** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Α	For the	2023 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	COAST GUARD FOUNDATION, INC.			
	Name change	Doing business as		04-28998	62
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 394 TAUGWONK ROAD	Room/suite	E Telephone number (860)535	
_	☐return/ termin- ated			G Gross receipts \$	15,149,005.
Г	Ameno	, , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re	
	Application			for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	·····= =
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 ` ′	list. See instructions
	Websit			H(c) Group exemptio	
K	Form of	organization; X Corporation Trust Association Other	L Year		1 State of legal domicile: MA
	art I	Summary	•	•	<u> </u>
_	1	Briefly describe the organization's mission or most significant activities: $ { m THE} $	COAST	GUARD FOUNDA	ATION
Governance		SUPPORTS COAST GUARD MEMBERS AND THEIR FA	MILIES	5.	
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
S e	3	Number of voting members of the governing body (Part VI, line 1a)		3	30
		Number of independent voting members of the governing body (Part VI, line 1b)			29
80	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	23
Vitie	6	Total number of volunteers (estimate if necessary)		6	100
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		11,251,377.	11,285,518.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
e Se	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		865,022.	930,273.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-636,569.	-435,090.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,479,830.	11,780,701.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,787,298.	3,889,525.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,539,341.	3,174,954.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 2,946,0		480,693.	565,260.
Q X	b 1.5			2,449,035.	3,182,432.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,256,367.	10,812,171.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		223,463.	968,530.
		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
t Assets or		Tabel assets (Dest V. line 10)		21,004,105.	23,347,944.
SSe	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		3,140,254.	3,080,511.
Net /		Net assets or fund balances. Subtract line 21 from line 20		17,863,851.	20,267,433.
	art II	Signature Block		17,005,051.	20,207,433.
		ties of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents, and to the hest of my	knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			into violego ana bonon, it io
	,	, · · · · · · · · · · · · · · ·			
Sig	ın	Signature of officer		Date	_
He		SUSAN LUDWIG, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN
Pai	d	LINDA M. PEARSON, CPA LINDA M. PEARSOI	N, CP	7/16/24 if self-employ	
	parer	Firm's name SANSIVERI, KIMBALL & CO., LLP	L		5-0255779
	Only	Firm's address 50 HOLDEN STREET			
		PROVIDENCE, RI 02908		Phone no. 40	1-331-0500
Ма	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE COAST GUARD FOUNDATION:	
	- SUPPORTS COAST GUARD MEMBERS THROUGH EDUCATION, MORALE AND WELLNESS	
	AND RECOGNITION PROGRAMS THAT HONOR THEIR SERVICE TO AMERICA.	
	- EMPOWERS COAST GUARD SPOUSES WITH GRANTS TO HELP THEM ACHIEVE	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	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 X	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 \$1,723,931. including grants of \$1,270,271.) (Revenue \$)
	EDUCATION IS ESSENTIAL TO A STRONG FUTURE FOR THE COAST GUARD	
	COMMUNITY, BUT THE RISING COSTS OF SCHOOL AND OTHER BARRIERS MAKE IT	
	INACCESSIBLE TO MANY. WE HELP MAKE HIGHER EDUCATION POSSIBLE THROUGH	
	VARIOUS INITIATIVES INCLUDING: SCHOLARSHIPS FOR CHILDREN OF ACTIVE	
	DUTY, RETIRED, OR ACTIVE RESERVE MEMBERS; 100% COVERAGE OF HIGHER	
	EDUCATION FOR CHILDREN OF COAST GUARD MEMBERS WHO DIE IN OPERATIONAL,	
	LINE OF DUTY SERVICE; AND, PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR	
	COAST GUARD MEMBERS AND THEIR SPOUSES. WE ALSO SUPPORT THE COAST GUARD	~
	ACADEMY, A TOP-TIER EDUCATIONAL INSTITUTION TRAINING THE FUTURE LEADERS	>
	OF THE COAST GUARD, THROUGH VARIOUS GRANT SUPPORT.	
4b	(Code:) (Expenses \$ 2,658,199. including grants of \$ 2,114,901.) (Revenue \$	
4υ	(Code:) (Expenses \$2,658,199 · including grants of \$2,114,901 ·) (Revenue \$	— <i>'</i>
	REMAIN ALWAYS READY FOR THEIR ASSIGNMENTS, BUT SO THEY CAN MAINTAIN	
	THEIR OWN PHYSICAL AND MENTAL WELL-BEING WHILE AT SEA OR STATIONED IN	
	REMOTE AREAS. WE PROVIDE MORALE AND WELL-BEING SUPPORT THROUGH VARIOUS	
	INITIATIVES INCLUDING: PROVIDING EXERCISE, SPORTS, AND OUTDOOR	
	RECREATION EQUIPMENT AT COAST GUARD STATIONS AND ON BOARD CUTTERS;	
	FUNDING RECREATION SPACES IN COAST GUARD COMMUNITIES; OFFERING MORALE	
	SUPPORT THROUGH PARTNERSHIP WITH COAST GUARD LEADERSHIP; AND, PROVIDING	3
	TRAINING PROGRAMS FOR COAST GUARD CHAPLAINS SPECIFIC TO FAMILY	
	COUNSELING.	
4c	(Code:) (Expenses \$)
	FAMILY RESILIENCE, EMERGENCY SUPPORT AND COMMUNITY BUILDING - WHEN THE	
	COAST GUARD FAMILY FACES DIFFICULT TIMES, THE COAST GUARD FOUNDATION	
	PRIORITIZES FAMILY RESILIENCE, SO THAT MEMBERS, SPOUSES, AND CHILDREN	
	HAVE THE SUPPORT THEY NEED TO RECOVER. WHEN NATURAL DISASTERS STRIKE,	
	THE FOUNDATION OFFERS COAST GUARD MEMBERS IMMEDIATE RELIEF BY ASSESSING	3
	MEMBER AND FAMILY NEEDS THROUGH OUR DISASTER RELIEF AND RESPONSE	
	PROGRAM. WHEN COAST GUARD FAMILIES OR UNITS FACE THE UNTHINKABLE LOSS	
	OF AN ACTIVE DUTY MEMBER, WE ARE THERE WITH IMMEDIATE FINANCIAL AND	
	MORALE SUPPORT. FOR AN INJURED OR CRITICALLY ILL COAST GUARD MEMBER	
	WHICH DEEPLY AFFECTS FAMILY AND LOVED ONES, OUR TRAGEDY ASSISTANCE	
	SUPPORT PROGRAM ENSURES THAT FAMILIES CAN FOCUS EXCLUSIVELY ON	
	RECOVERY. THIS DEDICATED AND ROBUST FINANCIAL SUPPORT SYSTEM ALLOWS	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 1,487,960 • including grants of \$) (Revenue \$)	
4e	Total program service expenses 6,592,786.	(0.0.0.0)

Form 990 (2023) COAST GUARD FOUNDATION, INC. 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	democre government on Fartix, column (-y, interier in Fes. Complete Schedule I, Parts Fand II	<u> </u>		L

Form	rt IV Checklist of Required Schedules _(continued)	19862	P	age 4
Га	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		162	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	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?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	-		
-	Note: All Form 990 filers are required to complete Schedule O	. 38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	. , 55		
	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	0		
b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Form **990** (2023)

Form 990 (2023) COAST GUARD FOUNDATION, INC.

