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Form 990

Return of Organization Exempt From Income Tax

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
 C Name of organization
 COAST GUARD FOUNDATION INC
 D Employer identification number
 04-2899862
 E Telephone number
 (860) 535-0786
 F Gross receipts \$ 8,204,558
 G Name and address of principal officer
 ANNE B BRENGLE
 394 TAUGWONK ROAD
 STONINGTON, CT 063781807
 H(a) Is this a group return for affiliates? Yes No
 H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
 H(c) Group exemption number ►

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

J Website: ► WWW COASTGUARDFOUNDATION.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1986 M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 THE COAST GUARD FOUNDATION STRIVES TO HELP COAST GUARD MEN AND WOMEN STRENGTHEN THEIR SERVICE TO OUR NATION BY ENCOURAGING THEM TO EXCEL, ON DUTY AND OFF. THE FOUNDATION SUPPORTS NUMEROUS PROGRAMS AND PROJECTS THROUGH DONATIONS FROM INDIVIDUALS, CORPORATIONS AND THROUGH GRANTS AND SPECIAL FUNDRAISING EVENTS. THE FOUNDATION SUPPORTS ACADEMIC, ATHLETIC, AND LEADERSHIP EXCELLENCE FOR CADETS AT THE ACADEMY, OFFERS FINANCIAL RELIEF TO COAST GUARD FAMILIES WHO LOSE THEIR POSSESSIONS IN NATURAL DISASTERS OR LOSE A LOVED ONE IN SERVICE TO OUR COUNTRY, PROVIDES COLLEGE SCHOLARSHIPS TO DEPENDENTS OF ENLISTED PERSONNEL, FUNDS RECREATIONAL AND FAMILY-ORIENTED FACILITIES, AND SUPPORTS EDUCATIONAL AND MORALE PROGRAMS AT BASES, AND ON CUTTERS AROUND THE NATION, AS WELL AS HUNDREDS OF SMALLER PROJECTS FOR COAST GUARD MEMBERS AND THEIR FAMILIES, THROUGHOUT THE UNITED STATES

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	30
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	14
6 Total number of volunteers (estimate if necessary)	6	100
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	15,376
b Net unrelated business taxable income from Form 990-T, line 34	7b	-11,244

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,839,102	4,415,944
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-211,983	338,522
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-366,573	306,246
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,260,546	5,060,712

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	536,980	645,236
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	688,329	827,197
16a Professional fundraising fees (Part IX, column (A), line 11e)	83,302	62,011
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,032,274		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,821,073	2,764,004
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,129,684	4,298,448
19 Revenue less expenses Subtract line 18 from line 12	130,862	762,264

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,245,741	7,554,105
21 Total liabilities (Part X, line 26)	168,260	468,589
22 Net assets or fund balances Subtract line 21 from line 20	6,077,481	7,085,516

Part II Signature Block

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

Sign Here	***** Signature of officer ANNE B BRENGLE PRESIDENT Type or print name and title	2011-06-29 Date
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Paid Preparer Use Only	Print/Type preparer's name TERENCE J MALAGHAN CPA	Preparer's signature TERENCE J MALAGHAN CPA	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► SANSIVERI KIMBALL & CO LLP			Firm's EIN ►	
	Firm's address ► 107 AIRPORT ROAD WESTERLY, RI 028913420			Phone no ► (401) 596-2000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

THE COAST GUARD FOUNDATION'S MISSION IS TO SUPPORT PROJECTS AND PROGRAMS THAT ENHANCE THE LIVES OF ALL COAST GUARD MEMBERS AND THEIR FAMILIES. THE COAST GUARD FOUNDATION SERVES AS A GOODWILL AMBASSADOR FOR THE UNITED STATES COAST GUARD

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$) 1,158,633 including grants of \$ (Revenue \$))

SUPPORT TO THE UNITED STATES COAST GUARD AT LARGE THE COAST GUARD FOUNDATION CONTRIBUTES TO THE UNITED STATES COAST GUARD BY PROMOTING THE GENERAL WELFARE OF THOSE IN THE SERVICE. THE FOUNDATION SUPPORTS EDUCATION, DEVELOPS LEADERSHIP POTENTIAL AND PROVIDES MORALE SUPPORT TO THOSE WHO SERVE. THE COAST GUARD FOUNDATION WORKS HAND IN HAND WITH THE COAST GUARD'S EDUCATION GRANT PROGRAM TO SUPPLEMENT THE TUITION ASSISTANCE PROGRAM SO ENLISTED PERSONNEL HAVE ACCESS TO FUNDS FOR BOOKS, FEES AND SUPPLIES THAT MIGHT OTHERWISE BE OUT OF REACH. COAST GUARD FOUNDATION FUNDS PROVIDE SUPPORT FOR PROGRAMS INITIATED ON THE UNIT LEVEL THAT ARE INTENDED TO IMPROVE MORALE AND HONOR AND VALUE THE COAST GUARD MEMBERS' SERVICE TO THE COUNTRY. THE COAST GUARD FOUNDATION ALSO PROVIDES FUNDS FOR SPECIAL CAPITAL PROJECTS IDENTIFIED BY COAST GUARD HEADQUARTERS, SWIMMING POOLS, RECREATION CENTERS AND MULTI-PURPOSE COURTS, FOR EXAMPLE, PROVIDE SUPPORT TO LARGER COAST GUARD COMMUNITIES, AND IN PARTICULAR OFTEN BENEFIT THOSE SERVING IN REMOTE LOCATIONS THAT LACK LOCAL RESOURCES

