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# , **990**

SCANNED WAY 2, 1 2013

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning and	ending		
B C	heck if	C Name of organization		D Employer identific	cation number
	Addres	UNITED STATES COAST GUARD CPO ASSN	.       - <u></u>		
	]Name ]chang	Doing Business As		51-0	237254
	]Initial _return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Termir ated	5520 G HEMPSTEAD WAY		703-	941-0395
X	]Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$	246,611.
	Applic tion			H(a) is this a group re	
	pendir	F Name and address of principal officer RANDY REID		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
	ax-exe	empt status: 501(c)(3)	or 527	1	list (see instructions)
		e: ► WWW.USCGCPOA.ORG	<u> </u>	H(c) Group exemption	
		organization: ☐ Corporation ☐ Trust X Association ☐ Other ▶	I Year	<del></del>	State of legal domicile: VA
_	ırt I	Summary	<u>  L   100 </u>	or tormation. I D O D   W	Otato or logar dominono. V21
Ъ		Briefly describe the organization's mission or most significant activities. TO T	AKE CA	RE OF MEMBE	RS AND
Activities & Governance		THEIR DEPENDENTS WHO MAY BE IN URGENT NE			
Паў		Check this box  if the organization discontinued its operations or dispose			
Ver	1	Number of voting members of the governing body (Part VI, line 1a)	sea or more	1 1	7
Ĝ	l			3	
త		Number of independent voting members of the governing body (Part VI, line 1b)		. 4	
Ė	ľ	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	2
ΕË		Total number of volunteers (estimate if necessary)		6	1 705
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	1,725.
	b	Net unrelated business taxable income from Form 990-T, line 34	<del></del>	7b	<u>-1,061.</u>
				Prior Year	Current Year
<u>8</u>	l	Contributions and grants (Part VIII, line 1h)		5,485.	4,240.
Revenue	l	Program service revenue (Part VIII, line 2g)		12,453.	234,790.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,589.	<u>5,757.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		218,956.	1,824.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		265,483.	<u>246,611.</u>
	13	Grants a <del>nd similar amounts paid (Part IX, c</del> olumn (A), lines 1·3)		5,000.	8,255.
	14	Benefits paid to online members (Rart IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employed benefits (Part IX, column (A), lines 5-10)		123,782.	130,780.
Expenses	16a	Professip del fundraising fees (Rait IX, dottimn (A), line 11e)		2,150.	0.
e d		Total fundialsing expenses (Part IX, column (D), line 25)	0.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		142,700.	133,629.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		273,632.	272,664.
	19	Revenue less expenses Subtract line 18 from line 12		-8,149.	-26,053.
Net Assets or Fund Balgnces			Be	ginning of Current Year	End of Year
and the second	-20	Total assets (Part X, line 16)	1-2-	794,172.	768,079.
Ass	21	Total liabilities (Part X, line 26)		919.	879.
三三	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	793,253.	767,200.
Pa	rt II	Signature Block	·	133,233,	707,200.
Lind	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			y miomodgo dila bollot, it io
			пол ргораго	las any mornings.	
Sig	n	Signature of officer		Date 29 4	PR 2013
Her		RANDY REID, EXECUTIVE DIRECTOR		210	110 (22)
HICI	•	Type or print name and title			<del></del>
		Print/Type preparer's name Preparer's signature		Date , Check	PIN .
Paic	1	ANGEL NGANDO		2/5//3 If self-employe	- Pa0119272
	arer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	
-	Only	Firm's address 4250 N. FAIRFAX DRIVE, SUITE 10	20	LIIII 2 CIM	<u>דרושון ע וו</u>
USE	Unity	ARLINGTON, VA 22203	4 U	Dhana na E	71_227 0500
NA-		RELINGTON, VA 22203  RS discuss this return with the preparer shown above? (see instructions)		Tentone no. 3	71-227-9500 X Yes No
ivia	<u>, ure li</u>	on unsules this return with the preparer shown above ( (see instructions)			X Yes No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2010) UNITED STATES COAST GUARD CPO ASSN	<u>51-0237254</u>	Page 2
Pàr	rt III   Statement of Program Service Accomplishments		
			. <b>X</b>
	Check if Schedule O contains a response to any question in this Part III		<u>. LAJ</u>
1	Briefly describe the organization's mission:		
	TO TAKE CARE OF MEMBERS AND THEIR DEPENDENTS WHO MAY BE	IN URGENT N	${ t EED}$
	OF ASSISTANCE FINANCIAL OR OTHERWISE; TO ASSIST IN RECR		
	UNITED STATES COAST GUARD; SUPPORT THE AIM AND GOALS OF		<del></del>
	PETTY OFFICER'S ACADEMY; TO ASSEMBLE FOR SOCIAL AMENITI	ES; BECOME	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 000 or 000 F70	Yes	X No
			110
	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?	Tyes	LX 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 ex	nencec	
4			
	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.		
42		evenue \$	
4a	· — — · · · · — — · · · · · · · · · · ·		
	NATIONAL OFFICE: A NATIONAL OFFICE WAS PROVIDED BY THE		
	APPROXIMATELY 10,500 MEMBERS IN 54 CHAPTERS AND 27 BRANC	CHES NATIONA	LLY,
	TO PROMOTE QUALITY OF LIFE AND PROFESSIONALISM OF MEMBER	RS.	
	TO INCHOLD COMMITT OF BILL THIS THOU BOSTONIBLES OF THE BEST		
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4b	(Code: ) (Expenses \$ including grants of \$) (R	evenue \$	)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		1
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	5		1
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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			1
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			l
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	 	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	44.4		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
ıza	Schedule D, Parts XI, XII, and XIII	12a		х
ь	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	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		X
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	]	v
00-	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	<u> </u>	<u> </u>	
D	operate one or more hospitals must attach audited financial statements (see instructions)	20b		1
	opposition of the properties made distance and the properties of t		agn /	2010

