE SCOTT DIRECTOR	2.00	X				0	0	
(139) TODD SHARPE DIRECTOR	2.00	X				0	0	
(140) BILL SHEDD DIRECTOR	2.00	X				0	0	
(141) KYLE SHEDD DIRECTOR	2.00	X				0	0	
(142) ALLEN SHIELDS DIRECTOR	2.00	X				0	0	
(143) ROS SHIRLEY DIRECTOR	2.00	X				0	0	
(144) KIRK SIEBER DIRECTOR	2.00	X				0	0	
(145) SCOTT SIGLE DIRECTOR	2.00	X				0	0	
(146) JACK SMITH DIRECTOR	2.00	X				0	0	
(147) MICHAEL SMITH DIRECTOR	2.00	X				0	0	
(148) ANDY STEINBERG DIRECTOR	2.00	X				0	0	
(149) TIM STRICKLAND DIRECTOR	2.00	X				0	0	
(150) BILL STRIEBER DIRECTOR	2.00	X				0	0	
(151) TIM TAVNER DIRECTOR	2.00	X				0	0	
(152) WRIGHT TAYLOR DIRECTOR	2.00	X				0	0	
(153) RYAN THERRELL DIRECTOR	2.00	X				0	0	
(154) JASON THOMASEE DIRECTOR	2.00	X				0	0	
(155) AUSTIN THURLOW DIRECTOR	2.00	X				0	0	
(156) NORMAN TRUBEE DIRECTOR	2.00	X				0	0	
(157) TEDDY TWIGG DIRECTOR	2.00	X				0	0	
(158) BEN VAUGHAN DIRECTOR	2.00	X				0	0	
(159) JON VIGRE DIRECTOR	2.00	X				0	0	
(160) RUSTY VINCENT DIRECTOR	2.00	X				0	0	
(161) JOHN WALTERS DIRECTOR	2.00	X				0	0	
(162) JOHN WALTHER DIRECTOR	2.00	X				0	0	
(163) DAVID WILLIAMSON DIRECTOR	2.00	X				0	0	
(164) TROY WILLIAMSON DIRECTOR	2.00	X				0	0	
(165) DONALD WILLIS DIRECTOR	2.00	X				0	0	
(166) MARK WILLMAN DIRECTOR	2.00	X				0	0	
(167) RON WINDERS DIRECTOR	2.00	X				0	0	
(168) MIKE WISSEL DIRECTOR	2.00	X				0	0	
(169) RIP WOODIN DIRECTOR	2.00	X				0	0	
(170) DEBRICK WRIGLEY DIRECTOR	2.00	X				0	0	
(171) ROBERT DONLIN SECRETARY & DIRECTOR	8.00	X		X		0	0	
(172) GUS SCHRAM III TREASURER & DIRECTOR	8.00	X		X		0	0	
(173) JIM CARLSON VICE CHAIRMAN & DIRECTOR	8.00	X		X		0	0	
(174) MARK RAY VICE CHAIRMAN & DIRECTOR	8.00	X		X		0	0	
(175) GARY LOOMIS VICE PRESIDENT & DIRECTOR	8.00	X		X		0	0	
(176) MICHAEL KENNEDY VICE PRESIDENT & DIRECTOR	8.00	X		X		0	0	
(177) ROBERT HAYES VICE PRESIDENT & DIRECTOR	8.00	X		X		0	0	
(178) KRISTEN YOUNG CEO	40.00			X		241,301	0	
(179) PATRICK MURRAY PRESIDENT	40.00			X		388,300	0	
(180) BRIAN GORSKI EXECUTIVE DIRECTOR	40.00			X		350,202	0	
(181) DAVID CRESSON EXECUTIVE DIRECTOR	40.00			X		298,148	0	
(182) ROBERT BYERS EXECUTIVE DIRECTOR	40.00			X		298,152	0	
(183) WILLIAM G KINNEY III TOURNAME DIRECTOR	40.00			X		250,244	0	
(184) NOLAN REYNERSON ASSISTANT DIRECTOR	40.00			X		169,178	0	
(185) ADAM MILLER ASSISTANT DIRECTOR	40.00			X		140,534	0	
(186) THEODORE W VENKER CONSERVATION DIRECTOR	40.00			X		231,855	0	
(187) CONNIE FUNDERBURG CONTROLLER	40.00			X		137,935	0	
(188) CHARLES TRASCHER DEVELOPMENT DIRECTOR	40.00			X		267,100	0	
(189) RON TAYLOR STATE DEVELOPMENT DIRECTOR	40.00			X		172,295	0	
1c Sub-Total								
1c Total from continuation sheets to Part VII, Section A								
d Total (add lines 1b and 1c)					2,945,244	0	211,010	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization						1	2	
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						Yes	No	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual						Yes	No	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person						Yes	No	
Section B. Independent Contractors								
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.								
(A) Name and business address	(B) Description of services	(C) Compensation						
LORRI GRAY HROMAS DBA LH MEDIA DESIGN L 16519 CRYSTAL HURV TRAIL CYPRUSS, TX 77433	MEDIA CONSULTING	655,495						
PO BOX 309 LYDIA, IA 70569 ELEMENTAL METHODS LLC	PROJECT CONSTRUCTION	497,338						
3710 KELSEY COURT GRAPEVIEW, TX 76051 GIVEBACK SPORTS LLC	MEDIA CONSULTING	355,401						
955 HAVILLON ST CINCINNATI, OH 45202 POLK HOSPITALITY GROUP LLC	GUIDED TRIPS	295,960						
104 W CENTRAL AVENUE WINTER HAVEN, FL 33881	CATERING/FACILITY	226,688						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization								

