

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer COASTAL CAROLINA INC., BOY SCOUTS OF AMERICA EIN or SSN 57-0327870

Name and title of officer or person subject to tax BRANDON HOFFMAN TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 4 columns: Line number, Form type, Description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize DAVIS & COMPANY CPAS to enter my PIN 49424 ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Brandon J. Hoffman, Treasurer Date 8/8/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 57669757669 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ZOE DAVIS Date 06/27/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. COASTAL CAROLINA INC., BOY SCOUTS OF AMERICA	Taxpayer identification number (TIN) 57-0327870
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 9297 MEDICAL PLAZA DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORTH CHARLESTON, SC 29406	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

JASON SMITH

- The books are in the care of ▶ **9297 MEDICAL PLAZA DRIVE - NORTH CHARLESTON, SC 29406**

Telephone No. ▶ **843-763-0305** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COASTAL CAROLINA INC., BOY SCOUTS OF AMERICA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9297 MEDICAL PLAZA DRIVE City or town, state or province, country, and ZIP or foreign postal code NORTH CHARLESTON, SC 29406 F Name and address of principal officer: BRANDON HOFFMAN 9297 MEDICAL PLANA DRIVE, NORTH CHARLESTON,	D Employer identification number 57-0327870 E Telephone number (843)763-0305 G Gross receipts \$ 1,628,310. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.COASTALCAROINABSA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1940		M State of legal domicile: SC

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL AND MORAL CHOICES OVER THEIR LIFETIMES BY INSTILLING IN THEM		
2	Check this box <input type="checkbox"/> 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)	3	63
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	63
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	55
6	Total number of volunteers (estimate if necessary)	6	1442
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	568,188.	842,321.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	264,301.	502,057.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,917.	44,890.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104,485.	194,222.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	960,891.	1,583,490.
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)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	746,775.	837,338.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 96,241.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	542,025.	647,493.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,288,800.	1,484,831.
19	Revenue less expenses. Subtract line 18 from line 12	-327,909.	98,659.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	1,092,436.	1,110,740.
22	Net assets or fund balances. Subtract line 21 from line 20	580,211.	390,183.
		512,225.	720,557.

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 BRANDON HOFFMAN, TREASURER Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name ZOE DAVIS	Preparer's signature ZOE DAVIS	Date 08/08/22	Check <input type="checkbox"/> if self-employed	PTIN P01057590
	Firm's name ▶ DAVIS & COMPANY CPAS		Firm's EIN ▶ 82-4158464		
	Firm's address ▶ P.O. BOX 1552 MOUNT PLEASANT, SC 29465		Phone no. 843-881-3315		

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:
TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL AND MORAL CHOICES OVER THEIR LIFETIMES BY INSTILLING IN THEM THE VALUES OF THE SCOUT OATH AND LAW. THE COASTAL CAROLINA COUNCIL HAS BEEN PROUDLY OPERATING SINCE 1921 AND SERVES OVER 5,500 YOUTH AND ADULT VOLUNTEERS IN THE CHARLESTON,

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 \$ 1,154,667. including grants of \$ _____) (Revenue \$ 502,057.)
CUB SCOUTS, A YEAR-ROUND PROGRAM WHOSE MISSION IS TO DEVELOP CHARACTER AND ETHICAL DECISION-MAKING SKILLS FOR BOYS AND GIRLS IN KINDERGARTEN THROUGH FIFTH GRADES (5 TO 10 YEARS OLD). CUB SCOUTING IS ORGANIZED INTO GROUPS CALLED PACKS AND DENS, EACH OF WHICH IS LED BY DEDICATED VOLUNTEER LEADERS WHO TEACH CUB SCOUTS FUN, VALUABLE LESSONS, HELP LEARN CITIZENSHIP, AND DEVELOP PHYSICAL FITNESS.

SCOUTS, BSA IS A YEAR-ROUND PROGRAM FOR BOYS AND GIRLS 11-17 DESIGNED TO BUILD CHARACTER, CITIZENSHIP, AND PERSONAL FITNESS THROUGH A VIGOROUS OUTDOOR PROGRAM AND PEER GROUP LEADERSHIP WITH THE COUNSEL OF AN ADULT SCOUTMASTER. SCOUTING IS THE ULTIMATE FORM OF LEARNING BY DOING. SCOUTS EXPLORE THEIR INTERESTS AND IMPROVE SKILLS WHILE WORKING

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶ 1,154,667.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		55
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 63		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 63		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization		X
15b			X
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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 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 on Schedule O)
- 19** Describe on 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 **JASON SMITH - 843-763-0305**
9297 MEDICAL PLAZA DRIVE, NORTH CHARLESTON, SC 29406

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) SALLY SHELDON MEMBER	5.00	X					0.	0.	0.	
(2) RICARDO RODRIGUEZ MEMBER	5.00	X					0.	0.	0.	
(3) DR. NORMAN ARMSTRONG MEMBER	5.00	X					0.	0.	0.	
(4) DANIEL BARTON MEMBER	5.00	X					0.	0.	0.	
(5) JAMES BARTON MEMBER	5.00	X					0.	0.	0.	
(6) ED BELL MEMBER	5.00	X					0.	0.	0.	
(7) ED BURN MEMBER	5.00	X					0.	0.	0.	
(8) CHRIS DAVIS MEMBER	5.00	X					0.	0.	0.	
(9) SCOT DUPUIS MEMBER	5.00	X					0.	0.	0.	
(10) TONY DUTTERA MEMBER	5.00	X					0.	0.	0.	
(11) FRANCIS ERVIN MEMBER	5.00	X					0.	0.	0.	
(12) MICHELE FORSYTHE MEMBER	5.00	X					0.	0.	0.	
(13) JACK A. FRISCH, PHD. MEMBER	5.00	X					0.	0.	0.	
(14) ALBERT GEORGE II MEMBER	5.00	X					0.	0.	0.	
(15) WILLIAM GRIMSLEY MEMBER	5.00	X					0.	0.	0.	
(16) DAVID HEARNE MEMBER	5.00	X					0.	0.	0.	
(17) DR. PATRICIA HENLEY MEMBER	5.00	X					0.	0.	0.	