4b (Code) (Expenses \$) 927,933 including grants of \$ (Revenue \$))

SUPPORT TO THE UNITED STATES COAST GUARD ACADEMY. THE COAST GUARD FOUNDATION PROVIDES MARGIN OF EXCELLENCE FUNDING THAT PROMOTES ATHLETICS, SAILING, ACADEMICS AND ACTIVITIES AT THE US COAST GUARD ACADEMY TO ENSURE A QUALITY EDUCATIONAL EXPERIENCE FOR ITS CADETS. INITIATIVES INCLUDE ACADEMIC ENRICHMENT PROGRAMS THAT BRING WELL-KNOWN GOVERNMENT FIGURES TO THE ACADEMY TO INTERACT WITH CADETS ON AN INDIVIDUAL CLASS-LEVEL AND THE CADET CORPS AS A WHOLE. ENRICHMENT PROGRAMS AND EQUIPMENT FOR THE ACADEMIC DISCIPLINES PUT THE ACADEMY PROGRAMS ON A PAR WITH OTHER PRESTIGIOUS COLLEGES, UNIVERSITIES AND SERVICE ACADEMIES. THE COAST GUARD FOUNDATION HAS COLLABORATED WITH THE ACADEMY TO DEVELOP LEADERSHIP SKILLS THROUGH A QUALITY WATERFRONT PROGRAM, BY PROVIDING SAIL TRAINING VESSELS AND COACHING STAFF FOR CADETS TO DEVELOP SEAMANSHIP SKILLS THAT ARE SECOND TO NONE

4c (Code) (Expenses \$) 353,416 including grants of \$ (Revenue \$))

SUPPORT TO COAST GUARD FAMILIES. THE COAST GUARD FOUNDATION PROVIDES VITAL SUPPORT TO COAST GUARD FAMILIES, WITH SCHOLARSHIPS FOR DEPENDENTS OF ENLISTED MEMBERS TO MAKE HIGHER EDUCATION ATTAINABLE AND AFFORDABLE. THE DISASTER RELIEF FUND, ESTABLISHED IN THE WAKE OF HURRICANE KATRINA, PROVIDES ASSISTANCE TO COAST GUARD MEMBERS AND FAMILIES WHO HAVE LOST PROPERTY AND POSSESSIONS BECAUSE OF A NATURAL DISASTER. THROUGH THE FAMILY DISASTER RELIEF FUND, THE FOUNDATION ASSISTS FAMILIES WHO HAVE SUFFERED THE ULTIMATE HARDSHIP, LOSING A LOVED ONE IN THE LINE OF DUTY WHILE SERVING OUR COUNTRY. FINANCIAL ASSISTANCE AND RESOURCES ARE MADE AVAILABLE TO THE FAMILIES. THE FALLEN HEROES SCHOLARSHIP FUND PROVIDES FOR THE HIGHER EDUCATIONAL NEEDS OF THE COAST GUARD FAMILY MEMBERS WHOSE PARENT HAS PERISHED IN THE LINE OF DUTY

4d Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 303,096 including grants of \$ (Revenue \$))

4e Total program service expenses \$ 2,743,078

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

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

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

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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

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

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

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, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV

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)

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

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

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b	Yes	
11c		No
11d	Yes	
11e	Yes	
11f		No
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17	Yes	
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	<input checked="" type="checkbox"/>	23	Yes	
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-24d and complete Schedule K. If "No," go to line 25	<input type="checkbox"/>	24a		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	25a		No
25b	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	<input type="checkbox"/>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input type="checkbox"/>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	<input type="checkbox"/>	28a		No
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	28b		No
28c	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	28c		No
29	29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	29	Yes	
30	30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30		No
31	31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input checked="" type="checkbox"/>	31		No
32	32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input checked="" type="checkbox"/>	32		No
33	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	<input checked="" type="checkbox"/>	33		No
34	34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	34	Yes	
35	35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36		No
37	37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	37		No
38	38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input type="checkbox"/>	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	14
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	No
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	Yes
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30
b	Enter the number of voting members included in line 1a, above, who are independent	1b	30
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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Does the organization have members or stockholders?	6	No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes
a	The governing body?	8b	Yes
b	Each committee with authority to act on behalf of the governing body?	9	No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed MA, NY, MD, FL, CA, RI, AL, WA, AZ, AK, MI, NJ, AR, GA, IL, KS, KY, LA, ME, MN, MS, NC, ND, NH, NM, OH, OK, OR, PA, SC, TN, UT, VA, WI, WV, CT, CO, HI, DC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization SUZAN SPRINGER 394 TAUGWONK ROAD STONINGTON, CT 06378 (860) 535-0786