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts, and Federated campaigns, Membership dues, Fundraising events, etc.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include MEMBERSHIP, MAGAZINE ADVERTISING, and All other program service revenue.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include Investment income, Royalties, Rental income, Net gain or loss from securities, Fundraising events, Gaming activities, and Sales of inventory.

Table for Other Revenue Misc Amt with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include All other revenue and Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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	3,706,559	3,706,559		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	19,812	19,812		
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, trustees, and key employees	2,191,436	1,892,253	254,189	44,994
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	588,504	588,504		
c Accounting	140,574		140,574	
d Lobbying	632,585	632,585		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	380,618	361,081		19,537
13 Office expenses	522,426	229,542	240,975	51,909
14 Information technology	149,384		149,384	
15 Royalties				
16 Occupancy	209,092	61,790	147,302	
17 Travel	850,369	849,832	537	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	175,764	175,764		
20 Interest	18,543		18,543	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	186,414	33,509	152,905	
23 Insurance	387,067		387,067	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EMPLOYEE SERVICES	6,354,299	5,378,644	868,180	107,475
b CONSERVATION PROJECTS	2,219,482	2,219,482		
c CONTRACT LABOR	694,863	542,502	131,625	20,736
d PRINTING & PUBLICATIONS	358,254	358,254		
e All other expenses	891,224	303,130	501,178	86,916
25 Total functional expenses. Add lines 1 through 24e	20,677,269	17,353,243	2,992,459	331,567
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing		1	
	2 Savings and temporary cash investments	24,585,092	2	28,828,922
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	947,522	4	1,327,995
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	771,140	8	957,980
	9 Prepaid expenses and deferred charges	1,158,538	9	1,474,555
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,715,879		
	b Less: accumulated depreciation	10b 3,059,317	2,812,323	10c 2,656,562
	11 Investments—publicly traded securities	2,511,323	11	2,354,394
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,471,784	15	4,931,544
16 Total assets: Add lines 1 through 15 (must equal line 33)	35,257,722	16	42,531,952	
Liabilities	17 Accounts payable and accrued expenses	3,755,814	17	3,851,508
	18 Grants payable	1,168,148	18	1,105,477
	19 Deferred revenue	2,374,677	19	2,481,900
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	469,114	23	319,692
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	2,293,576	25	6,780,725
	26 Total liabilities. Add lines 17 through 25	10,061,329	26	14,539,302
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	24,360,448	27	26,887,869
	28 Net assets with donor restrictions	835,945	28	1,104,781
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,196,393	32	27,992,650
	33 Total liabilities and net assets/fund balances	35,257,722	33	42,531,952

Part 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	23,732,575
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,677,269
3	Revenue less expenses. Subtract line 2 from line 1	3	3,055,306
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,196,393
5	Net unrealized gains (losses) on investments	5	-259,044
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	27,992,650

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
COASTAL CONSERVATION ASSOCIATION

Employer identification number
74-1984482

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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 grant.") . . .	5,286,740	6,156,228	8,110,999	11,454,959	10,026,556	41,035,482
2 Tax revenues levied for the organization'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	5,286,740	6,156,228	8,110,999	11,454,959	10,026,556	41,035,482
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) . . .						
6 Public support. Subtract line 5 from line 4.						41,035,482

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	5,286,740	6,156,228	8,110,999	11,454,959	10,026,556	41,035,482
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	109,814	293,515	109,031	74,403	106,746	693,509
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	143,409	154,826	68,476	72,502	65,060	504,273
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						42,233,264
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	97.160 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	96.540 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17.

