

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

- 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 \$ 46,629,705

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. 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 CONDUCIVE 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.

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 170. 4 Number of independent voting members of the governing body (Part VI, line 1b) 169. 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 94. 6 Total number of volunteers (estimate if necessary) 5,000. 7a Total unrelated business revenue from Part VIII, column (C), line 12 120,926. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (Part VIII, line 1h) 10,026,556 12,835,431. 9 Program service revenue (Part VIII, line 2g) 1,171,330 1,035,404. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 106,746 678,740. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,427,943 11,949,780. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 23,732,575 26,499,355.

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,726,371 1,667,828. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,191,436 2,152,223. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. 16b Total fundraising expenses (Part IX, column (D), line 25) 397,284. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,759,462 16,699,198. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20,677,269 20,519,249. 19 Revenue less expenses. Subtract line 18 from line 12 3,055,306 5,980,106.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (Part X, line 16) 42,531,952 46,051,558. 21 Total liabilities (Part X, line 26) 14,539,302 12,004,295. 22 Net assets or fund balances. Subtract line 21 from line 20 27,992,650 34,047,263.

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 2024-09-10, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2024-09-10, Check if self-employed, PTIN P01625117, Firm's name HAM LANGSTON & BREZINA LLP, Firm's EIN 76-0448495, Firm's address 11550 FUQUA STE 475 HOUSTON, TX 77034, Phone no. (281) 481-1040

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 CONDUCIVE 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 \$ 3,942,160 including grants of \$ 1,667,828) (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 \$ 738,497 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 \$ 27,969 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 \$ 11,977,630 including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ 11,977,630 including grants of \$) (Revenue \$)

4e Total program service expenses 16,686,256

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

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 body containing questions 2a through 17, with sub-questions and input fields for 'Yes', 'No', and numerical values.

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) MICHAEL KENNEDY VICE PRESIDENT & DIRECTOR	8.00	X		X			0	0	0	
(2) GARY LOOMIS VICE PRESIDENT & DIRECTOR	8.00	X		X			0	0	0	
(3) JOHN CARLSON VICE CHAIRMAN & DIRECTOR	8.00	X		X			0	0	0	
(4) MARK RAY CHAIRMAN & DIRECTOR	8.00	X		X			0	0	0	
(5) GUS SCHRAM III TREASURER & DIRECTOR	8.00	X		X			0	0	0	
(6) ROBERT DONLIN SECRETARY & DIRECTOR	8.00	X		X			0	0	0	
(7) CHRIS BEAN DIRECTOR	2.00	X					0	0	0	
(8) RICK ROBERTS DIRECTOR	2.00	X					0	0	0	
(9) RON CROWDER DIRECTOR	2.00	X					0	0	0	
(10) RICH DONALDSON DIRECTOR	2.00	X					0	0	0	
(11) MIKE LAMBRECHTS DIRECTOR	2.00	X					0	0	0	
(12) PAUL GIORDANO DIRECTOR	2.00	X					0	0	0	
(13) PAT COWLES DIRECTOR	2.00	X					0	0	0	
(14) SCOTT DEAL DIRECTOR	2.00	X					0	0	0	
(15) SCOTT MCKNIGHT DIRECTOR	2.00	X					0	0	0	
(16) MORGAN LYNCH DIRECTOR	2.00	X					0	0	0	
(17) RICK MURPHY DIRECTOR	2.00	X					0	0	0	