Part VII 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 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			
(18) BUCK INABINET MEMBER	5.00	X						0.	0.	0.
(19) DICK KOEHLER MEMBER	5.00	X						0.	0.	0.
(20) RICHARD KRUGER MEMBER	5.00	X						0.	0.	0.
(21) TIM LARKIN MEMBER	5.00	X						0.	0.	0.
(22) BILL LOEBLE MEMBER	5.00	X						0.	0.	0.
(23) ERIC MAIN MEMBER	5.00	X						0.	0.	0.
(24) DANIEL MARTIN MEMBER	5.00	X						0.	0.	0.
(25) DOUG MCFARLAND MEMBER	5.00	X						0.	0.	0.
(26) PENNY MIDDLETON MEMBER	5.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								109,513.	0.	11,804.
d Total (add lines 1b and 1c)								109,513.	0.	11,804.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

COASTAL CAROLINA INC.,
BOY SCOUTS OF AMERICA

Form 990

57-0327870

Part VII 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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) MIKELL MURRAY MEMBER	5.00	X						0.	0.	0.
(28) ROBERT NETTLES MEMBER	5.00	X						0.	0.	0.
(29) CHRIS PAUL MEMBER	5.00	X						0.	0.	0.
(30) PAUL PENNINGTON MEMBER	5.00	X						0.	0.	0.
(31) CRAIG SELF MEMBER	5.00	X						0.	0.	0.
(32) DAVID SMITH MEMBER	5.00	X						0.	0.	0.
(33) ROBERT SNOW MEMBER	5.00	X						0.	0.	0.
(34) WILL SNOW MEMBER	5.00	X						0.	0.	0.
(35) RHEAGAN TIMMERMAN MEMBER	5.00	X						0.	0.	0.
(36) BARRETT TOLBERT MEMBER	5.00	X						0.	0.	0.
(37) RICH UHRICH MEMBER	5.00	X						0.	0.	0.
(38) EDWARD VAUGHAN MEMBER	5.00	X						0.	0.	0.
(39) JEFF VINZANI MEMBER	5.00	X						0.	0.	0.
(40) PATRICK WAMSLEY MEMBER	5.00	X						0.	0.	0.
(41) BUCK WATKINS MEMBER	5.00	X						0.	0.	0.
(42) FRED WHITTLE MEMBER	5.00	X						0.	0.	0.
(43) TIM WISE MEMBER	5.00	X						0.	0.	0.
(44) CONRAD ZIMMERMAN MEMBER	5.00	X						0.	0.	0.
(45) JAY BYARS MEMBER	5.00	X						0.	0.	0.
(47) DUANE LEWIS MEMBER	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

COASTAL CAROLINA INC.,
BOY SCOUTS OF AMERICA

Form 990

57-0327870

Part VII 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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(48) RUTH MELOENY MEMBER	5.00	X						0.	0.	0.
(49) ROBERT MOISE MEMBER	5.00	X						0.	0.	0.
(50) GARY MOCARSKI DISTRICT CHAIR	5.00	X						0.	0.	0.
(51) DR. JULIAN LEVIN DISTRICT CHAIR	5.00	X						0.	0.	0.
(52) RICHARD DAVIS DISTRICT CHAIR	5.00	X						0.	0.	0.
(53) DON ZIMMERMAN DISTRICT CHAIR	5.00	X						0.	0.	0.
(54) PHILLIP OBIE II DISTRICT CHAIR	5.00	X						0.	0.	0.
(55) JASON SMITH SCOUT EXECUTIVE	40.00	X		X				109,513.	0.	11,804.
(57) CHRIS STAUBES PRESIDENT	5.00	X		X				0.	0.	0.
(58) RAY BRYANT COMMISSIONER	5.00	X		X				0.	0.	0.
(59) BRANDON HOFFMAN TREASURER	5.00	X		X				0.	0.	0.
(60) JAY WALLACE ADMINISTRATION	5.00	X		X				0.	0.	0.
(61) MATT YAUN FINANCE	5.00	X		X				0.	0.	0.
(62) BOBBY BAKER MARKETING	5.00	X		X				0.	0.	0.
(63) BILL EVERETT MEMBERSHIP	5.00	X		X				0.	0.	0.
(64) DENISE TINDELL-WARE MULTICULTURAL SCOUTING	5.00	X		X				0.	0.	0.
(65) CHARLIE CANTORE PROGRAM	5.00	X		X				0.	0.	0.
(66) MARY PAT CRAWFORD LEGAL COUNSEL	5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c								109,513.		11,804.

COASTAL CAROLINA INC.,
BOY SCOUTS OF AMERICA

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	65,451.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	137,900.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	638,970.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			842,321.			
Program Service Revenue	2 a CAMPING REVENUE	Business Code					
		721210	317,722.	317,722.			
	b ACTIVITY REVENUE	721210	111,098.	111,098.			
	c MISCELLANEOUS	721210	73,237.	73,237.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			502,057.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		30,063.			30,063.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	19,918.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	19,918.				
	d Net rental income or (loss)			19,918.	19,918.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	34,463.			
			(ii) Other				
b Less: cost or other basis and sales expenses	7b	19,636.					
c Gain or (loss)	7c	14,827.					
d Net gain or (loss)			14,827.	14,827.			
8 a Gross income from fundraising events (not including \$ 65,451. of contributions reported on line 1c). See Part IV, line 18	8a		196,232.				
b Less: direct expenses	8b	25,184.					
c Net income or (loss) from fundraising events			171,048.		171,048.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		3,256.				
b Less: cost of goods sold	10b	0.					
c Net income or (loss) from sales of inventory			3,256.	3,256.			
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,583,490.	540,058.	0.	201,111.	