19a 33 1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

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.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

	Yes	No
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? <i>If "Yes" or "No", provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | (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 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | (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): | 1 | | |
| 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 | | |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 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 | | |

Section C - Distributable Amount

Current Year

- | | | Current Year |
|--|----------|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable 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 e			
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: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

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Software ID:

Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

2022

Name of the organization COASTAL CONSERVATION ASSOCIATION	Employer identification number 74-1984482
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
COASTAL CONSERVATION ASSOCIATION

Employer identification number
74-1984482

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
COASTAL CONSERVATION ASSOCIATION

Employer identification number

74-1984482

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
COASTAL CONSERVATION ASSOCIATION

Employer identification number
74-1984482

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

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Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization COASTAL CONSERVATION ASSOCIATION	Employer identification number 74-1984482
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$ _____
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	632,585													
c Total lobbying expenditures (add lines 1a and 1b)	632,585													
d Other exempt purpose expenditures	20,044,684													
e Total exempt purpose expenditures (add lines 1c and 1d)	20,677,269													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	933,435	915,646	907,766	1,000,000	3,756,847
b Lobbying ceiling amount (150% of line 2a, column(e))					5,635,271
c Total lobbying expenditures	627,228	687,342	833,605	632,585	2,780,760
d Grassroots nontaxable amount	233,359	228,911	226,942	250,000	939,212
e Grassroots ceiling amount (150% of line 2d, column (e))					1,408,818
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:

Supplemental Financial Statements

2022

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization COASTAL CONSERVATION ASSOCIATION

Employer identification number

74-1984482

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with questions (1a, 1b, 2) regarding art and historical treasures, including checkboxes and dollar amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	168,031	168,031	168,031	168,031	168,031
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	168,031	168,031	168,031	168,031	168,031

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | No |
| (ii) Related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,013,398		1,013,398
b Buildings		2,336,825		2,336,825
c Leasehold improvements		130,309		130,309
d Equipment		41,945		41,945
e Other		2,193,402	3,059,317	-865,915
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,656,562

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	4,288,912
(2) DEPOSITS	434,985
(3) MISC RECEIVABLE	76,222
(4) RIGHT OF USE ASSETS	131,425
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	4,931,544

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	6,780,725

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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	24,219,641
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		-259,044
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		746,110
e	Add lines 2a through 2d		2e	487,066
3	Subtract line 2e from line 1		3	23,732,575
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	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	23,732,575

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	22,251,423
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		1,574,154
e	Add lines 2a through 2d		2e	1,574,154
3	Subtract line 2e from line 1		3	20,677,269
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	20,677,269

Part XIII Supplemental Information

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.

Return Reference	Explanation
PART X, LINE 2:	THE COASTAL CONSERVATION ASSOCIATION BELIEVES THAT ALL SIGNIFICANT TAX POSITIONS UTILIZED BY CCA WILL MORE LIKELY THAN NOT BE SUSTAINED UPON EXAMINATION. AS OF DECEMBER 31, 2022, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY THE MAJOR TAX JURISDICTIONS UNDER THE STATUTE OF LIMITATIONS ARE FROM THE YEAR 2019 FORWARD (WITH LIMITED EXCEPTIONS). TAX PENALTIES AND INTEREST, IF ANY, WOULD BE ACCRUED AS INCURRED AND WOULD BE CLASSIFIED AS GENERAL AND ADMINISTRATIVE EXPENSE IN THE COMBINED STATEMENT OF ACTIVITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	NET REVENUE FROM SUPPORTED ORGANIZATIONS EXPENSES TRANSFERRED TO REVENUES
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSES TRANSFERRED TO REVENUES TRANSFERRED TO/FROM SUPPORT ORGANIZATION EXPENSES FROM SUPPORTED ORGANIZATIONS
PART V, LINE 4	CCA FLORIDA HAS DESIGNATED FUNDS TO BE USED FOR LEGAL EXPENSES RELATED TO CONSERVATION ISSUES.