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

(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
		Institutional Trustee	Officer	Highest compensated employee			
(18) WRIGHT TAYLOR DIRECTOR	2.00	X			0	0	0
(19) STEPHEN DAVID DIRECTOR	2.00	X			0	0	0
(20) DANA ROBERTS DIRECTOR	2.00	X			0	0	0
(21) CHRIS ELKINS DIRECTOR	2.00	X			0	0	0
(22) CHUCK LEDET DIRECTOR	2.00	X			0	0	0
(23) CLAUDE JENNINGS DIRECTOR	2.00	X			0	0	0
(24) TOM BELL DIRECTOR	2.00	X			0	0	0
(25) JAY THOMPSON DIRECTOR	2.00	X			0	0	0
(26) RIP WOODIN DIRECTOR	2.00	X			0	0	0
(27) ANDY STEINBERGS DIRECTOR	2.00	X			0	0	0
(28) JAY BROWN DIRECTOR	2.00	X			0	0	0
(29) ALEX JERNIGAN DIRECTOR	2.00	X			0	0	0
(30) JULIE HEBERT DIRECTOR	2.00	X			0	0	0
(31) DON HALL DIRECTOR	2.00	X			0	0	0
(32) TIM STRICKLAND DIRECTOR	2.00	X			0	0	0
(33) TIM TARVER DIRECTOR	2.00	X			0	0	0
(34) MIKE PETT DIRECTOR	2.00	X			0	0	0
(35) RYAN LONG DIRECTOR	2.00	X			0	0	0
(36) SANDY SAFLEY DIRECTOR	2.00	X			0	0	0
(37) RYCH PULLEN DIRECTOR	2.00	X			0	0	0
(38) MICHAEL MARK DIRECTOR	2.00	X			0	0	0
(39) MELI LI CHUNG DIRECTOR	2.00	X			0	0	0
(40) JEFF AKIN DIRECTOR	2.00	X			0	0	0
(41) RON WINDERS DIRECTOR	2.00	X			0	0	0
(42) RANDY POELMA DIRECTOR	2.00	X			0	0	0
(43) MARK JUNEAU DIRECTOR	2.00	X			0	0	0
(44) MARC GORELNIK DIRECTOR	2.00	X			0	0	0
(45) HATT OLSON DIRECTOR	2.00	X			0	0	0
(46) MICHAEL SMITH DIRECTOR	2.00	X			0	0	0
(47) LILI CROOK DIRECTOR	2.00	X			0	0	0
(48) STAN BROGDON DIRECTOR	2.00	X			0	0	0
(49) LES KIPPER DIRECTOR	2.00	X			0	0	0
(50) LYNN MURTAGH DIRECTOR	2.00	X			0	0	0
(51) MARK WILLMAN DIRECTOR	2.00	X			0	0	0
(52) KYLE SHEDD DIRECTOR	2.00	X			0	0	0
(53) KYLE JOHNSON DIRECTOR	2.00	X			0	0	0
(54) SPENCE COLLINS DIRECTOR	2.00	X			0	0	0
(55) MARK CARTER DIRECTOR	2.00	X			0	0	0
(56) LIZ HEWITT DIRECTOR	2.00	X			0	0	0
(57) ADDISON GOFF DIRECTOR	2.00	X			0	0	0
(58) MIKE BRIMER DIRECTOR	2.00	X			0	0	0
(59) MIKE WISSEL DIRECTOR	2.00	X			0	0	0
(60) ANDY MARKS DIRECTOR	2.00	X			0	0	0
(61) ROCKY CHASE DIRECTOR	2.00	X			0	0	0
(62) RYAN THERRELL DIRECTOR	2.00	X			0	0	0
(63) ROBERT HALE DIRECTOR	2.00	X			0	0	0
(64) RYAN GIROUARD DIRECTOR	2.00	X			0	0	0
(65) DEGRAAF ADAMS DIRECTOR	2.00	X			0	0	0
(66) RICHARD BERRY DIRECTOR	2.00	X			0	0	0
(67) TOMMY ELKINS DIRECTOR	2.00	X			0	0	0
(68) JIM PURGERSON DIRECTOR	2.00	X			0	0	0
(69) JOE NEBER DIRECTOR	2.00	X			0	0	0
(70) JOHN BALLOTTI DIRECTOR	2.00	X			0	0	0
(71) JOHN FRANCK DIRECTOR	2.00	X			0	0	0
(72) STEVE BOWLER DIRECTOR	2.00	X			0	0	0
(73) JOHN WALTERS DIRECTOR	2.00	X			0	0	0
(74) JOHN WALTHER DIRECTOR	2.00	X			0	0	0
(75) WADE RADKE DIRECTOR	2.00	X			0	0	0