COASTAL CAROLINA INC.,
BOY SCOUTS OF AMERICA

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	121,317.	93,051.	18,171.	10,095.
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	535,672.	410,888.	80,211.	44,573.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	132,713.	101,975.	18,152.	12,586.
10 Payroll taxes	47,636.	36,604.	6,559.	4,473.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
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 Sch O.)	24,218.	2,398.	21,539.	281.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	201,808.	184,133.	13,238.	4,437.
17 Travel	49,146.	36,224.	8,420.	4,502.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,762.	2,067.	447.	248.
20 Interest	2,225.		2,225.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,587.	53,587.		
23 Insurance	9,654.	5,490.	4,164.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	193,610.	191,208.		2,402.
b SMALL EQUIPMENT AND MAI	30,553.	4,514.	25,447.	592.
c UNALLOCATED PAYMENTS TO	20,450.		20,450.	0.
d TELEPHONE AND COMMUNICA	17,536.	13,745.	2,437.	1,354.
e All other expenses	41,944.	18,783.	12,463.	10,698.
25 Total functional expenses. Add lines 1 through 24e	1,484,831.	1,154,667.	233,923.	96,241.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**COASTAL CAROLINA INC.,
BOY SCOUTS OF AMERICA**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	195,690.	1	214,283.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,775.	3	2,125.
	4 Accounts receivable, net	1,796.	4	5,180.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	24,183.	8	23,275.
	9 Prepaid expenses and deferred charges	9,883.	9	17,994.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,444,834.		
	b Less: accumulated depreciation	10b 3,054,871.	443,552.	10c 389,963.
	11 Investments - publicly traded securities	413,557.	11	457,920.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,092,436.	16	1,110,740.	
Liabilities	17 Accounts payable and accrued expenses	67,320.	17	30,754.
	18 Grants payable		18	
	19 Deferred revenue	5,795.	19	12,453.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	170,702.	21	150,103.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	287,800.	23	148,279.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	48,594.	25	48,594.
	26 Total liabilities. Add lines 17 through 25	580,211.	26	390,183.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	57,097.	27	218,641.
	28 Net assets with donor restrictions	455,128.	28	501,916.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	512,225.	32	720,557.
33 Total liabilities and net assets/fund balances	1,092,436.	33	1,110,740.	

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	1,583,490.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,484,831.
3	Revenue less expenses. Subtract line 2 from line 1	3	98,659.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	512,225.
5	Net unrealized gains (losses) on investments	5	12,022.
6	Donated services and use of facilities	6	102,000.
7	Investment expenses	7	-4,349.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	720,557.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	881,795.	888,874.	657,292.	568,188.	842,321.	3,838,470.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	881,795.	888,874.	657,292.	568,188.	842,321.	3,838,470.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3,838,470.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	881,795.	888,874.	657,292.	568,188.	842,321.	3,838,470.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,716.	5,238.	20,010.	14,371.	30,063.	73,398.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3,911,868.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	98.12 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	75.77 %

16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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):		
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

COASTAL CAROLINA INC.,
BOY SCOUTS OF AMERICA

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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization COASTAL CAROLINA INC. , BOY SCOUTS OF AMERICA	Employer identification number 57-0327870
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (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 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization COASTAL CAROLINA INC. , BOY SCOUTS OF AMERICA	Employer identification number 57-0327870
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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
1	_____ _____ _____	\$ 107,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 18,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 12,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COASTAL CAROLINA INC. , BOY SCOUTS OF AMERICA	Employer identification number 57-0327870
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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
7	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 9,763.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 6,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COASTAL CAROLINA INC. , BOY SCOUTS OF AMERICA	Employer identification number 57-0327870
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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
13	_____ _____ _____	\$ 6,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 5,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 5,056.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COASTAL CAROLINA INC., BOY SCOUTS OF AMERICA	Employer identification number 57-0327870
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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 CAROLINA INC. , BOY SCOUTS OF AMERICA	Employer identification number 57-0327870
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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 info. once.) ▶ \$ _____
 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	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization COASTAL CAROLINA INC., BOY SCOUTS OF AMERICA Employer identification number 57-0327870

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, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for held at end of tax year (2a-2d), number of modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

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, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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 make 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 program
 - 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 on 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	455,128.	408,005.	377,674.	328,482.	285,369.
b Contributions	8,000.	4,000.	8,341.	91,814.	18,409.
c Net investment earnings, gains, and losses	52,563.	64,521.	63,912.	-27,622.	39,704.
d Grants or scholarships					
e Other expenditures for facilities and programs	10,000.	10,000.	18,000.	15,000.	15,000.
f Administrative expenses	3,775.	11,398.	23,922.		
g End of year balance	501,916.	455,128.	408,005.	377,674.	328,482.

- 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 100.0000 %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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		104,662.		104,662.
b Buildings				
c Leasehold improvements		2,656,587.	2,429,674.	226,913.
d Equipment		683,585.	625,197.	58,388.
e Other				0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				389,963.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTY	48,594.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	48,594.

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 FASB 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	1,693,163.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	12,022.	
b	Donated services and use of facilities	2b	102,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	114,022.
3	Subtract line 2e from line 1		3	1,579,141.
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	4,349.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	4,349.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,583,490.

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	1,484,831.
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	0.
3	Subtract line 2e from line 1		3	1,484,831.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,484,831.

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.

PART IV, LINE 2B:

A UNIT MAY, AT ITS DISCRETION, ESTABLISH A CUSTODIAL ACCOUNT AT THE COUNCILE SERVICE CENTER THIS ACCOUNT IS FOR THE CONVENIENCE OF THE UNIT AND CAN BE USED TO PAY REGISTRATIONS, FEES OR PURCHASE ITEMS FROM THE SCOUT SHOP.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE TAX POSITIONS OF THE ORGANIZATION AND DOES NOT BELIEVE THAT ANY UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS EXIST FOR THE YEAR ENDED DECEMBER 31, 2021. THE ORGANIZATION'S POLICY IS TO REPORT ACCRUED INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS, WHEN APPLICABLE AS INTEREST EXPENSE AND TO REPORT PENALTITIES AS OTHER EXPENSE.

Part XIII Supplemental Information *(continued)*

THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;
HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Multiple horizontal lines for supplemental information.