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

2a Effect the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 18ct for the calendar year ending with or within the year covered by this return 2 b if at least one is reported on line 2a, did the organization file all required federal employment has returns? 3a Did the organization have unrested business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990°T for this yea?" if "No" to line 3b, previole an explanation on Schedule 0 3b If "Yes," has it filed a Form 990°T for this yea?" if "No" to line 3b, previole an explanation on Schedule 0 3c If "Yes," and the country years as a bring of the organization that was not income of \$1,000 or more during the earthority over, a transcrial account in a foreign country years as a bring of the organization on the state country of the francial account? 4c If "Yes," enter the name of the foreign country years as the organization and previous and the previous of the organization of the previous of t						Yes	No
the for the calendary year ending with or within the year covered by this return 2 a 2 3 b 1	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.	1			100	110
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "a file of the provide and year, and the organization that was not a party to a prohibited tax she alter transaction at any time during the tax year? 5ch Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5ch Did any textential gross receipts that was or is a party to a prohibited tax shelter transaction? 5ch Did was the organization and progracitation file Form 88867? 6c Does the organization shell was provided to the organization shell contributions which were not tax deductible? 6c Different and the organization shell was prime in excess of \$5's nade party is a contribution and party for goods and services provided? 7c Did the organization receive any prime in excess of \$5's nade party is a contribution and party for goods and services provided? 7c Did the organization sellower payment in excess of \$5's nade party is a contribution and party for which it was required to file Form 8882? 6ch Did the organization sellower payment in excess of \$5's nade party is a contribution of provided? 7c Did the organization sellower payment in excess of \$5's nade party is a contribution of provided? 7c Did the organization sellower payment in excess of \$5's nade party is a contribution of provided? 9c Did the sognization of the provided provided provided provided provided provided provided pr			2a	23			
3a X X 1 1 1 1 1 1 1 1	b				2b	х	
b If Yes, "Itasi if lied a Form 980T for this year? If 'No' for lies Sp, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a	_	5111					Х
4a A 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 accounts? 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? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes 1 time face for 5b, did the organization for tax deductibles of the organization in the organization in the organization in the organization in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of a charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). a) bill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of a charitable contribution and partly for goods and services provided to the payor? 7 Description of the organization include with every solicitation an express statement that such contributions or gifts were not tax enduring the every form of the description of the value of the goods or services provided? 7 Description of the organization neological contribution of undership and the first organization received a contribution of undership as a co							
francial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, 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? 5b Did any stackle party notify the organization file Form 88861? 6c If Yes' to line Sa or 5b, did the organization file Form 88861? 6d Does the organization 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? 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). 8 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Organization services applied to the payor? 7 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 If I was required to the form 8282? 9 If I Yes, 'did the organization notify the donor of the value of the goods or services provided? 9 If I was required to the form 8282? 10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If I was required not received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If I was required not received any funds, directly or indirectly, on a personal benefit contract? 9 If I was regardation received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1088-07 has premium and the premium and the premium and the premium and the premium and		• • • • • • • • • • • • • • • • • • • •					
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Form **990** (2023)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion 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?	10a		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?	11a	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?		77	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		Λ
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	IOD		
17	List the states with which a copy of this Form 990 is required to be filedMA, NY, MD, FL, CA, RI, AL, WA, AZ,	ΑK	MT	Ντ
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			
	for public inspection. Indicate how you made these available. Check all that apply.	Ji iiy)	سعماها	,,,
	X Own website X Another's website X 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	financ	cial	
13	statements available to the public during the tax year.	a. IC	, ai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
5	SUSAN LUDWIG - (860)535-0786			
	394 TAUGWONK ROAD, STONINGTON, CT 06378			
	CER COURDING OF CONTROL OF CONTROL		000	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	l	mzu		C)	рсп	out	(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	e e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	Institutional trustee		99	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tı	utiona	_	Key employee	st cor	Je.	1000 NEO)		organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			Ü
(1) SUSAN LUDWIG	45.00									
PRESIDENT		Х		Х				272,978.	0.	21,636.
(2) BRAD SISLEY	45.00	<u> </u>								
SENIOR VP OF DEVELOPMENT					Х			189,558.	0.	20,720.
(3) RON LABREC	45.00									
EXTERNAL ENGAGEMENT OFFICE					Х			181,923.	0.	8,425.
(4) LINDA NAUGLE	45.00	1								
REGIONAL DIR OF PHILANTHRO	 					X		166,221.	0.	11,518.
(5) BRIAN OVERCAST	45.00	1						1.50 400		44.000
REGIONAL DIR OF PHILANTHRO	45.00					X		162,429.	0.	14,989.
(6) MARC CREGAN	45.00	4						160 265	•	- C
REGIONAL DIR OF PHILANTHRO	45.00	<u> </u>				Х		162,367.	0.	7,657.
(7) WENDY TAYLOR EMERSON	45.00	4				٦,		160 065	0	г сп1
REGIONAL DIR OF PHILANTHRO	20 00					X		160,865.	0.	5,671.
(8) THOMAS A ALLEGRETTI	20.00	х		х					0	0
(9) R CHRISTIAN JOHNSEN	15.00	^		^				0.	0.	0.
VICE CHAIRMAN	15.00	х		х				0.	0.	0.
(10) CHERYL D FELDER	15.00	^		_				0.	0.	<u> </u>
TREASURER	13.00	Х		х				0.	0.	0.
(11) DUNCAN C SMITH, III	15.00							0.	0.	<u></u>
SECRETARY	13.00	х		х				0.	0.	0.
(12) FREDERICK BRODSKY	5.00								•	
DIRECTOR		х						0.	0.	0.
(13) NICKI M CANDIES	5.00									
DIRECTOR		Х						0.	0.	0.
(14) RUTH ANDERSON COGGESHALL	5.00									
DIRECTOR		Х						0.	0.	0.
(15) CHARLEY DIAZ	5.00									
DIRECTOR		Х						0.	0.	0.
(16) DAVID W GRZEBINISKI	5.00									
DIRECTOR		Х						0.	0.	0.
(17) WILLIAM JENKINS	5.00]								
DIRECTOR		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