(76) ROS SHIRLEY DIRECTOR	2.00	X			0	0	0
(77) JEFF MILLER DIRECTOR	2.00	X			0	0	0
(78) TIRA OVERSTREET DIRECTOR	2.00	X			0	0	0
(79) TIM KANE DIRECTOR	2.00	X			0	0	0
(80) DALE SCOTT DIRECTOR	2.00	X			0	0	0
(81) DOUG BOYD DIRECTOR	2.00	X			0	0	0
(82) DOUG LASKO DIRECTOR	2.00	X			0	0	0
(83) ERIK DELONG DIRECTOR	2.00	X			0	0	0
(84) TODD SHARPE DIRECTOR	2.00	X			0	0	0
(85) FJ EICKE DIRECTOR	2.00	X			0	0	0
(86) TJ JOHNSON DIRECTOR	2.00	X			0	0	0
(87) DON ROBERTS DIRECTOR	2.00	X			0	0	0
(88) J SCOTT GREEN DIRECTOR	2.00	X			0	0	0
(89) JD DICKENSON DIRECTOR	2.00	X			0	0	0
(90) JACK ANDRY DIRECTOR	2.00	X			0	0	0
(91) CAMP MATENS DIRECTOR	2.00	X			0	0	0
(92) JASON THOMASEE DIRECTOR	2.00	X			0	0	0
(93) JD DUGAS DIRECTOR	2.00	X			0	0	0
(94) DON PERKINS DIRECTOR	2.00	X			0	0	0
(95) GREG HURT DIRECTOR	2.00	X			0	0	0
(96) JOE KOSHKIN DIRECTOR	2.00	X			0	0	0
(97) JACK CHATHAM DIRECTOR	2.00	X			0	0	0
(98) JIM MICKEL DIRECTOR	2.00	X			0	0	0
(99) BRUCE ARENDALE DIRECTOR	2.00	X			0	0	0
(100) JIM HENDRICKS DIRECTOR	2.00	X			0	0	0
(101) TROY WILLIAMSON DIRECTOR	2.00	X			0	0	0
(102) BILL SHEDD DIRECTOR	2.00	X			0	0	0
(103) VENABLE PROCTOR DIRECTOR	2.00	X			0	0	0
(104) BOB BRUMBY DIRECTOR	2.00	X			0	0	0
(105) BILL STREIBER DIRECTOR	2.00	X			0	0	0
(106) BART HALL DIRECTOR	2.00	X			0	0	0
(107) BILL DAUGHERTY DIRECTOR	2.00	X			0	0	0
(108) DEAN ASHER DIRECTOR	2.00	X			0	0	0
(109) BILL BIRD DIRECTOR	2.00	X			0	0	0
(110) WILL HERBERT DIRECTOR	2.00	X			0	0	0
(111) AUSTIN THURLOW DIRECTOR	2.00	X			0	0	0
(112) BILLY BYRD DIRECTOR	2.00	X			0	0	0
(113) BRUCE AEBEL DIRECTOR	2.00	X			0	0	0
(114) BRUCE POLLEY DIRECTOR	2.00	X			0	0	0
(115) BRYAN IRWIN DIRECTOR	2.00	X			0	0	0
(116) BEN VAUGHAN DIRECTOR	2.00	X			0	0	0
(117) DAVID WILLIAMSON DIRECTOR	2.00	X			0	0	0
(118) TEDDY TWIGG DIRECTOR	2.00	X			0	0	0
(119) DERRICK WRIGLEY DIRECTOR	2.00	X			0	0	0
(120) DAVE SCHAMP DIRECTOR	2.00	X			0	0	0
(121) JEFF ALLEN DIRECTOR	2.00	X			0	0	0
(122) MARK HURM DIRECTOR	2.00	X			0	0	0
(123) MARK FEAGLE DIRECTOR	2.00	X			0	0	0
(124) JEFF ANGERS DIRECTOR	2.00	X			0	0	0
(125) CHARLIE CARLINGER DIRECTOR	2.00	X			0	0	0
(126) KYLE HARRIS DIRECTOR	2.00	X			0	0	0
(127) ROBERT ALLAIN DIRECTOR	2.00	X			0	0	0
(128) CHRIS HAWLEY DIRECTOR	2.00	X			0	0	0
(129) MIKE ANDERSON DIRECTOR	2.00	X			0	0	0
(130) DAVE SASS DIRECTOR	2.00	X			0	0	0
(131) GARY PLUM DIRECTOR	2.00	X			0	0	0
(132) DAVE BUETTNER DIRECTOR	2.00	X			0	0	0
(133) DAN JOHNSON DIRECTOR	2.00	X			0	0	0
(134) BRANDON HILL DIRECTOR	2.00	X			0	0	0
(135) NORMAN TRUBEE DIRECTOR	2.00	X			0	0	0
(136) DENNY MARTIN DIRECTOR	2.00	X			0	0	0