**COASTAL CAROLINA INC.,
BOY SCOUTS OF AMERICA**

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 (add col. (a) through col. (c))
		POPCORN SALES (event type)	MISCELLANEOUS EVENTS (event type)	1 (total number)	
Revenue	1 Gross receipts	147,505.	65,451.	48,727.	261,683.
	2 Less: Contributions		65,451.		65,451.
	3 Gross income (line 1 minus line 2)	147,505.		48,727.	196,232.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		5,675.		5,675.
	7 Food and beverages		2,470.		2,470.
	8 Entertainment				
	9 Other direct expenses		3,515.	13,524.	17,039.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				25,184.
11 Net income summary. Subtract line 10 from line 3, column (d)				171,048.	

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))
Revenue	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: _____

**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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

COASTAL CAROLINA INC.,
BOY SCOUTS OF AMERICA

Employer identification number
57-0327870

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

THE VALUES OF THE SCOUT OATH AND LAW. THE COASTAL CAROLINA COUNCIL HAS
BEEN PROUDLY OPERATING SINCE 1921 AND SERVES OVER 5,500 YOUTH AND ADULT
VOLUNTEERS IN THE CHARLESTON, DORCHESTER, BERKELEY, GEORGETOWN,
COLLETON, ALLENDALE, HAMPTON, JASPER AND BEAUFORT COUNTIES.

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

DORCHESTER, BERKELEY, GEORGETOWN, COLLETON, ALLENDALE, HAMPTON, JASPER
AND BEAUFORT COUNTIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TOWARD SCOUTING'S HIGHEST RANK: EAGLE.

VENTURING IS A YEAR-ROUND PROGRAM FOR YOUNG MEN AND WOMEN WHO ARE 14
YEARS OF AGE (OR 13 YEARS OF AGE AND HAVE COMPLETED THE EIGHTH GRADE)
AND UP TO 21 YEARS OF AGE. VENTURING PROVIDES POSITIVE YOUTH-LED
EXPERIENCES TO HELP YOUNG PEOPLE MATURE AND TO PREPARE THEM TO BECOME
RESPONSIBLE AND CARING ADULTS, WITH AN EMPHASIS ON ADVENTURE,
LEADERSHIP, PERSONAL GROWTH, AND SERVICE.

EXPLORING IS A YEAR-ROUND, CO-ED CAREER EXPLORATION PROGRAM FOR YOUNG
MEN AND WOMEN FROM AGES 10-20. EXPLORING PROVIDES STUDENTS WITH AN
OPPORTUNITY TO LEARN ABOUT A WIDE VARIETY OF CAREER FIELDS AND NETWORK
WITH PROFESSIONALS ALREADY WORKING IN THOSE FIELDS. PARTICIPANTS GET
HANDS-ON EXPERIENCE TO DETERMINE WHETHER OR NOT A PARTICULAR CAREER
FIELD IS RIGHT FOR THEM. THEY ALSO DEVELOP VALUABLE NETWORKING CONTACTS

Name of the organization	COASTAL CAROLINA INC., BOY SCOUTS OF AMERICA	Employer identification number	57-0327870
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WITH PROFESSIONALS WORKING IN THEIR SELECTED CAREER FIELDS, WHILE
GETTING TO KNOW OTHER YOUTH WITH SIMILAR INTERESTS AND ASPIRATIONS.

FORM 990, PART VI, SECTION A, LINE 2:

SEVERAL BOARD MEMBERS ARE RELATED DANIEL BARTON AND JAMES BARTON ARE
BROTHERS BILL SNOW AND ROBERT SNOW ARE FATHER AND SON, RESPECTIVELY.

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

THE TREASURER AND CHAIRMAN OF THE AUDIT COMMITTEE REVIEW THE TAX RETURN
AFTER PRELIMINARY APPROVAL, IT IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR
APPROVAL AND REPORTED TO THE FULL BOARD.

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

THE BOARD OF DIRECTORS FILL OUT CONFLICT OF INTEREST FORMS ANNUALLY.

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

A SEPARATE COMMITTEE ON THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE
SCOUTS' SALARIES AND DATA FROM THE NATIONAL OFFICE IS USED FOR
COMPARABILITY.

FORM 990, PART VI, SECTION C, LINE 18:

GOVERNING NON-PROPRIETARY DOCUMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST
PROPRIETARY DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING NON-PROPRIETARY DOCUMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST
PROPRIETARY DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **COASTAL CAROLINA INC. ,
BOY SCOUTS OF AMERICA** Employer identification number **57-0327870**

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
BOY SCOUTS OF AMERICA - 22-1576300 PO BOX 152079 IRVING, TX 75038	NATIONAL BOY SCOUTS OFFICE	TEXAS	501(C)(3)	LINE 7			X

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

Schedule R (Form 990) 2021

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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) BOY SCOUTS OF AMERICA	M	20,450.	CASH PAID
(2)			
(3)			
(4)			
(5)			
(6)			