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Form 990 (2023) CO11D 1 CO1	11110 1 0 0 1						<u>.</u>		04 2000	CCZ rage C		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average hours per week	box	not c , unle	ss per	more rson i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(18) CORRINE X KOSAR	5.00											
DIRECTOR		Х						0.	0.	0.		
(19) LEO PAUL KOULOS DIRECTOR	5.00	Х						0.	0.	0.		
(20) STEIN KRUSE	5.00											
DIRECTOR		Х						0.	0.	0.		
(21) JAMES P MULDOON	5.00											
DIRECTOR		Х						0.	0.	0.		
(22) THOMAS NILES DIRECTOR	5.00	х						0.	0.	0.		
(23) SALLY BRICE-O'HARA DIRECTOR	5.00	х						0.	0.	0.		
(24) JAMES A O'HARE DIRECTOR	5.00	х						0.	0.	0.		
(25) LORETTA RIETSEMA DIRECTOR	5.00	х						0.	0.	0.		
(26) JUDITH A ROOS	5.00											
DIRECTOR		Х						0.	0.	0.		
1b Subtotal								1,296,341.	0.	90,616.		
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.		
d Total (add lines 1b and 1c)								1,296,341.	0.	90,616.		
2 Total number of individuals (including but n								ceived more than \$100	000 of reportable			

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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
EMERSON EVENTS & MARKETING		
7 BAYHILL ROAD, LEONARDO, NJ 07737	EVENT PLANNER	295,205.
RKD GROUP		
201 SUMMER STREET, HOLLISTON, MA 01746	SOLICITATIONS	207,031.

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

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\$100,000 of compensation from the organization

	UARD FOUN	אַעו	т т	OM	,	ΤIJ	C.		04-289	9862
Part VII Section A. Officers, Directors, 1	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	app	ly)	compensation	compensation	amount of
	per week					yee		from the	from related organizations	other compensation
	(list any	rector				Highest compensated employee		organization	(W-2/1099-MISC)	from the
	hours for	Individual trustee or director	tee			sated		(W-2/1099-MISC)		organization
	related organizations	rustee	l trust		99/	n pen :				and related organizations
	below	dual t	nstitutional trustee	_	Key employee	stcor	Je.			Organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(27) MARGARET C WINTERS	5.00									
DIRECTOR		Х						0.	0.	0.
(28) JAMES S ANDRASICK	2.00									
TRUSTEE		Х						0.	0.	0.
(29) VIC ANGOCO	2.00									
TRUSTEE		Х						0.	0.	0.
(30) WILLIAM ANONSEN	2.00									
TRUSTEE		Х						0.	0.	0.
(31) ABBOTT BROWN	5.00									
DIRECTOR		Х						0.	0.	0.
(32) JOSEPH P BUSS, JR	2.00								•	•
TRUSTEE		X						0.	0.	0.
(33) KATHRYN CLAY	2.00								•	•
TRUSTEE	0.00	Х						0.	0.	0.
(34) SCOTT COOPER	2.00								•	•
TRUSTEE	2 00	Х						0.	0.	0.
(35) ALEXANDRA ANAGNOSTIS-IRONS	2.00	37						_	0	0
DIRECTOR (36) PAUL JANOFF	2 00	Х						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(37) GEORGE KAMPSTRA	2.00	Λ						0.	U •	0.
TRUSTEE	2.00	Х						0.	0.	0.
(38) H MERRITT LANE III	5.00	Δ						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(39) BETH MASON	2.00	Λ						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(40) JIM MASTERS	2.00							•	•	•
TRUSTEE	2,00	Х						0.	0.	0.
(41) JAMES M MATHIEU	2.00									
TRUSTEE		х						0.	0.	0.
(42) BRIAN B MCALLISTER	2.00									
TRUSTEE		х						0.	0.	0.
(43) ROBERT W MONTGOMERY	5.00								-	_
DIRECTOR		Х						0.	0.	0.
(44) STEPHEN E MUECKE	2.00								<u> </u>	
TRUSTEE		Х						0.	0.	0.
(45) ERIC NAGEL	2.00									
DIRECTOR		Х						0.	0.	0.
(46) JULIE NELSON	5.00									
		Х	l					0.	0.	0.
DIRECTOR		77						U •		

	JARD FOUN			<u> </u>			<u>.</u>		04-289	7002
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	(0)	heck	Posi			ı. A	Reportable compensation	Reportable compensation	Estimated amount of
	hours per week (list any hours for		leck	all	ırıaı		iy)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	,		and related organizations
(47) JAMES C OLSON TRUSTEE	2.00	Х						0.	0.	0.
(48) JOHN PARROTT TRUSTEE	2.00	х						0.	0.	0.
(49) JOSEPH B. PHAIR DIRECTOR	5.00	x						0.	0.	0.
(50) THOMAS K RICHEY	2.00									
TRUSTEE (51) MARK ROSS	2.00	Х						0.	0.	0.
TRUSTEE		Х						0.	0.	0.
(52) JEFFREY SCHOLZ TRUSTEE	2.00	x						0.	0.	0.
(53) JOHN SEAMAN	2.00									
TRUSTEE		Х						0.	0.	0.
(54) PHILIP J SHAPIRO	2.00								•	•
TRUSTEE (55) JAMES C VAN SICE	2.00	Х						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(56) DANIEL SMALLWOOD	2.00								•	
TRUSTEE		Х						0.	0.	0.
(57) RICHARD M SYMONS	2.00								•	•
TRUSTEE	1 2 00	Х						0.	0.	0.
(58) HOWARD THORSEN TRUSTEE	2.00	х						0.	0.	0.
(59) ROGER WACKER	2.00	25						•	.	0.0
DIRECTOR		Х						0.	0.	0.
(60) THOMAS WETHERALD	2.00	.,							0	0
DIRECTOR (61) JOHN CAMERON	2.00	Х						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(62) ROBERT CUTHBERTSON	2.00									
TRUSTEE		Х						0.	0.	0.
(63) JOSEPH DEPIETRO	2.00								•	_
TRUSTEE DIVON	2.00	Х						0.	0.	0.
(64) JEFFREY DIXON TRUSTEE	2.00	х						0.	0.	0.
(65) JEANNE GRASSO	2.00		\vdash						J •	0.
TRUSTEE		Х						0.	0.	0.
(66) PARKER HARRISON	2.00									
		Х	ıl	i	i l	ı	l	0.	0.	0.