Additional Data

Return to Form

Software ID:
Software Version:

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
COASTAL CONSERVATION ASSOCIATION

Employer identification number
74-1984482

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** 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? Yes No
- 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 address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

Revenue	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
	FISHING TOURNAMENTS (event type)	BANQUETS & AUCTION (event type)	<u>233</u> (total number)	(add col. (a) through col. (c))
1 Gross receipts	2,805,369	1,524,838	24,680,848	29,011,055
2 Less: Contributions		33,195	850,222	883,417
3 Gross income (line 1 minus line 2)	2,805,369	1,491,643	23,830,626	28,127,638
4 Cash prizes				
5 Noncash prizes	520,695	241,112	943,792	1,705,599
6 Rent/facility costs		33,715	447,736	481,451
7 Food and beverages		108,193	2,431,657	2,539,850
8 Entertainment				
9 Other direct expenses	822,969	526,784	9,686,021	11,035,774
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				15,762,674
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				12,364,964

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
COASTAL CONSERVATION ASSOCIATION

Employer identification number
74-1984482

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TEXAS A & M UNIVERSITY GALVESTON PO BOX 1675 BLDG 3034 STE 409 GALVESTON, TX 77553	74-2125225	501(C)(3)	52,000	0			TEXAS PARKS AND WILDLIFE INTERNS
(2) TEXAS A & M CORPUS CHRISTI 6300 OCEAN DRIVE CORPUS CHRISTI, TX 78412	74-2491445	501(C)(3)	201,000	0			TEXAS PARKS AND WILDLIFE INTERNS, SCHOLARSHIPS, TAGGING, CENTER FOR SPORTFISH SCIENCE & CONSERVATION, OYSTER RECYCLING TRAILER
(3) HARTE RESEARCH INSTITUTE - TAMUCC 6300 OCEAN DRIVE CORPUS CHRISTI, TX 78412		501(C)(3)	127,000	0			TEXAS PARKS AND WILDLIFE INTERNS & BAFFIN BAY WATER MONITORING PROJECT
(4) TEXAS PARKS & WILDLIFE DEPARTMENT 4200 SMITH SCHOOL ROAD AUSTIN, TX 78744	74-1680372	501(C)(3)	195,259	0			SEAGRASS BILLBOARDS & GAME WARDEN INTERNSHIP PROGRAM
(5) THE BUILDING CONSERVATION TRUST 6919 PORTWEST DRIVE SUITE 100 HOUSTON, TX 77024	46-2191456	501(C)(3)	32,262	0			HABITAT PROJECTS
(6) THE UNIVERSITY OF TEXAS - RGV UT RIO GRANDE VALLEY ONE WEST UNIVERSITY DR BROWNSVILLE, TX 78520	46-5292740	501(C)(3)	6,500	0			TEXAS PARKS AND WILDLIFE INTERNS
(7) LEE CO ARTIFICIAL REEF ASSOCIATION 1500 MONROE ST 3RD FLOOR FORT MYERS, FL 33901	65-0942095	501(C)(3)	16,805	0			TURTLE BAY AND OYSTER BAY
(8) CCA TEXAS FUND 6919 PORTWEST DRIVE SUITE 100 HOUSTON, TX 77024	75-0309036	501(C)(3)	2,785,000	0			HABITAT PROJECTS
(9) TEXAS PARKS & WILDLIFE FOUNDATION 2914 SWISS AVE DALLAS, TX 75204	74-2602504	501(C)(3)	15,600	0			GAME WARDEN INTERNS
(10) MEXICO BEACH ARTIFICIAL REEF ASSOCIATION INC PO BOX 13006 MEXICO BEACH, FL 32410	59-3447258	501(C)(3)	60,000	0			PATCH REEF AT THE SHERMAN SITE
(11) TEXAS SURF MUSEUM 312 N CHAPARRAL STREET CORPUS CHRISTI, TX 78401	46-5746509	501(C)(3)	152,000	0			OYSTER RECYCLING PROGRAM
(12) BOBWHITE BRIGADE 6644 FM 1102 NEW BRAUNFELS, TX 78132	75-2703420	501(C)(3)	10,000	0			COASTAL BRIGADE
(13) CITY OF CARRABELLE 1206 HWY 98 E CARRABELLE, FL 32322	59-6000287	501(C)(3)	15,000	0			BART CAREY MEMORIAL REEF
(14) COUNTY OF HERNANDO BOARD OF COUNTY COMMISSIONERS 20 N MAIN ST ROOM 231 BROOKSVILLE, FL 34601	59-1155275	501(C)(3)	11,000	0			BENDICKSON REEF DEPLOYMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	3	19,812			SCHOLARSHIPS
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	COASTAL CONSERVATION ASSOCIATION HAS A SCHOLARSHIP COMMITTEE THAT ADMINISTERS SCHOLARSHIPS. THE SCHOLARSHIP CANDIDATES ARE RECOMMENDED TO THE SCHOLARSHIP COMMITTEE BY THE EDUCATIONAL INSTITUTION. THE SCHOLARSHIP COMMITTEE REVIEWS THE MERITS AND FIELD OF STUDY FOR ALL CANDIDATES AND APPROVES THOSE WHO MEET THEIR REQUIREMENTS. AFTER APPROVING THE CANDIDATES FOR SELECTION, THE SCHOLARSHIP COMMITTEE MAKES A RECOMMENDATION TO THE BOARD TO FUND THE SCHOLARSHIPS FOR CANDIDATES. BY WAY OF VOTE, THE BOARD EITHER APPROVES OR DENIES THE SCHOLARSHIP FUNDING. AFTER THE BOARD APPROVES THE SCHOLARSHIPS TO BE FUNDED, FUNDS ARE DISBURSED DIRECTLY TO THE APPROPRIATE EDUCATIONAL INSTITUTION TO COVER THE EDUCATIONAL EXPENSES OF THE SCHOLARSHIP WINNER.