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	WAGON	11/02/89	SL	5.00		16	5,598.				5,598.	5,598.		0.	5,598.
2	JOHN DEERE F710 MOWER	09/01/91	SL	5.00		16	6,299.				6,299.	6,299.		0.	6,299.
3	JOHN DEERE TRACTOR	05/01/99	SL	5.00		16	10,000.				10,000.	10,000.		0.	10,000.
4	KUBOTA TRACTOR	01/01/00	SL	5.00		16	4,000.				4,000.	4,000.		0.	4,000.
5	1998 FORD CLUB WAGON	02/08/08	SL	5.00		16	2,320.				2,320.	2,320.		0.	2,320.
6	FORD 2003 F250 SD XC	11/06/08	SL	5.00		16	13,175.				13,175.	13,175.		0.	13,175.
7	FLUSH TOILETS	01/01/13	SL	9.00		16	20,565.				20,565.	16,452.		2,285.	18,737.
8	HVAC AT CAMP HO NON	01/01/13	SL	25.00		16	29,818.				29,818.	9,542.		1,193.	10,735.
9	STAFF CENTER	07/01/85	SL	5.00		16	395,735.				395,735.	395,735.		0.	395,735.
10	RANGER RESIDENCE	05/01/85	SL	5.00		16	315,746.				315,746.	315,746.		0.	315,746.
11	DINING HALL	04/01/86	SL	5.00		16	746,979.				746,979.	746,979.		0.	746,979.
12	SHED	03/02/87	SL	5.00		16	438.				438.	438.		0.	438.
13	CAMP MOULTRIE SHELTER	09/01/89	SL	5.00		16	11,508.				11,508.	11,508.		0.	11,508.
14	2 ORVIN STAFF CABINS	06/01/95	SL	20.00		16	42,356.				42,356.	42,356.		0.	42,356.
15	HEALTH LODGE	06/30/91	SL	5.00		16	16,422.				16,422.	16,422.		0.	16,422.
16	CHAPEL	04/30/90	SL	5.00		16	9,510.				9,510.	9,510.		0.	9,510.
17	ACTIVITY SHELTER	03/15/93	SL	5.00		16	12,919.				12,919.	12,919.		0.	12,919.
18	STAFF LODGE	04/01/93	SL	5.00		16	12,525.				12,525.	12,525.		0.	12,525.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	EXCHANGE CLUB DOCKS	06/01/95	SL	20.00		16	7,350.				7,350.	7,350.		0.	7,350.
20	CAMP OFFICE	04/15/93	SL	5.00		16	19,789.				19,789.	19,789.		0.	19,789.
21	HEALTH LODGE ADDITION	01/07/92	SL	5.00		16	1,020.				1,020.	1,020.		0.	1,020.
22	MOULTIE SHELTER	01/23/93	SL	5.00		16	3,197.				3,197.	3,197.		0.	3,197.
23	HANDICRAFT IMPROVEMENT	10/29/92	SL	5.00		16	1,235.				1,235.	1,235.		0.	1,235.
24	SHOWERS AT CAMP	11/30/00	SL	5.00		16	19,268.				19,268.	19,268.		0.	19,268.
25	REROOF 3 BUILDINGS A	01/01/01	SL	20.00		16	7,190.				7,190.	7,190.		0.	7,190.
26	MOBILE HOME	03/31/06	SL	25.00		16	67,360.				67,360.	39,966.		2,694.	42,660.
27	'01 OAKW HOMCO MOBIL	05/15/07	SL	25.00		16	35,000.				35,000.	19,134.		1,400.	20,534.
28	RAISED UP MOBILE HOME	05/14/10	SL	10.00		16	9,357.				9,357.	9,357.		0.	9,357.
29	ROOF ON CAMP BUILDING	04/15/11	SL	15.00		16	17,000.				17,000.	11,049.		1,133.	12,182.
30	POOL HOUSE IMPROVEMENTS	12/31/14	SL	5.00		16	13,230.				13,230.	13,230.		0.	13,230.
31	DINING HALL BATHROOM	08/01/14	SL	15.00		16	52,359.				52,359.	22,399.		3,491.	25,890.
32	NEW SUN ROOM	11/30/00	SL	5.00		16	28,698.				28,698.	28,698.		0.	28,698.
33	REBUILD BACK DOORS CNC	01/01/01	SL	20.00		16	10,567.				10,567.	10,567.		0.	10,567.
34	BOAT TRAILER AND MOTOR	01/01/13	SL	10.00		16	17,000.				17,000.	13,600.		1,700.	15,300.
35	14 FT CATAMARAN	06/15/85	SL	5.00		16	5,723.				5,723.	5,723.		0.	5,723.
36	BOAT TRAILER	10/15/86	SL	5.00		16	557.				557.	557.		0.	557.

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37	CANOE TRAILER	03/02/87	SL	5.00		16	1,845.				1,845.	1,845.		0.	1,845.
38	GLMS 225 '89 FIBERGLASS	12/16/99	SL	5.00		16	5,000.				5,000.	5,000.		0.	5,000.
39	SAIL BOAT	06/30/92	SL	5.00		16	4,600.				4,600.	4,600.		0.	4,600.
40	REFURBISH POOL	11/30/00	SL	5.00		16	14,745.				14,745.	14,745.		0.	14,745.
41	LLBEAN CANOE	01/01/04	SL	5.00		16	1,200.				1,200.	1,200.		0.	1,200.
42	14' JON BOAT	05/12/04	SL	5.00		16	662.				662.	662.		0.	662.
43	14' JON BOAT	05/12/04	SL	5.00		16	662.				662.	662.		0.	662.
44	14' JON BOAT	05/12/04	SL	5.00		16	662.				662.	662.		0.	662.
45	14' JON BOAT	05/12/04	SL	5.00		16	662.				662.	662.		0.	662.
46	14' JON BOAT	05/12/04	SL	5.00		16	662.				662.	662.		0.	662.
47	SUNFISH	10/20/05	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
48	AQUAFIN WHITE DECK	10/20/05	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
49	HOBIE CAT EXTRA SAIL	10/20/05	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
50	PEARSON P26 1974	10/19/06	SL	5.00		16	5,000.				5,000.	5,000.		0.	5,000.
51	WINDWARD 24' 1968	10/19/06	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
52	1966 24' WESTERLY	05/11/07	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
53	1032 ALUMCRAFT BOAT	06/12/05	SL	5.00		16	694.				694.	694.		0.	694.
54	1032 ALUMCRAFT BOAT	06/12/08	SL	5.00		16	694.				694.	694.		0.	694.