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

 Check if Schedule O contains a response to any question 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, and **current** key employees. 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) AL J BERNARD DIRECTOR	5 00	X						0	0	0
(2) DONALD T BOLLINGER DIRECTOR	5 00	X						0	0	0
(3) OTTO CANDIES JR DIRECTOR	5 00	X						0	0	0
(4) R ANGELO CLEFFI DIRECTOR	5 00	X						0	0	0
(5) JAMES J COLEMAN JR DIRECTOR	5 00	X						0	0	0
(6) WILLIAM H COLLIER JR DIRECTOR	5 00	X						0	0	0
(7) ROBERT J FLYNN ASSISTANT TREASURER	10 00	X		X				0	0	0
(8) MONTE FRIEDKIN DIRECTOR	5 00	X						0	0	0
(9) Verna Kaye Gibson DIRECTOR	5 00	X						0	0	0
(10) LAWRENCE R GLENN VICE CHAIRMAN	10 00	X		X				0	0	0
(11) RICHARD J GRAHN SECRETARY	10 00	X		X				0	0	0
(12) RICHARD D HERR TREASURER	10 00	X		X				0	0	0
(13) WALTER J HICKEL JR DIRECTOR	5 00	X						0	0	0
(14) R CHRISTIAN JOHNSEN DIRECTOR	5 00	X						0	0	0
(15) JOHN S JOHNSON DIRECTOR	5 00	X						0	0	0
(16) CORRINE X KOSAR DIRECTOR	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(17) LEO PAUL KOULOS DIRECTOR	5 00	X					0	0	0
(18) CLAY MAITLAND DIRECTOR	5 00	X					0	0	0
(19) JEAN-JACQUES MARIE DIRECTOR	5 00	X					0	0	0
(20) JAMES P MULDOON DIRECTOR	5 00	X					0	0	0
(21) JAMES A O'HARE DIRECTOR	5 00	X					0	0	0
(22) ROSS E ROEDER CHAIRMAN	20 00	X		X			0	0	0
(23) STEVEN T SCALZO DIRECTOR	5 00	X					0	0	0
(24) JOHN F STATTS DIRECTOR	5 00	X					0	0	0
(25) LEROY VANDER PUTTEN DIRECTOR	5 00	X					0	0	0
(26) HUGH A WESTBROOK DIRECTOR	5 00	X					0	0	0
(27) THOMAS A ALLEGRETTI TRUSTEE	2 00	X					0	0	0
(28) JAMES S ANDRASICK TRUSTEE	2 00	X					0	0	0
(29) WILLIAM A BISSO III TRUSTEE	2 00	X					0	0	0
(30) MORTON S BOUCHARD III TRUSTEE	2 00	X					0	0	0
(31) ERIC W CAPLAN TRUSTEE	2 00	X					0	0	0
(32) MICHAEL L CARTHEW TRUSTEE	2 00	X					0	0	0
(33) LISA KAZOR CHRISTOVICH TRUSTEE	2 00	X					0	0	0
(34) BLAINE E COLLINS TRUSTEE	2 00	X					0	0	0
(35) LAMARR COOLER TRUSTEE	2 00	X					0	0	0
(36) ANGUS R COOPER II TRUSTEE	2 00	X					0	0	0
(37) VIVIEN S CREA TRUSTEE	2 00	X					0	0	0
(38) TERRY M CROSS TRUSTEE	2 00	X					0	0	0
(39) BROSNIUS D'ARCY TRUSTEE	2 00	X					0	0	0
(40) JOHN J D'LUHY TRUSTEE	2 00	X					0	0	0
(41) ERIC R DAWICKI TRUSTEE	2 00	X					0	0	0
(42) JOHN A DOUGLAS TRUSTEE	2 00	X					0	0	0
(43) DAVID F DYER TRUSTEE	2 00	X					0	0	0
(44) DOUGLAS B EATON TRUSTEE	2 00	X					0	0	0
(45) CHERYL D FELDER TRUSTEE	2 00	X					0	0	0
(46) JAMES G FERGUSON TRUSTEE	2 00	X					0	0	0
(47) JOHN B FOLEY TRUSTEE	2 00	X					0	0	0
(48) DIANE FRASER TRUSTEE	2 00	X					0	0	0
(49) MARSHALL E GILBERT TRUSTEE	2 00	X					0	0	0
(50) F DAVID HOFFMAN TRUSTEE	2 00	X					0	0	0
(51) DOUGLAS E HOLM TRUSTEE	2 00	X					0	0	0
(52) WILLIAM JENKINS TRUSTEE	2 00	X					0	0	0
(53) GARY JOBSON TRUSTEE	2 00	X					0	0	0
(54) HENRY C KEENE JR TRUSTEE	2 00	X					0	0	0
(55) MARK K KNOY TRUSTEE	2 00	X					0	0	0
(56) STEIN KRUSE TRUSTEE	2 00	X					0	0	0
(57) ROCH LAMBERT TRUSTEE	2 00	X					0	0	0
(58) H MERRITT LANE III TRUSTEE	2 00	X					0	0	0
(59) AMELIA REA MAGUIRE ESQ TRUSTEE	2 00	X					0	0	0
(60) JAMES M MATHIEU TRUSTEE	2 00	X					0	0	0
(61) BRIAN B MCALLISTER TRUSTEE	2 00	X					0	0	0
(62) KEVIN J MCSWEENEY TRUSTEE	2 00	X					0	0	0
(63) JAMES C OLSON TRUSTEE	2 00	X					0	0	0
(64) BO A F PETERSON TRUSTEE	2 00	X					0	0	0
(65) CRAIG E PHILIP TRUSTEE	2 00	X					0	0	0
(66) JEFFREY M PLATT TRUSTEE	2 00	X					0	0	0
(67) JOHN F REINHART TRUSTEE	2 00	X					0	0	0
(68) THOMAS K RICHEY TRUSTEE	2 00	X					0	0	0
(69) LORETTA RIETSEMA TRUSTEE	2 00	X					0	0	0
(70) GREGORY B ROBERTS TRUSTEE	2 00	X					0	0	0
(71) JUDITH A ROSS TRUSTEE	2 00	X					0	0	0
(72) RICHARD T SHANNON TRUSTEE	2 00	X					0	0	0
(73) HOWARD SLOTNICK TRUSTEE	2 00	X					0	0	0
(74) CURT SPRINGER TRUSTEE	2 00	X					0	0	0
(75) CARY K SWASAND TRUSTEE	2 00	X					0	0	0
(76) EUGENE F SWEENEY TRUSTEE	2 00	X					0	0	0
(77) WALLY YOUNGER TRUSTEE	2 00	X					0	0	0
(78) AL A GONSOULIN TRUSTEE	2 00	X					0	0	0
(79) SIDNEY MIZELL TRUSTEE	2 00	X					0	0	0
(80) FRED P MOOSALLY TRUSTEE	2 00	X					0	0	0
(81) VINCENT W PATTON TRUSTEE	2 00	X					0	0	0
(82) DAN SCHULTZ TRUSTEE	2 00	X					0	0	0
(83) STEVEN SEIGEL TRUSTEE	2 00	X					0	0	0
(84) DUNCAN C SMITH III TRUSTEE	2 00	X					0	0	0
(85) JOHN H THOMMEN TRUSTEE	2 00	X					0	0	0
(86) ANNE B BRENGLE PRESIDENT	45 00		X	X	X		193,059	0	12,265
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							193,059	0	12,265
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization									