Form 990 COAST GUZ	ARD FOUN	IDA	ITA	ON	· , _	IN	С.		04-289	9862
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	or director				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	al trus		yee	m pen				organizations
	below	Individual trustee	Institutional trustee	er	Key employee	Highest compensated employee	er			
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(67) RAY ONEGLIA	2.00									
TRUSTEE		Х						0.	0.	0.
(68) JONATHAN SPANER	2.00									
TRUSTEE		Х						0.	0.	0.
(69) CLARK TODD	2.00									
TRUSTEE		Х						0.	0.	0.
(70) DAVID VARDEMAN	2.00									
TRUSTEE		Х						0.	0.	0.
(71) JERIMIAH ANA	2.00									
TRUSTEE		Х						0.	0.	0.
(72) CHARLES BOWEN	2.00									
TRUSTEE		Х						0.	0.	0.
(73) CHRISTOPHER CHANDOR	2.00	1								_
TRUSTEE		Х						0.	0.	0.
(74) NARESH COPELAND	2.00									
TRUSTEE		Х						0.	0.	0.
(75) STEVE JOWETT	2.00	ļ							•	
TRUSTEE	2 00	Х						0.	0.	0.
(76) CHRISTIAN LEE	2.00	٠,,							0	_
TRUSTEE	2.00	Х						0.	0.	0.
(77) MICHAEL MACDONALD TRUSTEE	2.00	х						0.	0.	0.
(78) AUGUSTINE RIETSEMA	2.00	Δ						0.	0.	· ·
TRUSTEE	2.00	Х						0.	0.	0.
(79) PAUL J. RODEN	2.00	Λ						0.	0.	· ·
TRUSTEE	2.00	Х						0.	0.	0.
(80) LUIS ROMERO	2.00	22						0.	0.	<u></u>
TRUSTEE	2.00	Х						0.	0.	0.
(81) TIM VAN OPPEN	2.00							•	•	•
TRUSTEE	2.00	х						0.	0.	0.
(82) JESSE WILSON	2.00								•	
TRUSTEE		х						0.	0.	0.
(83) GRACIELLA YOKANA	2.00	† –								
TRUSTEE		Х						0.	0.	0.
			L				L			
		1								
Total to Part VII, Section A, line 1c										

Form 990 (2023) COAST G Part VIII Statement of Revenue

			Check if Schedule O contains a re	esnonse d	or note to any lin	e in this Part VIII			
			Cricci ii Geriedale O coritairis a re	сэропэс с	or riote to arry iiii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
$\overline{}$. 1	6 000				Sections 512 - 514
nts			· • ·····-	1a	6,028.				
ira Ou				1b					
s, (Am				1c	2,438,301.				
Sift ar		d	Related organizations	1d					
s, (mi		е	Government grants (contributions)	1e					
i Si		f	All other contributions, gifts, grants, and						
but			similar amounts not included above	1f	8,841,189.				
Contributions, Gifts, Grants and Other Similar Amounts		q		1g \$	232,577.				
Son		_	Total. Add lines 1a-1f	<u> </u>		11,285,518.			
<u> </u>					Business Code				
	2	•							
je									
er, ne		b							_
n S		С							
ar Be		d							
Program Service Revenue		е							
₾			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividen						
			other similar amounts)			883,109.			883,109.
	4		Income from investment of tax-exemp						
	5		Royalties						
			(i)	Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` '	curities	(ii) Other				
	-	_		17,132.	. ,				
		h	Less: cost or other basis	, -					
ø				69,968.					
ž.		_		47,164.					
Revenue						47,164.			47,164.
ت ھ			Net gain or (loss)			47,104.			47,104.
ther	8	а	Gross income from fundraising events (no						
ŏ			including \$ 2,438,301.						
			contributions reported on line 1c). Sec	I	E01 EE2				
			Part IV, line 18		721,553.				
			Less: direct expenses		1,198,336.				
		С	Net income or (loss) from fundraising	events		-476,783.			-476,783.
	9	а	Gross income from gaming activities.						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming acti	vities					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inve						
			•		Business Code				
sno	11	а	TRUSTEE DUES		900099	39,000.	39,000.		
Miscellaneous Revenue	-		MISCELLANEOUS		900099	2,693.	2,693.		
ella		c					,		
ŠČ			All other revenue						
Σ			Total. Add lines 11a-11d			41,693.			
	12		Total revenue. See instructions			11,780,701.	41,693.	0.	453,490.

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 2,665,988. 2,665,988. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,223,537. 1,223,537. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 787,227. 424,840. 199,834. 162,553. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,906,676. 867,687. 352,256. 686,733. Other salaries and wages 7 Pension plan accruals and contributions (include 88,889. 42,363. 16,620. 29,906. section 401(k) and 403(b) employer contributions) 204,557. 52,164. 71,759. 80,634. Other employee benefits 9 187,605. 88,837. 32,776. 65,992. 10 Payroll taxes Fees for services (nonemployees): Management 71,798. 71,798. Legal 47,043. 47,043. Accounting Lobbying 565,260. 565,260. Professional fundraising services. See Part IV, line 17 40,000. 40,000. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 284,336. 84,655. 82,768. 116,913. column (A), amount, list line 11g expenses on Sch O.) 663,271. 381,170. 282,101. Advertising and promotion 12 Office expenses 13 186,607. 83,063. 37,354 66,190. Information technology 14 15 Royalties 72,155. 35,704. 129,174. 21,315. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 301,777. 77,712. 55,163. 168,902. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 56,207. 30,172. 8,977. 17,058. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 970,694. 70,849. 441,414. 458,431. DIRECT MAIL SOLICITATIO 51,108. **MISCELLANEOUS** 367,254. 147,504. 168,642. 64,271. 64,271. DONOR CULTIVATION С d All other expenses 10,812,171. 6,592,786. 1,273,359. 2,946,026. Total functional expenses. Add lines 1 through 24e 25 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)

Form **990** (2023)

Pa	rt 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
	1	Cash - non-interest-bearing	1,158,273.	1	792,844.
	2	Savings and temporary cash investments	984,538.	2	963,034.
	3	Pledges and grants receivable, net	1,773,842.	3	2,264,746.
	4	Accounts receivable, net	4,839.	4	4,692.
	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	
ξ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	31,327.	8	28,735.
¥	9	Prepaid expenses and deferred charges	345,436.	9	456,499.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,318,877. 10b 827,255.			
	b	Less: accumulated depreciation 10b 827,255.	518,801.	10c	491,622.
	11	Investments - publicly traded securities	15,912,727.	11	17,851,540.
	12	Investments - other securities. See Part IV, line 11	274,322.	12	494,232.
	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)	21,004,105.	16	23,347,944.
	17	Accounts payable and accrued expenses	319,168.	17	637,346.
	18	Grants payable		18	
	19	Deferred revenue	511,845.	19	383,924.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	2 200 241		2 050 241
		of Schedule D	2,309,241. 3,140,254.	25	2,059,241.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	3,140,234.	26	3,080,511.
Ø		, <u> </u>			
nce	0.7	and complete lines 27, 28, 32, and 33.	3,457,671.	07	2 962 448
ala	27	Net assets without donor restrictions	14,406,180.	27 28	2,962,448. 17,304,985.
B B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	14,400,100.	20	17,304,303.
Ë					
þ	20	and complete lines 29 through 33.		29	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	30	-		31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	17,863,851.	32	20,267,433.
ž	32	Total liabilities and not assets/fund balances	21,004,105.	33	23,347,944.
	33	Total liabilities and net assets/fund balances	21,004,103.	JJ	43,341,344.