(137) ROB FONDREN DIRECTOR	2.00	X			0	0	0
(138) JON VIGRE DIRECTOR	2.00	X			0	0	0
(139) DON NEW DIRECTOR	2.00	X			0	0	0
(140) ROGER BALL DIRECTOR	2.00	X			0	0	0
(141) DALE BALLARD DIRECTOR	2.00	X			0	0	0
(142) BRUCE MACLACHLAN DIRECTOR	2.00	X			0	0	0
(143) DONALD WILLIS DIRECTOR	2.00	X			0	0	0
(144) DEXTER PEACOCK DIRECTOR	2.00	X			0	0	0
(145) SCOTT SIGLE DIRECTOR	2.00	X			0	0	0
(146) KIRK SIEBER DIRECTOR	2.00	X			0	0	0
(147) JOHN MORELLO DIRECTOR	2.00	X			0	0	0
(148) TONY CONSTANT DIRECTOR	2.00	X			0	0	0
(149) VAN PARRISH DIRECTOR	2.00	X			0	0	0
(150) BRANDON HOLLEY DIRECTOR	2.00	X			0	0	0
(151) JACK SMITH DIRECTOR	2.00	X			0	0	0
(152) RUSTY VINCENT DIRECTOR	2.00	X			0	0	0
(153) STUART CREIGHTON DIRECTOR	2.00	X			0	0	0
(154) SNOOP ROTH DIRECTOR	2.00	X			0	0	0
(155) CHAD COURVILLE DIRECTOR	2.00	X			0	0	0
(156) STUART BILLEAUD DIRECTOR	2.00	X			0	0	0
(157) JR MCCROSKEY DIRECTOR	2.00	X			0	0	0
(158) RONNIE LUSTER SR DIRECTOR	2.00	X			0	0	0
(159) ROCKY CARTER DIRECTOR	2.00	X			0	0	0
(160) ROB ALLEN DIRECTOR	2.00	X			0	0	0
(161) MARC MOUTON DIRECTOR	2.00	X			0	0	0
(162) STEVE FURMAN DIRECTOR	2.00	X			0	0	0
(163) ALLEN SHIELDS DIRECTOR	2.00	X			0	0	0
(164) GEORGE HUYE DIRECTOR	2.00	X			0	0	0
(165) RON LUSTER JR DIRECTOR	2.00	X			0	0	0
(166) EDWIN LAMBERTH DIRECTOR	2.00	X			0	0	0
(167) BEN GRAHAM DIRECTOR	2.00	X			0	0	0
(168) WD MORRIS JR DIRECTOR	2.00	X			0	0	0
(169) BUD ABBOTT DIRECTOR	2.00	X			0	0	0
(170) MITCH BROWNLEE CHAIRMAN EMERITUS & DIRECTOR	8.00	X	X		0	0	0
(171) THEODORE W VENKER VICE PRESIDENT & CFO	40.00		X		227,728	0	20,502
(172) KRISTEN FALESKI PRESIDENT & CEO	40.00		X		227,728	0	19,841
(173) PATRICK MURRAY PRESIDENT & CEO	40.00		X		299,253	79,549	22,972
(174) WILLIAM G KINNEY III TOURNAMENT DIRECTOR	40.00		X		231,744	0	17,898
(175) DAVID CRESSON EXECUTIVE DIRECTOR	40.00		X		302,147	0	20,858
(176) ROBERT BYERS EXECUTIVE DIRECTOR	40.00		X		293,425	0	18,688
(177) BRIAN GORSKI EXECUTIVE DIRECTOR	40.00		X		350,688	0	19,202
(178) ROBERT TAYLOR STATE DEVELOPMENT DIRECTOR	40.00		X		168,321	0	12,411
(179) CHARLES TRASCHER DEVELOPMENT DIRECTOR	40.00		X		248,187	0	21,116
(180) KATIE RUIZ CONTROLLER	40.00		X		147,665	0	14,996
(181) NOLAN REYNERSON ASSISTANT DIRECTOR	40.00		X		166,985	0	19,365
(182) ADAM MILLER ASSISTANT DIRECTOR	40.00		X		149,671	0	15,715
1b Sub-Total							
1c Total from continuation sheets to Part VII, Section A							
1d Total (add lines 1b and 1c)				2,813,542	79,549		223,564
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							
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							No