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

Yes No

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

Yes No

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

Yes No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 in compensation from the organization

Name and business address	Description (B) of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Form 990 (2010)

Part VIII Statement of Revenue

Contributions, gifts, grants and other similar amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c	2,207,393				
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	2,208,551				
g Noncash contributions included in lines 1a-1f \$		364,137				
h Total. Add lines 1a-1f		►	4,415,944			
Program Service Revenue		Business Code				
2a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		►				
3 Investment income (including dividends, interest and other similar amounts)		►	66,982		66,982	
4 Income from investment of tax-exempt bond proceeds		►				
5 Royalties		►				
	(I) Real	(II) Personal				
6a Gross Rents	89,880					
b Less rental expenses						
c Rental income or (loss)	89,880					
d Net rental income or (loss)		►	89,880		89,880	
	(I) Securities	(II) Other				
7a Gross amount from sales of assets other than inventory	2,431,924	110,000				
b Less cost or other basis and sales expenses	2,270,384					
c Gain or (loss)	161,540	110,000				
d Net gain or (loss)		►	271,540	271,540		
8a Gross income from fundraising events (not including \$ 2,207,393 of contributions reported on line 1c) See Part IV, line 18						
a	980,855					
b Less direct expenses	b	873,462				
c Net income or (loss) from fundraising events		►	107,393		107,393	
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities		►				
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory		►				
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS INCOME		900099	54,597	54,597		
b TRUSTEE DUES		900099	39,000	39,000		
c SALE OF PROMOTIONAL IT		453220	15,376		15,376	
d All other revenue						
e Total. Add lines 11a-11d		►	108,973			
12 Total revenue. See Instructions		►	5,060,712	365,137	15,376	264,255

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) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	320,000	320,000		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	325,236	325,236		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	205,324	41,064	82,130	82,130
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	491,685	80,423	151,725	259,537
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,471	4,438	7,937	18,096
9 Other employee benefits	39,159	2,333	11,769	25,057
10 Payroll taxes	60,558	9,395	15,556	35,607
a Fees for services (non-employees) Management				
b Legal	7,463		7,463	
c Accounting	38,475		38,475	
d Lobbying				
e Professional fundraising services See Part IV, line 17	62,011			62,011
f Investment management fees	31,288		31,288	
g Other	80,854	36,001	10,646	34,207
12 Advertising and promotion	211,396	185,812		25,584
13 Office expenses	38,917	6,733	18,291	13,893
14 Information technology	27,225	6,441	8,763	12,021
15 Royalties				
16 Occupancy	34,775	20,004	8,207	6,564
17 Travel	118,065	15,061	16,910	86,094
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,562	20,082	12,738	16,742
23 Insurance	13,615	4,385	7,636	1,594
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MORALE, WELFARE AND EVE	713,103	713,103		
b WATERFRONT DEVELOPMENT	326,869	326,869		
c BOATS DONATED TO THE CO	257,807	257,807		
d DIRECT MAIL SOLICITATIO	233,924			233,924
e ACADEMIC ENRICHMENT	151,717	151,717		
f All other expenses	428,949	216,174	93,562	119,213
25 Total functional expenses. Add lines 1 through 24f	4,298,448	2,743,078	523,096	1,032,274
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	591,000	340,000	20,000	231,000