Га	TIV Checklist of Required Schedules (continued)			
			Yes	No
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	21		X
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	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ļ		
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	ŀ		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		
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	26		X_
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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	Ì		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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	36		
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	37		Х
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		OOD (	0040
		rorm	<b>990</b> (	2U IU)

Par	t 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 0			
b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	,		
	filed for the calendar year ending with or within the year covered by this return 2a 2			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	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		X
h	If "Yes," enter the name of the foreign country:	14		
•	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		71
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5U		
0a	and a state of the	60		х
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>		
D	were not tax deductible?	er.		
7	Organizations that may receive deductible contributions under section 170(c).	<u>6b</u>		
7	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?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
0	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
·	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,		- 22
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	<u>79</u> 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	<i>/</i> II		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	90	-	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			; !
''	Gross income from members or shareholders			I
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ı
U	land			ı
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ı
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			ı
13		120		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ł	1
Ø	organization is licensed to issue qualified health plans			1
_	Enter the amount of reserves on hand			ı
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		- 43

51-0237254 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sac	tion A. Governing Body and Management		• •	1434
<del>500</del>	tion At Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year . 1a 7		162	140
_	Enter the number of voting members included in line 1a, above, who are independent  1b  7	1		
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ł		
2				х
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			<sub>v</sub>
	of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X
4		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	_^_
6 7-	Does the organization have members or stockholders?	<del>- 0</del> -		
7a	aniaming hadid	7.	v	
	governing body?	7a	X	<u> </u>
_	•	7b_		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	_	7.7	}
a	The governing body?	_8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	_8b	<u> X</u>	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		٠
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			г
		Г. <u>.</u>	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Х	-
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	ا	4.5	
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	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		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		7.7
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			7.5
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
IDA	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		X
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			ŀ
200	exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA	for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	ior		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request	E		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, at	ia iina	ncial	
00	statements available to the public.	tion.		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	HOD: 🏴		
	THE ASSOCIATION - 703-941-0395 5520 G HEMPSTEAD WAY, SPRINGFIELD, VA 22151			
	5520 G HEMPSTEAD WAY, SPRINGFIELD, VA 22151	Form	990	(2010)