Section B. Independent Contractors

1 Complete this table for the year 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 CURRY GRAY TRAIL CYPRESS, TX 77433	MEDIA CONSULTING	658,980
DLS LLC PO BOX 309 LYDIA, IA 70569	PROJECT CONSTRUCTION	413,300
ELEMENTAL METHODS LLC 3710 KELSEY COURT GRAPEVIEW, TX 76051	MEDIA CONSULTING	387,993
POYNER SPRUILL LLP 990 BOX 746773 ATLANTA, GA 30374	LEGAL/LOBBYING	363,923
GIVEBACK SPORTS LLC 955 PAVILION ST CINCINNATI, OH 45202	GUIDED TRIPS	282,780
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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other				
1a Federated campaigns		1a		
b Membership dues		1b	2,512,194	
c Fundraising events		1c	945,187	
d Related organizations		1d	796,326	
e Government grants (contributions)		1e		
f All other contributions, gifts, grants, and similar amounts not included above		1f	8,581,724	
g Noncash contributions included in lines 1a - 1f:\$		1g		
h Total. Add lines 1a-1f				12,835,431

Program Service Revenue		Business Code				
2a MEMBERSHIP		900099	974,478	974,478		
b MAGAZINE ADVERTISING		541800	60,926		60,926	
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			1,035,404			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		631,246			631,246	
	4 Income from investment of tax-exempt bond proceeds		47,494			47,494	
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	60,000				
		b Less: rental expenses	6b	0			
	c Rental income or (loss)	6c	60,000				
	d Net rental income or (loss)			60,000			
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a					
		b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 945,187 of contributions reported on line 1c). See Part IV, line 18							
	8a	31,948,604					
	b Less: direct expenses	8b	20,037,467				
c Net income or (loss) from fundraising events			11,911,137		11,911,137		
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a	71,526					
	b Less: cost of goods sold	10b	92,883				
c Net income or (loss) from sales of inventory			-21,357		-21,357		

Other Revenue Misc Amt		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			26,499,355	974,478	120,926	12,568,520

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	1,631,332	1,631,332		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	36,496	36,496		
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	2,152,223	1,860,459	247,569	44,195
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	696,545	696,545		
c Accounting	151,360		151,360	
d Lobbying	662,546	662,546		
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	454,304	421,363		32,941
13 Office expenses	700,936	306,593	302,062	92,281
14 Information technology	153,112		153,112	
15 Royalties				
16 Occupancy	298,964	141,612	157,352	
17 Travel	1,035,003	1,035,003		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	242,878	242,878		
20 Interest	11,477		11,477	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	163,708	22,834	140,874	
23 Insurance	430,024		430,024	
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	7,431,693	6,112,943	1,187,936	130,814
b CONSERVATION PROJECTS	2,274,332	2,274,332		
c CONTRACT LABOR	719,530	504,229	199,608	15,693
d PRINTING & PUBLICATIONS	386,002	386,002		
e All other expenses	886,784	351,089	454,335	81,360
25 Total functional expenses. Add lines 1 through 24e	20,519,249	16,686,256	3,435,709	397,284
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

Table with columns (A) Beginning of year, (B) End of year. Rows include Assets (1-16) and Liabilities (17-26). Total assets: 46,051,558. Total liabilities: 12,004,295. Total net assets or fund balances: 34,047,263.

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	26,499,355
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,519,249
3	Revenue less expenses. Subtract line 2 from line 1	3	5,980,106
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,992,650
5	Net unrealized gains (losses) on investments	5	70,834
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	3,673
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	34,047,263

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
2b	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	
2c	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
3b	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

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 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2023 (96.680%); 15 Public support percentage for 2022 Schedule A, Part II, line 14 (97.160%); 16a 33 1/3% support test-2023; b 33 1/3% support test-2022; 17a 10%-facts-and-circumstances test-2023; b 10%-facts-and-circumstances test-2022; 18 Private foundation.

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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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 2023 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2022 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 2023 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests-2023. 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-2022. 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)

- | | | | |
|---|----------|--|--|
| 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)

- | | | | |
|--|-----------|--|--|
| 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

- | | | |
|--|----------|--|
| 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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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
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Additional Data

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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.