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	209,255	1 324,526
	2 Savings and temporary cash investments	895,437	2 1,439,130
	3 Pledges and grants receivable, net	463,735	3 432,790
	4 Accounts receivable, net	3,411	4 4,819
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use	24,498	8 35,095
	9 Prepaid expenses and deferred charges	100,327	9 118,433
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,635,265	
	10b Less accumulated depreciation	601,798	10c 1,033,467
	11 Investments—publicly traded securities	2,247,312	11 2,878,192
	12 Investments—other securities See Part IV, line 11	1,246,785	12 1,287,653
	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 34)	6,245,741	16 7,554,105
Liabilities	17 Accounts payable and accrued expenses	82,781	17 426,725
	18 Grants payable		18
	19 Deferred revenue	74,300	19 36,500
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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 Complete Part X of Schedule D	11,179	25 5,364
	26 Total liabilities. Add lines 17 through 25	168,260	26 468,589
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	2,230,606	27 2,726,902
	28 Temporarily restricted net assets	1,343,199	28 1,808,464
	29 Permanently restricted net assets	2,503,676	29 2,550,150
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	6,077,481	33 7,085,516
	34 Total liabilities and net assets/fund balances	6,245,741	34 7,554,105

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,060,712
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,298,448
3	Revenue less expenses Subtract line 2 from line 1	3	762,264
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,077,481
5	Other changes in net assets or fund balances (explain in Schedule O)	5	245,771
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,085,516

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a <input type="checkbox"/> No
2b Were the organization's financial statements audited by an independent accountant?	2b <input type="checkbox"/> Yes	
2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c <input type="checkbox"/> Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a <input type="checkbox"/> No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b <input type="checkbox"/>

2010

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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. ► See separate instructions.

Name of the organization
COAST GUARD FOUNDATION INCEmployer identification number
04-2899862**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) US COAST GUARD	546010204	8	Yes		Yes		Yes		1,158,633
(B) USCG ACADEMY	546010204	6	Yes		Yes		Yes		927,933
Total									2,086,566