Additional Data

Return to Form

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COASTAL CONSERVATION ASSOCIATION

Employer identification number

74-1984482

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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 are not 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, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PATRICK MURRAY PRESIDENT	(i)	300,178	87,500	622	0	20,735	409,035	0
	(ii)	0	0	0	0	0	0	0
2 BRIAN GORSKI EXECUTIVE DIRECTOR	(i)	175,000	160,180	15,022	0	16,474	366,676	0
	(ii)	0	0	0	0	0	0	0
3 DAVID CRESSON EXECUTIVE DIRECTOR	(i)	175,842	107,284	15,022	0	21,582	319,730	0
	(ii)	0	0	0	0	0	0	0
4 ROBERT BYERS EXECUTIVE DIRECTOR	(i)	193,167	83,113	21,872	0	19,676	317,828	0
	(ii)	0	0	0	0	0	0	0
5 CHARLES TRASCHER DEVELOPMENT DIRECTOR	(i)	152,082	114,396	622	0	18,564	285,664	0
	(ii)	0	0	0	0	0	0	0
6 WILLIAM G KINNEY III TOURNAMENT DIRECTOR	(i)	182,475	55,500	12,269	0	20,886	271,130	0
	(ii)	0	0	0	0	0	0	0
7 KRISTEN YOUNG CFO	(i)	160,679	80,000	622	0	12,888	254,189	0
	(ii)	0	0	0	0	0	0	0
8 THEODORE W VENKER CONSERVATION DIRECTOR	(i)	160,679	70,000	1,176	0	20,993	252,848	0
	(ii)	0	0	0	0	0	0	0
9 NOLAN REYNERSON ASSISTANT DIRECTOR	(i)	100,000	68,750	428	0	19,155	188,333	0
	(ii)	0	0	0	0	0	0	0
10 ROBERT TAYLOR STATE DEVELOPMENT DIRECTOR	(i)	133,730	38,000	565	0	13,090	185,385	0
	(ii)	0	0	0	0	0	0	0
11 ADAM MILLER ASSISTANT DIRECTOR	(i)	93,500	46,627	407	0	14,855	155,389	0
	(ii)	0	0	0	0	0	0	0
12 CONNIE FUNDERBURG CONTROLLER	(i)	107,464	30,000	471	0	12,112	150,047	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
PART I, LINE 7	BONUSES ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS. THESE BONUSES ARE BASED ON PERFORMANCE RELATED TO GOALS AND OBJECTIVES ESTABLISHED BY THE BOARD OF DIRECTORS AND MEMORIALIZED IN THE ANNUAL BUSINESS PLAN AND BUDGET.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**▶ **Attach to Form 990 or 990-EZ.**▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
COASTAL CONSERVATION ASSOCIATION**Employer identification number**