032006 12-21-10

# 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. 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.

Name and Title  YLES SHAW  REASURER  IMBERLY LORIGAN	Average hours per week (describe hours for related organizations in Schedule O)	rustee or director			that	арр		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
YLES SHAW REASURER	week (describe hours for related organizations in Schedule O)	$\vdash$				T		from	from related	other
REASURER			I	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
								4		
IMBERLY LORIGAN	1.00	X		X	<u> </u>	<u> </u>	_	1,800.	0.	0 .
		ا <sub></sub> ا			İ					
ECRETARY	1.00	X		X	<u> </u>		<u> </u>	0.	0.	0.
IMOTHY TRIMBLE		l			İ					
RESIDENT	1.00	X		X		$\vdash$	<u> </u>	0.	0.	0 .
AVE ISHERWOOD										_
IRECTOR	1.00	X			<u> </u>	<u> </u>		0.	0.	0.
ACK CROWLEY				Į					_	_
IRECTOR	1.00	Х						0.	0.	0.
RUCE R. BRADLEY									-	_
IRECTOR	1.00	Х						0.	0.	0.
ARK A. PEARSON	l									_
ICE-PRESIDENT	1.00	X		X			_	0.	0.	0.
HOMAS SCARAMASTRO		ŀ							_	
XECUTIVE DIRECTOR	40.00			X		_		88,129.	0.	0.
					-	-				
				-	<u> </u>	<del> </del>				
				_				-		-
		-								
<u>†</u>										
		<del>                                     </del>	<del>                                     </del>	<del> </del>	$\vdash$			-	-	
1							ĺ			

Par	T VII Section A. Officers, Directors, Tru	<u>ustees, Key Er</u>	nplo	yee	s, a	nd l	High	<u>est</u>	Compensated Employ	ees (continued)			
	(A)	(B)	1		•	C)			(D)	(E)		(F)	
	Name and title	Average	١,,		Pos				Reportable	Reportable			
		hours per week	(c)	neck	all	ınat	app	ıy)	compensation	compensation		amount	
		(describe	흉		ŀ				from the	from related organizations	١.	other compensa	
		hours for	i i	_			ted		organization	(W-2/1099-MISC		from th	
		related	stee o	rustee			ensa		(W-2/1099-MISC)	(11 2) 1000 11100	<b>'</b>	organizat	-
		organizations	Individual trustee or director	institutional trustee	ļ	loyee	Highest compensated employee				ŀ	and relat	ted
		ın Schedule	P P	strtut	Officer	l G	ghest	i mer				organızat	ons
		0)	=		-	<u> </u>	T 2	<u>.</u>			_		
	· · ·		<u> </u>										
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				}							ŀ		
			· · · · · ·	-		-	┢						
	Sub-total								89,929.		0.		0.
	Total from continuation sheets to Part V								0.		0.		0.
-	Total (add lines 1b and 1c)						-\t		89,929.	***	J •		0.
2	Total number of individuals (including but r compensation from the organization	iot ilmited to tr	iose	liste	a	DOVE	e) wr	10 re	eceived more than \$100	,000 in reportable			0
	Compensation from the organization											Yes	No
3	Did the organization list any former officer,	director or tru	stee	. ke	v em	olar	vee.	or h	nighest compensated er	nplovee on			
	line 1a? If "Yes," complete Schedule J for s					•	•					3	х
4	For any individual listed on line 1a, is the si	ım of reportab								the organization			
	and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	X
5	Did any person listed on line 1a receive or					-		elat	ed organization or indivi	dual for services		1	
<u></u>	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son			··	.	5	X
1	tion B. Independent Contractors  Complete this table for your five highest co	mneneated in	lene	ndo	nt c	onti	racto	re t	hat received more than	\$100,000 of comp	aneatı	on from	-
•	the organization. NONE	inpensated in	Jope	, nac		Oliti	acio	// J	nat received more than	Ψ100,000 or comp	5113ati		
	(A)								(B)			(C)	
	Name and business	address							Description of s	ervices	Con	npensatio	n
								_					
								İ					
								$\dashv$					
								$\dashv$					
								_					
2	Total number of independent contractors (		ot li	mite	d to		_	sted	l above) who received m	ore than			
	\$100,000 in compensation from the organi	zation					0				C.	orm <b>990</b> (	2010