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►	

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 04-2899862
Name: COAST GUARD FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
AL J BERNARD DIRECTOR	5 00	X					0	0	0
DONALD T BOLLINGER DIRECTOR	5 00	X					0	0	0
OTTO CANDIES JR DIRECTOR	5 00	X					0	0	0
RANGELO CLEFFI DIRECTOR	5 00	X					0	0	0
JAMES J COLEMAN JR DIRECTOR	5 00	X					0	0	0
WILLIAM H COLLIER JR DIRECTOR	5 00	X					0	0	0
ROBERT J FLYNN ASSISTANT TREASURER	10 00	X		X			0	0	0
MONTE FRIEDKIN DIRECTOR	5 00	X					0	0	0
VERNA KAYE GIBSON DIRECTOR	5 00	X					0	0	0
LAWRENCE R GLENN VICE CHAIRMAN	10 00	X		X			0	0	0
RICHARD J GRAHN SECRETARY	10 00	X		X			0	0	0
RICHARD D HERR TREASURER	10 00	X		X			0	0	0
WALTER J HICKEL JR DIRECTOR	5 00	X					0	0	0
R CHRISTIAN JOHNSEN DIRECTOR	5 00	X					0	0	0
JOHN S JOHNSON DIRECTOR	5 00	X					0	0	0
CORRINE X KOSAR DIRECTOR	5 00	X					0	0	0
LEO PAUL KOULOS DIRECTOR	5 00	X					0	0	0
CLAY MAITLAND DIRECTOR	5 00	X					0	0	0
JEAN-JACQUES MARIE DIRECTOR	5 00	X					0	0	0
JAMES P MULDOON DIRECTOR	5 00	X					0	0	0
JAMES A O'HARE DIRECTOR	5 00	X					0	0	0
ROSS E ROEDER CHAIRMAN	20 00	X		X			0	0	0
STEVEN T SCALZO DIRECTOR	5 00	X					0	0	0
JOHN F STATTS DIRECTOR	5 00	X					0	0	0
LEROY VANDER PUTTEN DIRECTOR	5 00	X					0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
HUGH A WESTBROOK DIRECTOR	5 00	X					0	0	0
THOMAS A ALLEGRETTI TRUSTEE	2 00	X					0	0	0
JAMES S SANDRASICK TRUSTEE	2 00	X					0	0	0
WILLIAM A BISSO III TRUSTEE	2 00	X					0	0	0
MORTON S BOUCHARD III TRUSTEE	2 00	X					0	0	0
ERIC W CAPLAN TRUSTEE	2 00	X					0	0	0
MICHAEL L CARTHEW TRUSTEE	2 00	X					0	0	0
LISA KAZOR CHRISTOVICH TRUSTEE	2 00	X					0	0	0
BLAINE E COLLINS TRUSTEE	2 00	X					0	0	0
LAMARR COOLER TRUSTEE	2 00	X					0	0	0
ANGUS R COOPER II TRUSTEE	2 00	X					0	0	0
VIVIEN S CREA TRUSTEE	2 00	X					0	0	0
TERRY M CROSS TRUSTEE	2 00	X					0	0	0
BROSIUS D'ARCY TRUSTEE	2 00	X					0	0	0
JOHN J D'LUHY TRUSTEE	2 00	X					0	0	0
ERIC R DAWICKI TRUSTEE	2 00	X					0	0	0
JOHN A DOUGLAS TRUSTEE	2 00	X					0	0	0
DAVID F DYER TRUSTEE	2 00	X					0	0	0
DOUGLAS B EATON TRUSTEE	2 00	X					0	0	0
CHERYL D FELDER TRUSTEE	2 00	X					0	0	0
JAMES G FERGUSON TRUSTEE	2 00	X					0	0	0
JOHN B FOLEY TRUSTEE	2 00	X					0	0	0
DIANE FRASER TRUSTEE	2 00	X					0	0	0
MARSHALL E GILBERT TRUSTEE	2 00	X					0	0	0
F DAVID HOFFMAN TRUSTEE	2 00	X					0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
DOUGLAS E HOLM TRUSTEE	2 00	X					0	0	0
WILLIAM JENKINS TRUSTEE	2 00	X					0	0	0
GARY JOBSON TRUSTEE	2 00	X					0	0	0
HENRY C KEENE JR TRUSTEE	2 00	X					0	0	0
MARK K KNOY TRUSTEE	2 00	X					0	0	0
STEIN KRUSE TRUSTEE	2 00	X					0	0	0
ROCH LAMBERT TRUSTEE	2 00	X					0	0	0
H MERRITT LANE III TRUSTEE	2 00	X					0	0	0
AMELIA REA MAGUIRE ESQ TRUSTEE	2 00	X					0	0	0
JAMES M MATHIEU TRUSTEE	2 00	X					0	0	0
BRIAN B MCALLISTER TRUSTEE	2 00	X					0	0	0
KEVIN J MCSWEENEY TRUSTEE	2 00	X					0	0	0
JAMES C OLSON TRUSTEE	2 00	X					0	0	0
BO A F PETERSON TRUSTEE	2 00	X					0	0	0
CRAIG E PHILIP TRUSTEE	2 00	X					0	0	0
JEFFREY M PLATT TRUSTEE	2 00	X					0	0	0
JOHN F REINHART TRUSTEE	2 00	X					0	0	0
THOMAS K RICHEY TRUSTEE	2 00	X					0	0	0
LORETTA RIETSEMA TRUSTEE	2 00	X					0	0	0
GREGORY B ROBERTS TRUSTEE	2 00	X					0	0	0
JUDITH A ROSS TRUSTEE	2 00	X					0	0	0
RICHARD T SHANNON TRUSTEE	2 00	X					0	0	0
HOWARD SLOTNICK TRUSTEE	2 00	X					0	0	0
CURT SPRINGER TRUSTEE	2 00	X					0	0	0
CARY K SWASAND TRUSTEE	2 00	X					0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**4d. Other program services**

(Code) (Expenses \$	303,096 including grants of \$) (Revenue \$)
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PUBLIC AWARENESS THE COAST GUARD FOUNDATION SERVES AS A GOODWILL AMBASSADOR FOR THE UNITED STATES COAST GUARD THROUGH A PUBLIC SERVICE ANNOUNCEMENT CAMPAIGN ONLINE AND ON TELEVISION, THE COAST GUARD FOUNDATION RAISED AWARENESS FOR THE DEDICATION AND BRAVERY OF THE UNITED STATES COAST GUARD MEMBERS SERVING OUR COUNTRY RECEPTIONS HELD ON BOARD THE COAST GUARD BARQUE EAGLE ALLOWED THE FOUNDATION TO PROMOTE THE RICH HERITAGE OF THE HISTORIC SHIP AND THE COAST GUARD'S ROLE IN TRAINING COAST GUARD CADETS AND OFFICER CANDIDATES IN SAILING AND SEAMANSHIP IN HONORING COAST GUARD MEMBERS AT EVENTS AROUND THE COUNTRY, THE FOUNDATION SHOWCASED THE EVERYDAY HEROICS OF THESE DEVOTED MEMBERS OF THE SERVICE THE FOUNDATION PUBLISHED A HISTORY BOOK ABOUT ITS BEGINNINGS, AND PROMOTED THE PROUD LEGACY OF THE PARTNERSHIP BETWEEN THE FOUNDATION AND THE COAST GUARD COMMUNICATION, IN THE FORM OF NEWSLETTERS, EMAIL MESSAGES AND THE WEB, INFORM COAST GUARD FOUNDATION SUPPORTERS OF THE FOUNDATION'S PROGRAMS AND THE ROLE OF HTE UNITED STATES COAST GUARD IN OUR NATIONAL STORY

2010

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service**Name of the organization**
COAST GUARD FOUNDATION INC**Employer identification number**