2023

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

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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)	662,546													
c Total lobbying expenditures (add lines 1a and 1b)	662,546													
d Other exempt purpose expenditures	20,381,898													
e Total exempt purpose expenditures (add lines 1c and 1d)	21,044,444													
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: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	915,646	907,766	1,000,000	1,000,000	3,823,412
b Lobbying ceiling amount (150% of line 2a, column(e))					5,735,118
c Total lobbying expenditures	687,342	833,605	632,585	662,546	2,816,078
d Grassroots nontaxable amount	228,911	226,942	250,000	250,000	955,853
e Grassroots ceiling amount (150% of line 2d, column (e))					1,433,780
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

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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 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, and Held at the End of the Year. Includes questions 1-9 regarding conservation easements.

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.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-2 regarding art and historical treasures.

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		2,421,876		2,421,876
c Leasehold improvements		373,740		373,740
d Equipment		975,540		975,540
e Other		1,041,094	3,220,246	-2,179,152
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,605,402

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and rows (A) through (H). Total row at the bottom.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total row.

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include INTERCOMPANY RECEIVABLES, DEPOSITS, RIGHT OF USE ASSETS, PAYROLL DEPOSITS, and rows (4) through (9). Total row at the bottom.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, INTERCOMPANY PAYABLE, PAYROLL DEPOSITS, OTHER LIABILITIES, LEASE LIABILITIES, and Total row.

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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, 2023, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY THE MAJOR TAX JURISDICTIONS UNDER THE STATUTE OF LIMITATIONS ARE FROM THE YEAR 2020 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 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.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		FISHING TOURNAMENTS (event type)	BANQUETS & AUCTION (event type)	315 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	3,006,437	1,646,502	28,240,852	32,893,791
	2 Less: Contributions		38,736	906,451	945,187
	3 Gross income (line 1 minus line 2)	3,006,437	1,607,766	27,334,401	31,948,604
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		246,184	1,552,678	1,798,862
	6 Rent/facility costs		36,923	536,978	573,901
	7 Food and beverages		117,303	3,175,983	3,293,286
	8 Entertainment				
	9 Other direct expenses	1,322,940	669,768	12,378,710	14,371,418
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				20,037,467
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				11,911,137	

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	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)**

Department of the
Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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) BOBWHITE BRIGADE 6644 FM 1102 NEW BRAUNFELS, TX 78132	75-2703420	501(C)(3)	10,000	0			COASTAL BRIGADE
(2) CCA TEXAS FUND 6919 PORTWEST DRIVE SUITE 100 HOUSTON, TX 77024	75-0309036	501(C)(3)	800,000	0			HABITAT PROJECTS
(3) CHESEPEAKE BAY FOUNDATION 6 HERNDON AVE ANNAPOLIS, MD 21403	52-6065757	501(C)(3)	13,082	0			ST. MARY'S RIVER - REEF BALLS
(4) FISH & WILDLIFE FOUNDATION OF FL INC PO BOX 11010 TALLAHASSEE, FL 32302	59-3277808	501(C)(3)	22,500	0			ST. LUCIE RIVER EALGRASS PLATING, EDUCATION- FUNDING FOR SCHOOL FISHING CLUB PROGRAM
(5) HARTE RESEARCH INSTITUTE - TAMUCC 6300 OCEAN DRIVE CORPUS CHRISTI, TX 78412		501(C)(3)	207,000	0			TEXAS PARKS AND WILDLIFE INTERNS & BAFFIN BAY WATER MONITORING PROJECT, HAYNIE BOAT FOR BAFFIN BAY
(6) LEE CO ARTIFICIAL REEF ASSOCIATION 1500 MONROE ST 3RD FLOOR FORT MYERS, FL 33901	65-0942095	501(C)(3)	7,009	0			TRUTH ABOUT OYSTERS PROJECT AND OYSTER RESTORATION MONITORING
(7) OPERATION GAME THIEF 4200 SMITH SCHOOL ROAD AUSTIN, TX 78744	45-2734605	501(C)(3)	15,000	0			OGT SPONSORSHIP
(8) TEXAS A & M CORPUS CHRISTI 6300 OCEAN DRIVE CORPUS CHRISTI, TX 78412	74-2491445	501(C)(3)	110,000	0			TEXAS PARKS AND WILDLIFE INTERNS, SCHOLARSHIPS, FISH TAGGING, CENTER FOR SPORTFISH SCIENCE & CONSERVATION, OYSTER MONITORING PROGRAM
(9) TEXAS A & M UNIVERSITY GALVESTON PO BOX 1675 BLDG 3034 STE 409 GALVESTON, TX 77553	74-2125225	501(C)(3)	177,000	0			TEXAS PARKS AND WILDLIFE INTERNS, GRIHMS PROGRAM
(10) TEXAS PARKS & WILDLIFE DEPARTMENT 4200 SMITH SCHOOL ROAD AUSTIN, TX 78744	74-1680372	501(C)(3)	19,701	0			SEAGRASS BILLBOARDS & GAME WARDEN INTERNSHIP PROGRAM
(11) TEXAS PARKS & WILDLIFE FOUNDATION 2914 SWISS AVE DALLAS, TX 75204	74-2602504	501(C)(3)	193,164	0			GAME WARDEN INTERNS, EQUIPMENT FOR GAME WARDEN REGION 4, GAME WARDEN FLOATING CABIN