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above \_\_\_\_ 1f 4,240 g Noncash contributions included in lines 1a-1f \$\_ 4,240 h Total. Add lines 1a-1f **Business Code** 900099 219,090. 219,090. 2 a MEMBERSHIP DUES Program Service 900099 15,700. 13,975. 1,725. ь PUBLICATIONS & SUBSCRI f All other program service revenue 234,790. g Total. Add lines 2a-2f . .... Investment income (including dividends, interest, and 5,757. 5,757. other similar amounts) Income from investment of tax-exempt bond proceeds 4 (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) . 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_\_ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances . . . . b Less: cost of goods sold . . . . b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 1,824 1,824. 11 a OTHER INCOME 900099 d All other revenue 1,824. e Total. Add lines 11a-11d . . . . 246,611. 233,065 1,725. 7,581. Total revenue. See instructions.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com				
	not include amounts reported on lines 6b, 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	3,255.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	5,000.			
3	Grants and other assistance to governments,	ĺ			
	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 010			
7	Other salaries and wages	102,840.		_	
8	Pension plan contributions (include section 401(k)	40 040			
	and section 403(b) employer contributions)	10,312.			
9	Other employee benefits	3,604.			
10	Payroll taxes	14,024.			
11	Fees for services (non-employees):				
	Management	275.			
b	Legal	2,347.			
	Accounting	4,341.			
u	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other				
12	Advertising and promotion				
13	Office expenses	3,946.			
14	Information technology				
15	Royalties	-			
16	Occupancy	28,744.			
17	Travel	34,362.			
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	5,400.			
23	Insurance				
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 0.)	AA AES			
	THE CHIEF PUBLICATION	44,453. 13,642.			
b	PRINTING & POSTAGE SPECIAL PROJECTS	460.			
c d		400.	-		
e e			<del></del>		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	272,664.			
<u>20</u> 26	Joint costs. Check here ▶ ☐ 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			L	

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	772,945.	1	744,455
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	· · · · · ·
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)		6	
S1988 7 8	Notes and loans receivable, net		7	
2 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other		,	
	basis. Complete Part VI of Schedule D 10a 200, 561.			
ь	Less: accumulated depreciation 10b 176,937.	21,227.	10c	23,624
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	794,172.	16	768,079
17	Accounts payable and accrued expenses	919.	17	879
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ខ្ល 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<del>-</del>
22	Payables to current and former officers, directors, trustees, key employees,			
21 22	highest compensated employees, and disqualified persons. Complete Part II			
<b>-</b>	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	010	25	0.770
26	Total liabilities. Add lines 17 through 25	919.	26	879
_	Organizations that follow SFAS 117, check here  and complete			
8	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
g   28	Temporarily restricted net assets		28	····
29	Permanently restricted net assets		29	
[	Organizations that do not follow SFAS 117, check here   X and			
	complete lines 30 through 34.	0.	30	0
30	Capital stock or trust principal, or current funds	0.	31	0
ğ   31	Paid-in or capital surplus, or land, building, or equipment fund	793,253.	32	767,200
27 28 29 30 31 32 33 32 33 32 33 32 33 33 33 33 33 33	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	793,253.	33	767,200
-   33	Total net assets or fund balances	793,233.	33	769 070

768,079. Form **990** (2010)

Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

### **SCHEDULE D**

Internal Revenue Service

(Form 990)