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55	1032 ALUMCRAFT BOAT	06/12/08	SL	5.00		16	694.				694.	694.		0.	694.
56	2008 F YAMAHA 4 HP	06/12/08	SL	5.00		16	1,100.				1,100.	1,100.		0.	1,100.
57	1963 PEARSON	03/01/09	SL	3.00		16	3,000.				3,000.	3,000.		0.	3,000.
58	12' BEUTECK	04/06/09	SL	3.00		16	2,200.				2,200.	2,200.		0.	2,200.
59	MOTOR BOAT	06/30/11	SL	3.00		16	2,500.				2,500.	2,500.		0.	2,500.
60	28' SAIL BOAT	06/30/11	SL	5.00		16	5,000.				5,000.	5,000.		0.	5,000.
61	FORK LIFT ATTACHMENT	12/16/82	SL	5.00		16	443.				443.	443.		0.	443.
62	KITCHEN IMPROVEMENT	06/15/84	SL	5.00		16	1,430.				1,430.	1,430.		0.	1,430.
63	MATTRESSES	07/01/84	SL	5.00		16	3,635.				3,635.	3,635.		0.	3,635.
64	FIELD TOILETS	03/12/85	SL	5.00		16	1,675.				1,675.	1,675.		0.	1,675.
65	DINING HALL	06/01/86	SL	5.00		16	6,331.				6,331.	6,331.		0.	6,331.
66	FURNITURE	06/10/86	SL	5.00		16	1,639.				1,639.	1,639.		0.	1,639.
67	BUFFER	06/10/86	SL	5.00		16	788.				788.	788.		0.	788.
68	FURNITURE	12/09/87	SL	5.00		16	546.				546.	546.		0.	546.
69	BRONZE PLAQUE	05/01/89	SL	5.00		16	2,468.				2,468.	2,468.		0.	2,468.
70	HANVEY PLAQUE	06/30/90	SL	5.00		16	2,573.				2,573.	2,573.		0.	2,573.
71	PICTURES IN CHAPEL	06/30/90	SL	5.00		16	494.				494.	494.		0.	494.
72	AIR CONDITIONER	06/30/90	SL	5.00		16	1,950.				1,950.	1,950.		0.	1,950.

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73	ORVIN PLAGUES	11/19/96	SL	5.00		16	5,353.				5,353.	5,353.		0.	5,353.
74	16' GRILL	12/15/92	SL	5.00		16	4,000.				4,000.	4,000.		0.	4,000.
75	CAMP SIGNS	03/23/93	SL	5.00		16	3,318.				3,318.	3,318.		0.	3,318.
76	NEW TRANSFORMER	01/01/01	SL	5.00		16	6,251.				6,251.	6,251.		0.	6,251.
77	ICE MACHINE AT CAMP	06/14/02	SL	5.00		16	2,946.				2,946.	2,946.		0.	2,946.
78	JAMBO TENTS	06/21/05	SL	10.00		16	18,529.				18,529.	18,529.		0.	18,529.
79	PUBLIC ADDRESS SYSTEM	01/01/07	SL	5.00		16	1,626.				1,626.	1,626.		0.	1,626.
80	ICE MACHINE	06/02/08	SL	10.00		16	2,975.				2,975.	2,975.		0.	2,975.
81	THOR GUARD MODEL L7	04/28/09	SL	20.00		16	13,470.				13,470.	7,914.		674.	8,588.
82	POPUK CAMPER	10/01/09	SL	3.00		16	1,000.				1,000.	1,000.		0.	1,000.
83	TRANSFORMER	11/30/14	SL	15.00		16	6,143.				6,143.	2,492.		410.	2,902.
84	PLAQUE FOR COUNCIL PRESIDENT	02/23/82	SL	5.00		16	2,886.				2,886.	2,886.		0.	2,886.
85	PLAQUE FOR SCOUT EXECUTIVE	02/23/82	SL	5.00		16	1,300.				1,300.	1,300.		0.	1,300.
86	PLAQUE FOR COASTAL BOYS	02/23/82	SL	5.00		16	827.				827.	827.		0.	827.
87	PLAQUE FOR COASTAL BOYS	02/23/82	SL	5.00		16	572.				572.	572.		0.	572.
88	PLAQUE FOR HANCKEL	02/23/82	SL	5.00		16	650.				650.	650.		0.	650.
89	PLAQUE FOR WM GREGG	02/23/82	SL	5.00		16	806.				806.	806.		0.	806.
90	PLAQUE FOR STATUE BASE	02/23/82	SL	5.00		16	468.				468.	468.		0.	468.

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91	CHAIRS	07/21/82	SL	5.00		16	469.				469.	469.		0.	469.
92	PAINTINGS	07/20/82	SL	5.00		16	316.				316.	316.		0.	316.
93	LATERAL FILES	03/30/82	SL	5.00		16	1,108.				1,108.	1,108.		0.	1,108.
94	LAMP TABLE	04/21/82	SL	5.00		16	158.				158.	158.		0.	158.
95	LATERAL FILES	04/05/82	SL	5.00		16	1,212.				1,212.	1,212.		0.	1,212.
96	CHAIR BASES	04/28/82	SL	5.00		16	275.				275.	275.		0.	275.
97	CREDENZA 66X20	04/28/82	SL	5.00		16	375.				375.	375.		0.	375.
98	CHAIRS (201)	04/05/82	SL	5.00		16	641.				641.	641.		0.	641.
99	TABLES	04/05/82	SL	5.00		16	241.				241.	241.		0.	241.
100	9 EXECUTIVE CHAIRS	04/05/82	SL	5.00		16	2,280.				2,280.	2,280.		0.	2,280.
101	SIDE CHAIRS (2)	04/05/82	SL	5.00		16	419.				419.	419.		0.	419.
102	LOVE SEATS (2)	04/05/82	SL	5.00		16	929.				929.	929.		0.	929.
103	LAMP TABLES (2)	04/05/82	SL	5.00		16	316.				316.	316.		0.	316.
104	COFFEE TABLE	04/05/82	SL	5.00		16	188.				188.	188.		0.	188.
105	SIDE TABLES (3)	04/05/82	SL	5.00		16	1,123.				1,123.	1,123.		0.	1,123.
106	MILLER SECRETARY DESK	04/05/82	SL	5.00		16	489.				489.	489.		0.	489.
107	MILLER CREDENZA	04/05/82	SL	5.00		16	385.				385.	385.		0.	385.
108	MILLER BOOKCASES (4)	04/05/82	SL	5.00		16	1,752.				1,752.	1,752.		0.	1,752.