04-2899862

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not 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 furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange programs
e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	3,717,157	3,775,113	4,856,711		
b Contributions	252,340	225,290	285,489		
c Investment earnings or losses	439,192	-7,025	-1,184,850		
d Grants or scholarships					
e Other expenditures for facilities and programs	251,346	276,221	182,237		
f Administrative expenses					
g End of year balance	4,157,343	3,717,157	3,775,113		

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 20 880 %

b Permanent endowment ► 60 840 %

c Term endowment ► 18 280 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) related organizations	<input type="checkbox"/> Yes	<input type="checkbox"/> No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		381,374			381,374
b Buildings		871,283	365,747		505,536
c Leasehold improvements					
d Equipment		281,225	210,373		70,852
e Other		101,383	25,678		75,705
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					1,033,467

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	850,195	F
(3) Other		
(A) BLACKROCK GRANITE PROPERTY FUND	437,458	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)	1,287,653	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO COAST GUARD AUXILIARY	5,364
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	5,364

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,060,712
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,298,448
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	762,264
4	Net unrealized gains (losses) on investments	4	245,771
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	245,771
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,008,035

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,687,271
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	245,771
b	Donated services and use of facilities	2b	544,464
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	790,235
3	Subtract line 2e from line 1	3	5,897,036
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	31,288
b	Other (Describe in Part XIV)	4b	-867,612
c	Add lines 4a and 4b	4c	-836,324
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,060,712

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,679,236
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	544,464
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	867,612
e	Add lines 2a through 2d	2e	1,412,076
3	Subtract line 2e from line 1	3	4,267,160
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	31,288
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	31,288
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,298,448

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS WERE CREATED TO SUPPORT THE COAST GUARD ACADEMY AND THE VARIOUS COAST GUARD DISTRICTS SUCH SUPPORT COMES IN MANY FORMS INCLUDING PROJECTS TO BENEFIT DISTRICT MORALE, ACADEMIC AND ATHLETIC PROGRAMS AT THE ACADEMY, AS WELL AS PROGRAMS TO SUPPORT COAST GUARD FAMILIES, INCLUDING SCHOLARSHIPS
PART XII, LINE 4B - OTHER ADJUSTMENTS		DIRECT EXPENSES OTHER THAN FUNDRAISING - SPECIAL EVENTS -867,612
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES OTHER THAN FUNDRAISING - SPECIAL EVENTS 867,612

2010

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

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

Department of the Treasury
Internal Revenue Service

Employer identification number

04-2899862

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.**1** Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input checked="" type="checkbox"/> Internet and e-mail solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SUSAN O'NEILL AND ASSOCIATES 5910 GLOSTER ROAD BETHESED, MD 20816	DINNER EVENT COORDINATOR		No	1,041,950	45,594	1,041,950
DENISE HAYASHI CONSULTING LLC 105 ROSEBANK PLACE HONOLULU, HI 96817	DINNER EVENT COORDINATOR		No	230,306	21,414	230,306
Total			►	1,272,256	67,008	1,272,256

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		NEW YORK DINNER (event type)	DC DINNER (event type)	8 (total number)	
1	Gross receipts . . .	658,300	912,200	1,617,748	3,188,248
2	Less Charitable contributions . . .	448,600	660,200	1,098,593	2,207,393
3	Gross income (line 1 minus line 2) . . .	209,700	252,000	519,155	980,855
4	Cash prizes . . .				
5	Non-cash prizes . . .				
6	Rent/facility costs . . .	7,566	117,282	76,232	201,080
7	Food and beverages . . .	129,180	93,019	336,223	558,422
8	Entertainment . . .	11,369	12,830	5,197	29,396
9	Other direct expenses .			84,564	84,564
10	Direct expense summary Add lines 4 through 9 in column (d)				873,462
11	Net income summary Combine lines 3 and 10 in column (d)				107,393

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
4	Rent/facility costs				
5	Other direct expenses . . .				
6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Combine lines 1 and 7 in column (d)				
9	Enter the state(s) in which the organization operates gaming activities .				
a	Is the organization licensed to operate gaming activities in each of these states?				<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "No," Explain .				
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?				<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," Explain .				

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

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

13 Indicate the percentage of gaming activity operated in

13a	
13b	

a The organization's facility

b An outside facility

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

Name ►

Address ►

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

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

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	PAYMENTS TO DINNER EVENT COORDINATORS INCLUDED FIXED FEES FOR EVENT SERVICES AS WELL AS REIMBURSEMENT OF EVENT RELATED EXPENSES

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

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

► Attach to Form 990

2010

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Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

NAME OF THE ORGANIZATION

Employer identification number

04-2899862

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.  