Department of the Treasury

## **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.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

UNITED STATES COAST GUARD CPO ASSN

Employer identification number 51-0237254

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	e 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 advise	d funds
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor		•
	immersia subta a su sata la su a 640		
Pa	rt II Conservation Easements. Complete if the or		urt IV. line 7.
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or		oncally important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space	Trosorvation or a sertin	od Historio stractaro
2	Complete lines 2a through 2d if the organization held a quali	fied conseniation contribution in the form of	fa concentration accoment on the last
_	day of the tax year.	med conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements	• • • • • • • •	. 2a 2b
•	Number of conservation easements on a certified historic sti	aucture included in (a)	2c 2c
4	Number of conservation easements included in (c) acquired		
u	listed in the National Register		
3	Number of conservation easements modified, transferred, re		. 2d
3	year	neased, extinguished, or terminated by the t	organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
3			Yes No
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, and	_	
7	Does each conservation easement reported on line 2(d) above		
8			
	and section 170(h)(4)(B)(ii)?		Yes No
9		•	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organiza	tion's imancial statements that describes th	le organization's accounting for
Pai	conservation easements. t III   Organizations Maintaining Collections o	f Art Historical Treasures or Oth	ner Similar Assets
	Complete if the organization answered "Yes" to Form	•	ici olimai Assets.
12	If the organization elected, as permitted under SFAS 116 (AS		ant and balance sheet works of art
ıa	historical treasures, or other similar assets held for public ext		•
	the text of the footnote to its financial statements that descr		ce of public service, provide, in Fait XIV,
h	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of ort. historical
U	treasures, or other similar assets held for public exhibition, e		
	•	ducation, of research in fortherance of publi	ic service, provide the following amounts
	relating to these items:		<b>N</b> 0
	(i) Revenues included in Form 990, Part VIII, line 1		
_			. • \$
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1	, ,	<b>.</b> .
а	Revenues included in Form 990, Part VIII, line 1		🟲 🐧
D	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

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

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 2. Fin 48 (ASC 740).

932053

Schodule D (Form 93)

Sche	dule D (Form 990) 2010 UNITED STATES COAST GUARD CPO ASSN		51-0237254	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finance	cial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Nick considered using (Inners) on incontrasts	4		
5	Donated services and use of facilities	5	<del></del>	
6	Investment expenses	6		
		7		
7 8	Prior period adjustments Other (Describe in Part XIV.)	8		
9		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
_	t XII Reconciliation of Revenue per Audited Financial Statements With Rever		Return	
1	Total revenue, gains, and other support per audited financial statements	p	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
_	Net unrealized gains on investments			
a			<b>-</b>	
b			┥ !	
C	. , , , , , , , , , , , , , , , , , , ,		-	
d	Other (Describe in Part XIV.)		1 . 1	
е	Add lines 2a through 2d		2e	-
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIV.)		-	
c	Add lines 4a and 4b		4c   5	<del> </del>
D <sub>2</sub>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses ne		
		iliaca pe		<del></del>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities		-	
b	Prior year adjustments		-	
C	Other losses		-	
d	Other (Describe in Part XIV.)		-	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIV)		-	
-	Add lines 4a and 4b		4c	
Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	·	5	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	urt IV Junga	1h and 2h: Bort V. Ens	4: Do≠
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro			4, Fail
^, III I	32, Part AI, IIII 6 6, Part AII, IIII 65 20 and 40, and Part AIII, IIII 65 20 and 40. Also complete this part to pro	viue ally a	uditional information.	
_				<del></del>
			<del></del>	
	•			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

2010
Open to Public Inspection

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

Attach to Form 990.

**2** Employer identification number 51-0237254 (h) Purpose of grant or assistance X Yes 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 that received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization

(d) Amount of or government

(e) Amount of or government

(a) Amount of or government

(b) EIN

(c) IRC section if applicable cash grant or government or 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 : : : : : : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations GUARD CPO ASSN UNITED STATES COAST General Information on Grants and Assistance cntena used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Partl

Schedule I (Form 990) (2010)

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

Enter total number of other organizations

Page 2 Schedule I (Form 990) (2010) (f) Description of non-cash assistance 51-0237254 (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2010) UNITED STATES COAST GUARD CPO ASSN

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance o. 5,000, 18 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2010) SCHOLARSHIP 032102 01-13-11 Part III

### SÇHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization								Employer	identif	ication n	umber	
UNI	TED ST	ATES C	OAST	GUARD	CPO ASSN			51-02	3725	4		
Part I Excess Benefit	Transacti	ons (section	on 501(c)(	<ol><li>and sectio</li></ol>	n 501(c)(4) organizatio	ns only).						
Complete if the organ	nization ansv	vered "Yes"	on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Par	t V, line 40	b.			
1 (a) Name of disc	muchfied new				(b) Description of transactio					(c) Cori	ected?	
(a) Name of disc	pers				(b) Description	UI Halisa	CHOIT			Yes	No	
		_										
		<u>.</u>					-					
		-						<del></del>				
2 Enter the amount of tax impo	and on the c	racouration	managar	e or disqualifi	ind pareage during the	. voor un	dor					
ti 40ED		_	managen	s or disqualin				<b>▶</b> \$				
3 Enter the amount of tax, if an			bursed by	v the organiza				. <b>▶</b> \$				
Control and amount of tax, if an	y, 011 1110 2, t	25010,10	Ja. 554 J.	, and organiza			••••					
Part II Loans to and/or	From Int	erested l	Persons	ş.						-		
Complete if the organ	nization ansv	vered "Yes"	on Form	990, Part IV,	line 26, or Form 990-E	Z, Part V	, line 3	38a.				
(a) Name of interested	(b) Loan t		(c) Ongi	ınal principal (d) Balance due (e) İn				(f) App	roved ard or	(g) Written		
person and purpose	the organ	nization?	ar	mount		defa	ult?	comm	committee?		agreement?	
	To	From				Yes	No	Yes	No	Yes	No	
						ļ <u> </u>						
	ļ		ļ	- ***				<u> </u>			-	
			<del> </del>			<b> </b>		+		<del> </del>		
								<del> </del>				
	<del>                                     </del>		-									
						1		+				
Total			L	<b>▶</b> \$	<u> </u>	<del>                                     </del>						
Part III   Grants or Assist	tance Ber	efiting Ir	itereste			<u> </u>				1		
Complete if the orgai												
(a) Name of interested p				ionship betw	een interested person	and		(c) Am	ount an	d type o	 F	
				the or	ganization				assistar	CO		
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Schedule L (Form 990 or 990-EZ) 2010

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

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

UNITED STATES COAST GUARD CPO ASSN

Employer identification number 51-0237254

01/2122 011010 001101 010111
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OR OTHERWISE; TO ASSIST IN RECRUITING FOR THE UNITED STATES COAST
GUARD; SUPPORT THE AIM AND GOALS OF THE CHIEF PETTY OFFICER'S ACADEMY;
TO ASSEMBLE FOR SOCIAL AMENITIES; BECOME INVOLVED IN COMMUNITY AFFAIRS;
PROMOTE SOCIAL PROGRAMS FOR THOSE IN NEED; AND KEEP INFORMED ON UNITED
STATES COAST GUARD MATTERS; WHEREBY WE MAY CONTINUE TO SERVE IN LOYALTY
TO THE NATION AND THE UNITED STATES COAST GUARD. THESE TOGETHER WITH
THE PREAMBLE TO OUR CONSTITUTION AND THE BY-LAWS DEFINE THE PURPOSE OF
THE CHIEF PETTY OFFICERS ASSOCIATION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INVOLVED IN COMMUNITY AFFAIRS; PROMOTE SOCIAL PROGRAMS FOR THOSE IN
NEED; AND KEEP INFORMED ON UNITED STATES COAST GUARD MATTERS; WHEREBY
WE MAY CONTINUE TO SERVE IN LOYALTY TO THE NATION AND THE UNITED STATES
COAST GUARD. THESE TOGETHER WITH THE PREAMBLE TO OUR CONSTITUTION AND
THE BY-LAWS DEFINE THE PURPOSE OF THE CHIEF PETTY OFFICERS ASSOCIATION.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: THE GOVERNING BODY IS ELECTED BY
THE MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS MADE BY THE GOVERNING
BODY ADE SIBTECT TO ADDROVAL BY MEMBERS AT THE ANNILL, MEETING.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PROVIDES A COPY OF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