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109	STEEL FILES (4)	04/05/82	SL	5.00		16	666.				666.	666.		0.	666.
110	STEEL TABLES (2)	04/05/82	SL	5.00		16	312.				312.	312.		0.	312.
111	STEEL CHAIRS (14)	04/05/82	SL	5.00		16	437.				437.	437.		0.	437.
112	BLUE GRASS LAMPS (2)	04/05/82	SL	5.00		16	168.				168.	168.		0.	168.
113	DISPLAY BOARD	04/05/82	SL	5.00		16	110.				110.	110.		0.	110.
114	SHELLY TABLES (4)	06/30/82	SL	5.00		16	732.				732.	732.		0.	732.
115	HICKORY TABLES (2)	06/30/82	SL	5.00		16	520.				520.	520.		0.	520.
116	MAD SQUARE SOFA TABLE	06/30/82	SL	5.00		16	411.				411.	411.		0.	411.
117	MAD SQUARE TABLES (3)	06/30/82	SL	5.00		16	961.				961.	961.		0.	961.
118	SHERRIL SOFAS (2)	06/30/82	SL	5.00		16	1,945.				1,945.	1,945.		0.	1,945.
119	SHELLY CHAIRS (42)	06/30/82	SL	5.00		16	1,274.				1,274.	1,274.		0.	1,274.
120	HERITAGE CHAIRS (2)	06/30/82	SL	5.00		16	1,787.				1,787.	1,787.		0.	1,787.
121	STYLE CHAIRS (25)	06/30/82	SL	5.00		16	4,342.				4,342.	4,342.		0.	4,342.
122	HENRY TABLES (2)	06/30/82	SL	5.00		16	859.				859.	859.		0.	859.
123	WILD STICK LAMPS (2)	06/30/82	SL	5.00		16	133.				133.	133.		0.	133.
124	CONFERENCE TABLES (3)	06/30/82	SL	5.00		16	3,788.				3,788.	3,788.		0.	3,788.
125	CENT CHAIRS (6)	06/30/82	SL	5.00		16	2,034.				2,034.	2,034.		0.	2,034.
126	DROXOL CABINETS (4)	06/30/82	SL	5.00		16	2,886.				2,886.	2,886.		0.	2,886.

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127	DRAPES IN MEETING ROOM	06/30/82	SL	5.00		16	2,049.				2,049.	2,049.		0.	2,049.
128	DRAPES IN BOARD ROOM	06/30/82	SL	5.00		16	680.				680.	680.		0.	680.
129	FOLDING MACHINE	12/14/83	SL	5.00		16	645.				645.	645.		0.	645.
130	PRINTER - TI 885 DOT	08/22/88	SL	5.00		16	1,602.				1,602.	1,602.		0.	1,602.
131	TELEVISION	10/03/88	SL	5.00		16	454.				454.	454.		0.	454.
132	COPIER	01/05/89	SL	5.00		16	5,481.				5,481.	5,481.		0.	5,481.
133	COMPUTERS	05/31/99	SL	5.00		16	34,536.				34,536.	34,536.		0.	34,536.
134	AIR CONDITIONER IN OFFICE	04/04/02	SL	5.00		16	8,100.				8,100.	8,100.		0.	8,100.
135	COMPUTERS	10/08/02	SL	5.00		16	18,655.				18,655.	18,655.		0.	18,655.
136	TELEPHONE SYSTEM	09/30/02	SL	5.00		16	18,921.				18,921.	18,921.		0.	18,921.
137	LASER PRINTER	05/01/04	SL	5.00		16	3,392.				3,392.	3,392.		0.	3,392.
138	365 COMPUTER PACKAGE	06/21/05	SL	5.00		16	1,126.				1,126.	1,126.		0.	1,126.
139	DELL E176FP 17IN	01/31/06	SL	5.00		16	1,328.				1,328.	1,328.		0.	1,328.
140	DELL E176FP 17IN	01/31/06	SL	5.00		16	1,328.				1,328.	1,328.		0.	1,328.
146	DOCK EQUIPMENT	06/15/84	SL	5.00		16	34,459.				34,459.	34,459.		0.	34,459.
147	PIER	07/01/84	SL	5.00		16	22,132.				22,132.	22,132.		0.	22,132.
148	RIP RAP	04/01/85	SL	5.00		16	182,379.				182,379.	182,379.		0.	182,379.
149	ELECTRICAL SYSTEMS	07/01/85	SL	5.00		16	104,428.				104,428.	104,428.		0.	104,428.

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150	POOL IMPROVEMENTS	07/01/85	SL	5.00		16	20,331.				20,331.	20,331.		0.	20,331.
151	CAMP IMPROVEMENTS	07/09/85	SL	5.00		16	68,862.				68,862.	68,862.		0.	68,862.
152	WATER SYSTEM	04/01/86	SL	5.00		16	65,200.				65,200.	65,200.		0.	65,200.
153	DOCK IMPROVEMENT	03/01/85	SL	5.00		16	2,583.				2,583.	2,583.		0.	2,583.
154	FENCE	03/08/85	SL	5.00		16	1,966.				1,966.	1,966.		0.	1,966.
155	MOULTRIE IMPROVEMENT	07/01/86	SL	5.00		16	28,406.				28,406.	28,406.		0.	28,406.
156	MISC CAMP IMPROVEMENT	06/15/86	SL	5.00		16	7,242.				7,242.	7,242.		0.	7,242.
157	WELLS	12/30/87	SL	5.00		16	5,415.				5,415.	5,415.		0.	5,415.
158	CAMP IMPROVEMENTS	06/30/87	SL	5.00		16	21,547.				21,547.	21,547.		0.	21,547.
159	SEPTIC TANK	07/09/87	SL	5.00		16	325.				325.	325.		0.	325.
160	AMPHITHEATRE PLANS	05/01/89	SL	5.00		16	10,587.				10,587.	10,587.		0.	10,587.
161	COUNCIL RING	05/01/89	SL	5.00		16	24,327.				24,327.	24,327.		0.	24,327.
162	BARRIER FREE CAMP	06/01/95	SL	5.00		16	2,347.				2,347.	2,347.		0.	2,347.
163	BARRIER FREE CAMP	06/30/92	SL	5.00		16	9,501.				9,501.	9,501.		0.	9,501.
164	FENCE	09/01/91	SL	5.00		16	3,468.				3,468.	3,468.		0.	3,468.
165	RIP RAP	04/10/01	SL	5.00		16	36,150.				36,150.	36,150.		0.	36,150.
166	RETAINING WALL MOUNT	07/30/10	SL	10.00		16	17,000.				17,000.	17,000.		0.	17,000.
167	WELLS	05/31/15	SL	10.00		16	10,480.				10,480.	5,851.		1,048.	6,899.