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNITED STATES COAST GUARD	54-6010204		320,000				TO PROVIDE EDUCATIONAL GRANTS TO ENLISTED PERSONNEL

2 Enter total number of section 501(c)(3) and government organizations ►

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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 non-cash assistance
(1) COLLEGE SCHOLARSHIPS TO CHILDREN OF ENLISTED PERSONNEL	75	301,081			
(2) FAMILY DISASTER RELIEF ASSISTANCE - EMERGENCY TRAVEL AND ACCOMMODATIONS FOR FAMILY OF COAST GUARDSMEN WHO SUFFERED WORK RELATED TRAGEDIES IN THE LINE OF DUTY			24,155		EMERGENCY TRAVEL AND ACCOMODATIONS

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U.S.	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SCHOLARSHIPS ARE AWARDED BY AN INDEPENDENT SCHOLARSHIP BOARD CONSISTING OF COAST GUARD PERSONNEL AND ONE FOUNDATION MEMBER. ONCE AWARDED, THE FOUNDATION MANAGES ALL SCHOLARSHIP PAYMENTS. PAYMENTS ARE MADE ONLY UPON VERIFICATION OF ENROLLMENT AND RECEIPT OF A BILL INDICATING THE AMOUNT DUE. PAYMENTS ARE MADE DIRECTLY TO THE INSTITUTION OF HIGHER EDUCATION WITH INSTRUCTIONS THAT NO PART OF THE PAYMENT IS TO BE REIMBURSED TO THE STUDENT. IF FULL PAYMENT IS NOT NEEDED FOR THAT STUDENT, IT IS REFUNDED TO THE FOUNDATION. EDUCATION GRANTS ARE ADMINISTERED BY THE COAST GUARD INSTITUTE WHO ANNOUNCES THE FUNDS AVAILABILITY AND CHECKS FOR ELIGIBILITY. MONITORING OF THE GRANTS IS DONE BY WAY OF REPORTS BACK TO THE FOUNDATION INDICATING PAYEE, CHECK NUMBER AND AMOUNT. RECIPIENTS ALSO HAVE THE ABILITY TO SEND ACKNOWLEDGEMENT EMAILS AS WELL.

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2010Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Open to Public Inspection**Name of the organization**
COAST GUARD FOUNDATION INC**Employer identification number**

04-2899862

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

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

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANNE B BRENGLE	(i) 180,500 0	0 0	12,559 0	7,482 0	4,783 0	205,324 0	191,977 0
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

Name of the organization
COAST GUARD FOUNDATION INC

Employer identification number

04-2899862

Part 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 determining oncash contribution amounts
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 . . .	X	5	239,036	APPRAISAL AND SALES
8 Intellectual property .				
9 Securities—Publicly traded .	X	5	66,672	QUOTED MARKET PRICES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial .				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
SAILING				
25 Other ► (<u>EQUIPMENT</u>) .	X	21	18,771	APPRAISAL
EVENT				
26 Other ► (<u>SPONSORSHIPS</u>) .	X	1	734	RETAIL VALUE
SOFTWARE				
27 Other ► (<u>LICENCES</u>) .	X	15	11,873	RETAIL VALUE
PRINT				
28 Other ► (<u>ADVERTISING</u>) .	X	1	12,950	OPINIONS OF EXPERTS
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . .			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a	Yes	

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE FOUNDATION USES AN UNRELATED THIRD PARTY TO SOLICIT AND RECEIVE DONATIONS OF BOATS AND OTHER WATERCRAFT FOR USE BY THE ACADEMY OR COAST GUARD DISTRICTS

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.

2010**Open to Public
Inspection****Name of the organization**
COAST GUARD FOUNDATION INC**Employer identification number**

04-2899862

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	PUBLIC AWARENESS - TO SERVE AS GOOD WILL AMBASSADORS TO THE UNITED STATES COAST GUARD AND ITS MEN AND WOMEN TO PROMOTE THE TRADITIONS AND FOSTER A DEEPER UNDERSTANDING OF THE ROLE OF THE U.S. COAST GUARD IN SERVING AND PROTECTING THE USA AND THOSE WHO USE ITS WATERWAYS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		PRIOR TO FILING A COPY OF THE 990 IS SENT TO THE FINANCE COMMITTEE FOR REVIEW AND THEN PRESENTED TO THE GOVERNING BOARD FOR APPROVAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE FOUNDATION'S PRESIDENT AS WELL AS A MEMBER OF THE BOARD WHO SERVES AS LEGAL COUNSEL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF TOP MANAGEMENT OFFICIALS IS DETERMINED IN CONJUNCTION WITH THE RELATED EMPLOYEE SEARCH FIRM HIRED TO FILL THE POSITION. SALARY RECOMMENDATIONS ARE COMPARED TO ON-LINE SALARY SURVEY RANGES AND REVIEWED BY A HUMAN RESOURCES CONSULTANT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE INCLUDED IN THE ANNUAL REPORT GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 245,771

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
COAST GUARD FOUNDATION INC

Employer identification number

04-289986:

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

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

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

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

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return
COAST GUARD FOUNDATION INCBusiness or activity to which this form relates
FORM 990 PAGE 10Identifying number
04-2899862**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ►	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	49,561

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	49,561
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

		%						
		%						
		%						

26 Property used more than 50% in a qualified business use

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6				
31 Total commuting miles driven during the year										
32 Total other personal (noncommuting) miles driven										
33 Total miles driven during the year Add lines 30 through 32										
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?										
36 Is another vehicle available for personal use?										

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year

42 A amortization of costs that begins during your 2010 tax year (see instructions)

43 A amortization of costs that began before your 2010 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**