Pa	rt XI Reconciliation of Net Assets				. u	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	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	11	, 780	7, 0	01.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	,812	2,1	71.
3	Revenue less expenses. Subtract line 2 from line 1	3		968	3,5	30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17	, 863	3,8	51.
5	Net unrealized gains (losses) on investments	5	1,	43!	5,0	52.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	20	, 26'	7,4	<u>33.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	.			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	Щ_
				Form	990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 0.4 – 2899862

				JNDALION, IN				4-2099002
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
he (organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	一	A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	Ħ	A medical research organiza					•	the hospital's name.
•	ш	city, and state:	ation operated in cor	ijanotion with a noopital	accombca	000110	11 17 0(B)(1)(A)(III)1 2 1101	the noophal o hame,
5		An organization operated for	or the benefit of a col	lege or university owner	d or operat	ed by a go	vernmental unit describe	ad in
3				lege of difficulty owner	or operat	cd by a go	verninental unit describe	5 4 III
_		section 170(b)(1)(A)(iv). (C		and the second s	4-	70(1-)(4)(4)	(.)	
6	♥	A federal, state, or local gov	-					
1	X	An organization that normal	•	ntial part of its support f	rom a gove	ernmental	unit or from the general p	oublic described in
		section 170(b)(1)(A)(vi). (C						
8	\square	A community trust describe						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	or
		university:						
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that of						
а		Type I. A supporting orga	* *					aivina
_		the supported organization	•		•	_		
		organization. You must c			i majority c	in the direc		apporting
h		Type II. A supporting orga			tion with it	o oupports	nd organization(s) by bay	ina
D			•					•
		control or management o			ame perso	iis iiiai coi	ntroi or manage the supp	oortea
		organization(s). You mus					and for all and the last and the	J 245
С		Type III functionally inte					• •	ed with,
		its supported organization						
d		Type III non-functionally	•					. ,
		that is not functionally int	-		•		•	/eness
		requirement (see instructi	•	•	•			
е		□ Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.		
f		er the number of supported o						
g		vide the following information			(iv) le the erec	anization listed		6.3 A
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
					-			
							ı	ı

332021 12-21-23

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9299517.	7143650.	9490096.	11352613.	<u> 11287648.</u>	48573524.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9299517.	7143650.	9490096.	11352613.	11287648.	48573524.
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)						24,485.
6	Public support. Subtract line 5 from line 4.						48549039.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	9299517.	7143650.		11352613.	11287648.	48573524.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	436 917	423 530.	311 132.	692,410.	883 109.	2747098.
۵	Net income from unrelated business	130,31,1	123/3301	311/1321	032,110.	00371031	27270301
9	activities, whether or not the						
	·						
10	business is regularly carried on Other income. Do not include gain						
10	· ·						
	or loss from the sale of capital	54,221.	42,724.	37,500.	44,000.	11 693	220,138.
44	assets (Explain in Part VI.)	J4,221•	14,741	37,300.	44,000.	±1,000.	51540760.
	Total support. Add lines 7 through 10 Gross receipts from related activities,		>			12	13,718.
	'	•	,				15,710.
13	First 5 years. If the Form 990 is for the	-					
Sac	organization, check this box and storetion C. Computation of Publi						<u></u>
	•			- L (f))		44	94.20 %
	Public support percentage for 2023 (li					14	0.4 = 4
	Public support percentage from 2022					15	
юа	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2022. If the c	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	•					•
	and if the organization meets the facts			=	· ·	VI how the organi	zation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		(Form 990) 2023

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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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 organ- ization'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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
-		
2		
3a		
Ja		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ule A (For	m 990)	2023

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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.	1		
	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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations			
			Yes	No
	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			
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3601	tion b. All Type III Supporting Organizations		· ·	
	Did the constitution with the control of the contro		Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion 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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
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					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see		
	instructions).	. •		•		

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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

SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
TRUSTEE DUES	
2019 AMOUNT: \$	40,500.
2020 AMOUNT: \$	37,500.
2021 AMOUNT: \$	37,500.
2022 AMOUNT: \$	36,000.
2023 AMOUNT: \$	39,000.
MISCELLANEOUS	
2019 AMOUNT: \$	13,721.
2020 AMOUNT: \$	5,224.
2022 AMOUNT: \$	8,000.
2023 AMOUNT: \$	2,693.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
RICHARD SYMONS	1,055,300.	24,485.
Total Excess Contributions to Schedule A. Part II. Line 5		24,485.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

04-2899862 COAST GUARD FOUNDATION INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X 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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

COAST GUARD FOUNDATION, INC.

04-2899862

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,055,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

COAST GUARD FOUNDATION, INC.

04 - 2899862

COMDI	GOARD TOURDATION, THE.	1 0	<u> </u>
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
		 _{\$}	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
323453 12-26	i-23		Schedule B (Form 990) (2023)

Name of organization

Employer identification number COAST GUARD FOUNDATION, INC. 04-2899862 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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

Inspection

Name of the organization INC. COAST GUARD FOUNDATION,

Employer identification number 04-2899862

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
	organization disenses 100 on 100 oct, and 1, and	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acquir		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in t	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iter	ms.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under FASB AS		
а		·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