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168	BATHROOM RENOVATION	11/30/15	SL	15.00		16	4,021.				4,021.	1,363.		268.	1,631.
169	ICE MACHINE	07/15/15	SL	10.00		16	4,000.				4,000.	2,200.		400.	2,600.
170	GARAGE DOORS (10)	04/20/15	SL	5.00		16	9,155.				9,155.	9,155.		0.	9,155.
176	SUNFISH SAIL BOAT	05/31/15	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
177	SUNFISH SAIL BOAT	12/28/15	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
178	MCKEE MOTOR BOAT	04/30/15	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
179	PARTIONS FOR PARKING LOT BATHROOM	04/01/16	SL	20.00		16	2,804.				2,804.	666.		140.	806.
180	NEW ROOF ON MOBILE HOME MOULTRIE	04/01/16	SL	20.00		16	4,864.				4,864.	1,155.		243.	1,398.
181	TENTS FOR BOHICKET TOWN	04/01/16	SL	5.00		16	14,385.				14,385.	13,666.		719.	14,385.
182	NEW ROOF ON COOK'S TRAILER	04/01/16	SL	20.00		16	3,797.				3,797.	902.		190.	1,092.
183	KAWASAKI CLUB CAR	05/01/16	SL	5.00		16	14,839.				14,839.	13,850.		989.	14,839.
184	LOG SPLITTER	10/01/16	SL	5.00		16	1,442.				1,442.	1,225.		217.	1,442.
185	BOAT QUINTETTE	02/01/17	SL	10.00		16	80,000.				80,000.	31,333.		8,000.	39,333.
186	1982 CAPE DORY 28	06/01/18	SL	10.00		16	36,800.				36,800.	9,507.		3,680.	13,187.
187	BOSTON WHALER 260	06/21/18	SL	10.00		16	44,000.				44,000.	11,000.		4,400.	15,400.
188	FRYERS	12/31/18	SL	5.00		16	2,932.				2,932.	1,172.		586.	1,758.
189	MILK COOLER	12/15/18	SL	5.00		16	1,645.				1,645.	685.		329.	1,014.
190	NEW DOCKS	12/31/18	SL	5.00		16	50,000.				50,000.	20,000.		10,000.	30,000.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
191	SIDE CHAIRS (9)	04/05/82	SL	5.00		16	1,682.				1,682.	1,682.		0.	1,682.
192	SECRETARY DESKS (2)	04/05/82	SL	5.00		16	993.				993.	993.		0.	993.
193	EXECUTIVE DESKS (8)	04/05/82	SL	5.00		16	4,586.				4,586.	4,586.		0.	4,586.
194	EXECUTIVE DESK	04/05/82	SL	5.00		16	641.				641.	641.		0.	641.
195	CREDENZA	04/05/82	SL	5.00		16	525.				525.	525.		0.	525.
196	CREDENZA	04/05/82	SL	5.00		16	636.				636.	636.		0.	636.
197	HESCO EXECUTIVE DESK	04/05/82	SL	5.00		16	1,533.				1,533.	1,533.		0.	1,533.
198	HESCO CREDENZA	04/05/82	SL	5.00		16	1,392.				1,392.	1,392.		0.	1,392.
199	HESCO SECRETARY DESK	04/05/82	SL	5.00		16	1,456.				1,456.	1,456.		0.	1,456.
200	CONFERENCE TABLE	04/05/82	SL	5.00		16	452.				452.	452.		0.	452.
201	12 CHROME CHAIRS	04/05/82	SL	5.00		16	4,207.				4,207.	4,207.		0.	4,207.
207	MERCHANDISE SHELVES IN TRADING POST	05/18/15	SL	10.00		16	2,246.				2,246.	1,255.		225.	1,480.
208	CARGO TRAILER	03/31/15	SL	7.00		16	4,742.				4,742.	3,894.		677.	4,571.
209	AIR CONDITIONER	10/22/15	SL	5.00		16	2,900.				2,900.	2,900.		0.	2,900.
210	TRADING POST BUILDING	06/15/15	SL	20.00		16	8,695.				8,695.	2,428.		435.	2,863.
211	DODGE RAM TRUCK	05/06/15	SL	5.00		16	10,724.				10,724.	10,724.		0.	10,724.
212	DELL OPTIPLEX	03/05/07	SL	5.00		16	4,132.				4,132.	4,132.		0.	4,132.
213	DELL LATITUDE D630	07/17/07	SL	5.00		16	1,747.				1,747.	1,747.		0.	1,747.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
214	DYNAFOLD DE-102AF AU	05/08/08	SL	10.00		16	831.				831.	831.		0.	831.
215	LAND PREPARATION	03/15/85	SL	.000		16	29,662.				29,662.			0.	
216	LOST ISLAND	10/15/11	SL	.000		16	75,000.				75,000.			0.	
217	ROOF REPLACEMENT	01/15/19	SL	20.00		16	44,000.				44,000.	4,400.		2,200.	6,600.
218	RIDING LAWN MOWER	03/04/19	SL	5.00		16	8,554.				8,554.	3,137.		1,711.	4,848.
219	METAL ROOFING MATERIALS	01/11/19	SL	7.00		16	2,132.				2,132.	610.		305.	915.
220	COMPRESSOR	06/23/19	SL	5.00		16	3,600.				3,600.	1,080.		720.	1,800.
221	FREEZER	08/23/19	SL	5.00		16	5,624.				5,624.	1,500.		1,125.	2,625.
	* TOTAL 990 PAGE 10 DEPR						3,444,836.				3,444,836.	3,001,284.		53,587.	3,054,871.