(12) THE BUILDING CONSERVATION TRUST 6919 PORTWEST DRIVE SUITE 100 HOUSTON, TX 77024	46-2191456	501(C)(3)	41,872	0		HABITAT PROJECTS
(13) 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
(14) UCF FOUNDATION 12424 RESEARCH PKY STE 250 ORLANDO, FL 32826	59-6211832	501(C)(3)	6,000	0		GENERTIC STUDY- RESTORATION EFFORTS-MOSQUITO LAGOON
(15) UNIVERSITY OF NORTH FLORIDA FOUNDATION INC 1 UNF DRIVE HICKS HALL SUITE 2900 JACKSONVILLE, FL 32224	23-7167701	501(C)(3)	10,000	0		CCA/UNF LIVING SHORELINE-OYSTER REEF PROJECT
(16) UNIVERSITY OF TEXAS MARINE SCIENCE INSTITUTE 750 CHANNEL VIEW DRIVE PORT ARANSAS, TX 78373	74-6000203	501(C)(3)	15,000	0		SCHOLARSHIPS

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		36,496			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.**

2023

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
1a		
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 & CEO	(i)	239,512	59,250	491	0	18,148	317,401	0
	(ii)	----- 63,668	----- 15,750	----- 131	----- 0	----- 4,824	----- 84,373	----- 0
2 BRIAN GORSKI EXECUTIVE DIRECTOR	(i)	183,750	151,916	15,022	0	19,202	369,890	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 DAVID CRESSON EXECUTIVE DIRECTOR	(i)	188,327	98,798	15,022	0	20,858	323,005	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 ROBERT BYERS EXECUTIVE DIRECTOR	(i)	198,962	71,341	23,122	0	18,688	312,113	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 CHARLES TRASCHER DEVELOPMENT DIRECTOR	(i)	162,880	84,685	622	0	21,116	269,303	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 WILLIAM G KINNEY III TOURNAMENT DIRECTOR	(i)	182,475	37,000	12,269	0	17,898	249,642	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 THEODORE W VENKER VP & CONSERVATION DIRECTOR	(i)	167,106	60,000	622	0	20,502	248,230	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
8 KRISTEN FALESKI VICE PRESIDENT & CFO	(i)	167,106	60,000	622	0	19,841	247,569	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
9 NOLAN REYNERSON ASSISTANT DIRECTOR	(i)	107,100	59,414	471	0	19,365	186,350	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
10 ROBERT TAYLOR STATE DEVELOPMENT DIRECTOR	(i)	137,742	30,000	579	0	12,411	180,732	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
11 ADAM MILLER ASSISTANT DIRECTOR	(i)	98,175	51,057	439	0	15,715	165,386	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
12 KATIE RUIZ CONTROLLER	(i)	101,209	46,007	449	0	14,996	162,661	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.

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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

2023**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 -1. TRANSFER IN/OUT 3,674.
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 2023.

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047
2023
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	796,326	ACTUAL CASH
(2) BUILDING CONSERVATION TRUST	C	147,500	ACTUAL CASH
(3) CCA TEXAS FUND	B	800,000	ACTUAL CASH
(4) BUILDING CONSERVATION TRUST	B	41,872	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) 2023

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