332051 09-28-23

_	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Ot	her S	imila	r Assets	contir	nued)	ago		
3	Using the organization's acquisition, accession							(00000				
	collection items (check all that apply).		•	· ·								
а	Public exhibition	d	Loan or exc	hange program								
b	Scholarly research	е										
С	Preservation for future generations											
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's	exempt	t purpo	se in Part	XIII.				
5												
	to be sold to raise funds rather than to be ma							Yes		No		
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		te if the organizatior	answered "Yes"	on For	m 990,	, Part IV, li	ne 9, or				
	Is the organization an agent, trustee, custodi		liary for contribution	s or other assets	not inc	cluded						
Iu	on Form 990, Part X?							Yes		No		
b	If "Yes," explain the arrangement in Part XIII							_ 100				
-	The root, oxplain the arrangement in rail value	aria complete the for	iowing table.					Amoun	t			
С	Beginning balance					1c						
	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an amount on Fo					?		Yes		No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part X	III]		
Par	t V Endowment Funds Complete if	the organization ans	swered "Yes" on For	m 990, Part IV, lir	ne 10.							
		(a) Current year	(b) Prior year	(c) Two years bad	ck (d)) Three y	years back	(e) Four	years	back		
1a	Beginning of year balance	14,855,954.	16,351,996.	14,045,52	8.	12,0	76,986.	6,986. 9,977				
b	Contributions	1,718,831.	835,666.	1,775,20	3.	1,0	06,305.	1	,172,	637.		
С	Net investment earnings, gains, and losses	2,235,766.	-2,321,040.	1,291,39	8.	1,3	03,216.	1,939,81		814.		
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	918,321.	10,668.	760,13	3.	3	40,979.	1	,012,	622.		
f	Administrative expenses											
g	End of year balance	17,892,230.	14,855,954.	16,351,99	6.	14,0	45,528.	12,	076,	986.		
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:								
а	Board designated or quasi-endowment	27.0000	_%									
b	Permanent endowment 55.0000	%										
С	Term endowment 18.0000											
	The percentages on lines 2a, 2b, and 2c sho	· ·										
3а	Are there endowment funds not in the posse	ssion of the organiza	ition that are held ar	nd administered for	or the			ſ				
	organization by:								Yes	No		
	(i) Unrelated organizations?							3a(i)		X		
								3a(ii)		X		
	If "Yes" on line 3a(ii), are the related organiza							3b				
Day	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.									
Pai	t VI Land, Buildings, and Equipm Complete if the organization answered), Part IV, line 11a. S	ee Form 990, Par	t X, line	e 10.						
	Description of property	(a) Cost or o	1	i			ed	(d) Boo	k valu	e		
	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation											
	Land	<u> </u>		9,569.				6	9,5	69.		
b	Buildings			7,750.	56	1,6	52.		6,0			
c	Leasehold improvements					, , ,			, -			
d	Equipment	I	20	1,881.	15	2,6	12.	4	9,2	69.		
ء	Other			9.677.	11	2.9	91.	6	6 . 6	86.		

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023 COAST GUARD	FOUNDATION,	INC.	04-2899862 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	_	_	
(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, line 12, col. (B))			
Part VIII Investments - Program Related.	<u>I</u>	-	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	/ (R))		
Part X Other Liabilities	. (ID))		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,	line 25.
1. (a) Description of liability	·	•	(b) Book value
(1) Federal income taxes			
(2) CURRENT PORTION OF PLEDGE	PAYABLE		481,745.
(3) LONG TERM PORTION OF PLEDO			
(4) PAYABLE			1,577,496.
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2, 059, 241.

2, 059, 241.

2, 059, 241.

Schedule D (Form 990) 2023

(8)

Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts Wit	h Revenue per Re	turn	
	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	13,745,753.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,435,052. 93,214.		
b	Donated services and use of facilities	2b	93,214.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	476,786.		
е	Add lines 2a through 2d			2e	2,005,052.
3	Subtract line 2e from line 1			3	11,740,701.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,000.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	40,000.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,780,701.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per P	letur	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				T
1	Total expenses and losses per audited financial statements			1	11,342,171.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	93,214.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	476,786.		
е	Add lines 2a through 2d			2e	570,000.
3	Subtract line 2e from line 1			3	10,772,171.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,000.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	40,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	10,812,171.
Pa	rt XIII Supplemental Information				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1	b 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 addit	tional info	ormation.		
PAI	RT V, LINE 4:				
ENI	DOWMENT FUNDS WERE CREATED TO SUPPORT THE C	OAST	GUARD ACADE	MY,	THE
VAI	RIOUS COAST GUARD DISTRICTS AND COAST GUARD	FAM	<u> ILIES. SUCH</u>	SU	PPORT
COI	MES IN MANY FORMS INCLUDING PROJECTS TO BEN	EFIT	DISTRICT MO	RAL	<u>E,</u>
<u>AC</u>	ADEMIC AND ATHLETIC PROGRAMS AT THE ACADEMY	, AS	WELL AS PRO	GRA	MS TO
SUI	PPORT COAST GUARD FAMILIES, INCLUDING SCHOL	ARSH:	IPS.		
 -					
PAI	RT X, LINE 2:				

MANAGEMENT DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS

REQUIRING DISCLOSURE OR RECOGNITION. FOR THE YEAR ENDED DECEMBER 31,

2023, THERE WERE NO TAX RELATED INTEREST OR PENALTIES RECORDED OR INCLUDED

IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

nternal Revenue Service	Go t	o www.irs.gov/Form	•	inspection					
Name of the organization	ı						Employe	r iden	ntification number
COAST GUARD FOUNDATION, INC. 04-2899									362
	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not								
required to	complete this part	t.							
1 Indicate whether the	e organization rais	ed funds through any	of the following	ng activ	ities. (Check all that apply.			
a X Mail solicitat	ions	е	X Solicita	tion of	non-g	overnment grants			
b X Internet and	email solicitations	s f	Solicita	tion of	gover	nment grants			
c X Phone solicit	ations	g	J X Special	l fundra	ising e	events			
d X In-person sol	icitations								
2 a Did the organizatio	n have a written c	or oral agreement with	any individual	(includ	ling of	ficers, directors, trus	tees, or		
key employees liste	ed in Form 990, P	art VII) or entity in cor	nection with p	rofessi	onal fu	undraising services?	X	Yes	☐ No
b If "Yes," list the 10	highest paid indiv	iduals or entities (fun	draisers) pursu	ant to	agreer	ments under which th	ne fundraiser is	to be	
compensated at le	ast \$5,000 by the	organization.							
		Ī		T		T		$\overline{}$	
(i) Name and address	s of individual			(iii) fundr	Did aiser	(iv) Gross receipts	(v) Amount pa to (or retained	hw l	(vi) Amount paid
or entity (fund		(ii) Activ	ity	have c	ustody	from activity	`fundraiser	"	to (or retained by) organization
	c		contrib	utions?		listed in col.	(i)	organization	
EMERSON EVENTS & MA	RKETING -			Yes	No				
253 8TH STREET, JER	SEY CITY,	SPECIAL FUNDRAIS	ING EVENTS		Х	2,810,413.	295,2	05.	2,515,207.

or entity (fundraiser)	(ii) Activity	have contribution	ustody trol of	from activity	fundraiser listed in col. (i)	to (or retained by) organization
EMERSON EVENTS & MARKETING -		Yes	No			
253 8TH STREET, JERSEY CITY,	SPECIAL FUNDRAISING EVENTS		Х	2,810,413.	295,205.	2,515,207.
RKD GROUP - 201 SUMMER	DIGITAL AND MAIL					
STREET, HOLLISTON, MA 01746	SOLICITATIONS		Х	2,771,129.	207,031.	2,564,098.
THE GALA TEAM - 383 NORTH	AUCTIONEER AND MC AT					
CORONA STREET, NO 502,	FUNDRAISING EVENTS		Х	569,229.	35,500.	533,729.
DENISE HAYASHI CONSULTING,						
LLCQ - 667 PAIKAU STREET,	SPECIAL FUNDRAISING EVENTS		Х	171,665.	27,523.	144,142.
Total 3 List all states in which the organization or licensing.			 utions		it is exempt from re	, ,

	or lic	ensing].																					
ΑL	, AK	, AZ	, AR	, CA	, CO	,CT	, DE	,FL	, GA	HI,	,ID	,IL,	, IN	,IA	,KS	, KY	, LA	, ME	, MD	, MA	,MI	, MN	, MS	, MO
ΜT	, NE	, NV	, NH	, NJ	, NM	, NY	, NC	, ND	OH,	OK ,	OR,	, PA	,RI	, SC	, SD	, TN	TX,	UT,	,VT	, VA	, WA	, WV	,WI	,WY