74-1984482

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBER RONALD LUSTER JR. IS THE SON OF BOARD MEMBER RONALD LUSTER SR.
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE WHICH REVIEWED THE FORM 990 PRIOR TO FILING. EVERY BOARD MEMBER HAS BEEN NOTIFIED A COPY OF FORM 990 IS AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED AT THE ANNUAL BOARD OF DIRECTORS MEETING.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE IS PROVIDED WITH COMPENSATION RECOMMENDATIONS FOR THEIR REVIEW AND APPROVAL ALONG WITH INFLATION INFORMATION, COST OF LIVING DATA AS PROVIDED BY THE DEPARTMENT OF LABOR, MARKET INFORMATION BY JOB DESCRIPTION, AND COMPARABLES FOR ORGANIZATIONS OF SIMILAR SIZE.
FORM 990, PART VI, SECTION C, LINE 19	PER CURRENT BOARD POLICY, CCA DOES NOT MAKE AVAILABLE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS TO THE PUBLIC.
FORM 990, PART VI, SECTION A, LINE 1A	CCA HAS AN EXECUTIVE BOARD COMPRISED OF 46 MEMBERS. UNDER THE BY-LAWS, THE EXECUTIVE BOARD HAS FULL POWER AND THE MEMBERS ARE ALSO MEMBERS OF THE BOARD OF DIRECTORS. CCA UTILIZES THE COMMITTEE SYSTEM WHICH IS COMPRISED OF BOARD MEMBERS. THE MEMBERS OF THESE COMMITTEES ARE SELECTED BASED ON THEIR EXPERTISE RELATED TO THE COMMITTEE CHARTER. THE COMMITTEES ADDRESS ISSUES RELATED TO THEIR CHARTER AND DEVELOP RECOMMENDATIONS FOR THE BOARD OF DIRECTORS OR EXECUTIVE BOARD. IN ADDITION, CCA HAS A THREE TIER STRUCTURE: NATIONAL, STATE, AND LOCAL WITH 18 STATE AND 200 LOCAL CHAPTERS. EACH OF THESE LEVELS IS GOVERNED BY A BOARD OF DIRECTORS AND COMMITTEES ARE UTILIZED AT THE STATE AND LOCAL LEVELS.
FORM 990, PART XI, LINE 9:	ROUNDING -5.
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.
FORM 990, PART XI, LINE 2B	FINANCIAL STATEMENTS FOR THE COASTAL CONSERVATION ASSOCIATION WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM ON A CONSOLIDATED BASIS WITH THE CCA TEXAS FUND, THE CCA LOUISIANA FOUNDATION, THE CCA FLORIDA FOUNDATION, INC. AND THE BUILDING CONSERVATION TRUST AS DISCLOSED IN SCHEDULE R. THE INDEPENDENT ACCOUNTING FIRM ISSUED AN UNQUALIFIED OPINION ON THE FINANCIAL STATEMENTS FOR 2022.

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Return to Form

Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ 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
COASTAL CONSERVATION ASSOCIATION

Employer identification number

74-1984482

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CCA TEXAS FUND 6919 PORTWEST DRIVE STE 100 HOUSTON, TX 77024 75-0309036	SUPPORTING ORGANIZATION	TX	501(C)3		N/A		No
(2) CCA LOUISIANA FOUNDATION 11135 INDUSTRIPLEX BLVD STE 100 BATON ROUGE, LA 70809 26-1114980	SUPPORTING ORGANIZATION	LA	501(C)3		N/A		No
(3) CCA FLORIDA FOUNDATION INC 4061 FORESTAL AVE STE 8 ORLANDO, FL 32856 27-4793890	SUPPORTING ORGANIZATION	FL	501(C)3		N/A		No
(4) THE BUILDING CONSERVATION TRUST 6919 PORTWEST DRIVE STE 100 HOUSTON, TX 77024 46-2191456	SUPPORTING ORGANIZATION	TX	501(C)3		N/A		No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CCA TEXAS FUND	C	786,739	ACTUAL CASH
(2) BUILDING CONSERVATION TRUST	C	250,000	ACTUAL CASH
(3) CCA TEXAS FUND	B	2,785,000	ACTUAL CASH
(4) BUILDING CONSERVATION TRUST	B	32,262	ACTUAL CASH

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

Additional Data[Return to Form](#)**Software ID:****Software Version:**