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DC DINNER	TEXAS DINNER	7	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ue						
Revenue	1	Gross receipts	791,253.	763,176.	1,605,425.	3,159,854.
	2	Less: Contributions	631,053.	636,893.	1,170,355.	2,438,301.
	3	Gross income (line 1 minus line 2)	160,200.	126,283.	435,070.	721,553.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	129,267.	36,786.	204,360.	370,413.
irect Ex	7	Food and beverages	82,019.	115,480.	396,726.	594,225.
	8	Entertainment	16,633.	14,783.	98,529.	129,945.
	9	Other direct expenses	-33,329.	-10,922.	148,004.	103,753.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			1,198,336.
	11					-476,783.
Pa	rt I		answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
SS	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	En	tor the state(s) in which the organization condu	esto gomina potivitioo:			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re			ear?	Yes No
b	IT "	Yes," explain:				
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 COAST GUARD FOUNDATION, INC. U4-	2899862	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
152	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
ıJa	boes the organization have a contract with a time party from whom the organization receives gaming revenue:	100	110
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
40			
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part II and (v); and (v	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
		-	
SC.	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	<u>s:</u>	
(I) NAME OF FUNDRAISER: EMERSON EVENTS & MARKETING		
`-	, mile of fondinger. Emerger Every & infinitely		
(I) ADDRESS OF FUNDRAISER: 253 8TH STREET, JERSEY CITY, NJ 0730	2	
-	, , , , , , , , , , , , , , , , , , , ,		
			_
(I) NAME OF FUNDRAISER: THE GALA TEAM		
, -	\ ADDDEGG OF FINIDALGED		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
3 ይ	3 NORTH CORONA STREET, NO 502, DENVER, CO 80218		
-	- 11011111 001101111 DIIIHHI, 110 000, DHINYHI, CO OUHTU		

332083 09-13-23

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization COAST GUA	RD FOUNDA	TION, INC.					Employer identification number $04-2899862$
Part I General Information on Grants a		,					
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?						
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "\	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNITED STATES COAST GUARD 2703 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20593-7000	54-6010204	UNITED STATES	42,633.	0.			TO ENHANCE EDUCATIONAL OPPORTUNITIES AT THE COAST GUARD ACADEMY
UNITED STATES COAST GUARD 2703 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20593-7000	54-6010204	UNITED STATES COAST	1,812,176.	0.			TO IMPROVE MORALE AND DISTRICT SUPPORT
UNITED STATES COAST GUARD 2703 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20593-7000	54-6010204	UNITED STATES	302,725.	0.			TO SUPPORT INITIATIVES FOR STRENGTHENING MENTAL RESILIENCY
UNITED STATES COAST GUARD 2703 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20593-7000	54-6010204	UNITED STATES	53,247.	0.			TO PROVIDE DISASTER ASSISTANCE AND EMERGENCY RELIEF TO COASTGUARDSMEN & WOMEN
UNITED STATES COAST GUARD 2703 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20593-7000	54-6010204	UNITED STATES COAST	231,106.	0.			TO PROVIDE YOUTH
U.S. COAST GUARD CHIEF PETTY OFFICERS ASSOCIATION - 5520 HEMPSTEAD WAY STE. G - SPRINGFIELD, VA 22151-4011	51-0237254	501 (C) (19)	220,000.	0.			TO PROVIDE DISASTER ASSISTANCE AND EMERGENCY RELIEF TO COASTGUARDSMEN & WOMEN
2 Enter total number of section 501(c)(3) ar		·					1.
3 Enter total number of other organizations	listed in the line	1 table					1.

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

Schedule I (Form 990) 2023

Part III	Grants and Other Assistance to Domestic Individuals.	Complete if the organization answered "Yes" on Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS TO DEPENDENTS	198	691,658.	0.		
ORKFORCE DEVELOPMENT	423	366,879.	0.		
DUCATION GRANTS TO SPOUSES	302	165,000.	0.		

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

PART I, LINE 2:

GRANTS TO THE COAST GUARD ARE DETERMINED BASED ON A NEEDS LIST PRESENTED TO
THE COAST GUARD FOUNDATION AND INCLUDES A DESCRIPTION OF HOW THE SUPPORT

THE COURT COURT I CONDITION IN THE POLICE IN

BENEFITS COAST GUARD PERSONNEL AND HOW MANY ARE BENEFITED. IN ADDITION,

AVAILABLE FUNDING BY PROGRAM IS CONSIDERED IN GRANTING REQUESTS. GRANTS

ARE DISBURSED TO THE COAST GUARD GIFT FUND AND THE COAST GUARD REPORTS BACK

WITH DOCUMENTATION OF EXPENDITURE.

THE ACADEMIC INSTITUTION WITH THE REQUIREMENT THAT ANY OVERAGES WILL BE

REFUNDED TO THE COAST GUARD FOUNDATION AND NOT PAID OUT TO THE STUDENT.

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

COAST GUARD FOUNDATION, INC.

Employer identification number 04-2899862

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	i	1

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SUSAN LUDWIG	(i)	272,978.	0.	0.	8,830.	12,806.	294,614.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) BRAD SISLEY	(i)	189,558.	0.	0.	7,451.	13,269.	210,278.	0.	
SENIOR VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) RON LABREC	(i)	181,923.	0.	0.	6,864.	1,561.	190,348.	0.	
EXTERNAL ENGAGEMENT OFFICE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) LINDA NAUGLE	(i)	166,221.	0.	0.	6,556.	4,962.	177,739.	0.	
REGIONAL DIR OF PHILANTHRO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) BRIAN OVERCAST	(i)	162,429.	0.	0.	6,456.	8,533.	177,418.	0.	
REGIONAL DIR OF PHILANTHRO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) MARC CREGAN	(i)	162,367.	0.	0.	6,119.	1,538.	170,024.	0.	
REGIONAL DIR OF PHILANTHRO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) WENDY TAYLOR EMERSON	(i)	160,865.	0.	0.	4,662.	1,009.	166,536.	0.	
REGIONAL DIR OF PHILANTHRO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	COAST GUARD	FOUNDA'	TION, INC	•	04-2	8998	62	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	17	99.829.	FAIR MARKET	VAL	UE	
10	Securities - Closely held stock			5575251			<u></u>	
11	Securities - Partnership, LLC, or							
•••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21								
22	,							
23	Historical artifacts							
23 24	Scientific specimens							
24 25	Archeological artifacts Other (CONSUMER GOODS)	X	30	132 7/8	RETAIL VALU	F		
			30	132,740.	KEIAID VADO			
26 27	Other ()							
28	Other () Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for e	ontributions				
29	for which the organization completed Form 82	-	•					
	for which the organization completed Form 62	oo, rait v, L	onee Acknowledg	ement 29		Τ,	Yes	No
202	During the year, did the organization receive b	v contributio	n any proporty rop	orted in Part Llines 1 through	h 28 that it		163	INO
Sua	must hold for at least 3 years from the date of	•	• • • • •	- · · · · · · · · · · · · · · · · · · ·				
						30a		Х
l ~	exempt purposes for the entire holding period' If "Yes," describe the arrangement in Part II.	·				Sua		-43
	Does the organization have a gift acceptance	nolicy that ro	acuires the review	of any nonstandard contribut	ions?	24	х	
31		•	•	•		31	22	
s∠a	Does the organization hire or use third parties		_	•		20-		х
L	contributions?					32a		77
	If "Yes," describe in Part II.	olumn (a) fa	o tupo of propert	for which column (a) is also	kod			
33	If the organization didn't report an amount in c describe in Part II.	olullili (C) fol	a type of property	nor which column (a) is chec	ĸeu,			
	UCOUING III FAIL II.							

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

COAST GUARD FOUNDATION, INC.	04-2899862
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
COLLEGE DEGREES OR PROFESSIONAL CERTIFICATIONS, GIVING THEM	PERSONAL
FULFILLMENT AND BOOSTING THE FAMILY'S FINANCIAL STABILITY.	
- INVESTS IN COAST GUARD CHILDREN THROUGH SCHOLARSHIPS THA	T MAKE THE
DREAM OF COLLEGE A REALITY, AND COMPREHENSIVE EDUCATION SUP	PORT FOR
THOSE WHO HAVE LOST A COAST GUARD PARENT IN THE LINE OF DUT	Y DURING AN
OPERATIONAL MISHAP.	
- ASSISTS COAST GUARD FAMILIES THROUGH TRAGEDY ASSISTANCE	WHEN A COAST
GUARD MEMBER IS INJURED OR DIES IN THE LINE OF DUTY OR WHEN	A FAMILY
MEMBER DIES, AND EMERGENCY RELIEF WHEN THEY SUFFER A SIGNIF	ICANT LOSS
DURING A DISASTER.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENT	S:
FAMILIES AND FELLOW SERVICE MEMBERS TO BE NEARBY DURING THE	SE DIFFICULT
TIMES. A SENSE OF COMMUNITY IS POWERFUL FOR MEMBERS AND FAM	ILIES, AS
COAST GUARD DEPLOYMENTS CAN BE REMOTE AND ISOLATING. WE FUN	D COMMUNITY
SPACES THAT SERVE AS GATHERING PLACES FOR COAST GUARD FAMIL	IES TO MEET
AND CONNECT WITH EACH OTHER WHILE STATIONED FAR AWAY FROM L	OVED ONES.
MEMBERS AND FAMILIES CAN ALSO SPEND TIME TOGETHER AT THESE	SPACES WHEN
MEMBERS ARE OFF DUTY.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	

THE COAST GUARD FOUNDATION SERVES AS A GOODWILL AMBASSADOR FOR THE

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

Schedule O (Form 990) 2023

PUBLIC AWARENESS:

Schedule O (Form 990) 2023 Page 2

Name of the organization

COAST GUARD FOUNDATION, INC.

Employer identification number 04-2899862

UNITED STATES COAST GUARD BY MAKING THE PUBLIC AWARE OF THE BENEFITS OF

A STRONG COAST GUARD. WE CELEBRATE COAST GUARD MEMBERS THROUGH OUR

TRIBUTE EVENTS, GOLF TOURNAMENTS, AND OUR RUN TO REMEMBER, A WORLDWIDE

MOVEMENT WHERE THOUSANDS OF INDIVIDUALS PARTICIPATE IN ROAD RACES,

MEMORIAL WALKS, AND OTHER TYPES OF FITNESS EVENTS.

EXPENSES \$ 1,487,960. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

PRIOR TO FILING, A COPY OF THE 990 IS SENT TO THE AUDIT COMMITTEE FOR

REVIEW. AFTER AUDIT COMMITTEE APPROVAL, AND PRIOR TO FILING, A COPY OF THE

990 IS DISTRIBUTED TO THE GOVERNING BOARD.

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

TRUSTEE CONFLICT OF INTEREST POLICY IS CLEARLY STATED IN OUR BY-LAWS. EACH
YEAR TRUSTEES MUST DISCLOSE WHETHER THEY ARE RELATED OR NON-RELATED PARTIES
AND IF SO, TO DISCLOSE THE RELATIONSHIP. THEY MUST ALSO DISCLOSE ANY
CONFLICTS OF INTEREST. RESPONSES ARE SIGNED BY THE TRUSTEES AND FILED AT
THE OFFICE.

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

THE COMPENSATION OF THE FOUNDATION'S PRESIDENT IS REVIEWED AND SET BY THE

OFFICERS OF THE FOUNDATION. THEY TAKE INTO CONSIDERATION INDEPENDENT

COMPENSATION STUDIES AND BENCHMARKING DATA FROM SIMILAR ORGANIZATIONS TO

ENSURE THAT THE PRESIDENT'S COMPENSATION IS WITHIN THE RANGE OF THAT PAID

TO THE FOUNDATION'S NONPROFIT EXECUTIVES WITH COMPARABLE RESPONSIBILITES.

COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE

PRESIDENT USING A SIMILAR METHOD.

Schedule O (Form 990) 2023	Page 2
Name of the organization COAST GUARD FOUNDATION, INC.	Employer identification number 04-2899862
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
MA, NY, MD, FL, CA, RI, AL, WA, AZ, AK, MI, NJ, AR, GA, IL, KS, KY, LA, ME, N	IN, MS, NC, ND, NH, NM
OH,OK,OR,PA,SC,TN,UT,VA,WI,WV,CT,MO,HI,DC	
FORM 990, PART VI, SECTION C, LINE 19:	
AUDITED FINANCIAL STATEMENTS, TAX RETURNS AND CONFLICT OF	INTEREST POLICY
ARE AVAILABLE ON THE WEBSITE. GOVERNING DOCUMENTS ARE AVA	AILABLE UPON
REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	