032211
01:24-11

2010 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Asset No	Description	Date Method	od Life	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS										
<b>~</b>	1BUILDING	122083E	30.00	016	140,000.			140,000.	121,335.		4,667.
. 4	2DATABASE	110101SL	5.00	16	17,875.			17,875.	17,875.		0
**1	3CARRIER A/C	061203SL	5.00	16	2,475.			2,475.	2,475.		0
7'	RNACE	120203SL	5.00	16	3,800.			3,800.	3,800.		0
	BUILDINGS FURNITURE & FIXTURES			'	164,150.		.0	164,150.	145,485.	0	4,667.
ω,		070184SL	5.00	16	2,243.			2,243.	2,243.		0
• -	PANASON IONE	101597SL	5.00	16	540.			540.	540.		0
1(	16WRITER	102604SL	7.00	16	335.			335.	335.		0
⊣	17CARPETING	070184SL	5.00	16	1,511.		,	1,511.	1,511.		0
	RNITURE & FI				4,629.		0	4,629.	4,629.	0	0
	Ċ										
~		18762060	5.00	16	5,930.			5,930.	5,930.		0
٠,	9WORKSTATION	090597SL	5.00	16	2,295.			2,295.	2,295.		0
1(	r	123197SL	5.00	16	525.			525.	525.		0
1:	Œ	082599SL	5.00	16	1,819.			1,819.	1,819.		0
12	12PENTIUM & SERVER	111401SL	5.00	16	2,788.			2,788.	2,788.		0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

10
PAGE
990
FORM

	<del></del>	· · · · · · · ·									
Current Year Deduction	0	.0	0	209.	394.	603.		130.	130.	5,400.	
Current Sec 179						0			0	0	
Accumulated Depreciation	705.	3,343.	3,565.	157.	296.	21,423.			0	171,537.	
Basis For Depreciation	705.	3,343.	3,565.	1,045.	1,970.	23,985.		7,797.	7,797.	200,561.	
Reduction In Basis						0			0.	0.	
Bus % Excl											
Unadjusted Cost Or Basis	705.	3,343.	3,565.	1,045.	1,970.	23,985.		7,797.	7,797.	200,561.	
Line No No	16	16	16	16	16			16			
Life	5.00	5.00	5.00	5.00	5.00			5.00			
Method	SL	SI	SI	9SL	SI			SI			
Date Acquired	112901	012402SL	020402SL	031709	033109SL			111910SL	-		,
Description	VIEWSONIC 15" FLAT 13PANEL MONITOR	DAIDATA COLOR PRINTER	FERSONAL CARD	18COMPUTER	7	. 990 FAGE 10 TOTAL MACHINERY & EQUIPM	ОТНЕК	FURNITURE		AGE 10 DEPR	
Asset No.	13	14	15	18	19			20			

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

#### FOOTNOTES

STATEMENT

1

#### EXPLANATION OF AMENDMENT

ON THE ORIGINALLY FILED FORM 990, CERTAIN PAYMENTS TO EXECUTIVE DIRECTOR THOMAS SCARAMASTRO WERE IMPROPERLY OMITTED. THE AMENDMENT REFLECTS THE TRUE COMPENSATION PAID DURING 2010.

THE ORIGINAL RETURN LISTED ZERO COMPENSATION FOR MR. SCARAMASTRO. THE AMENDMENT REFLECTS \$88,129 IN WAGES PAID.

ADDITIONALLY, THOMAS SCARAMASTRO WAS ALSO OMITTED FROM THE OFFICER LISTING IN PART VII. THIS HAS BEEN CORRECTED.

LAST, SCHEDULE L WAS POPULATED TO INDICATE A TRANSACTION BETWEEN THE ORGANIZATION AND TWO FAMILY MEMBERS OF BOARD MEMBER MYLES SHAW. HIS WIFE CONSTANCE WAS COMPENSATED \$31,002 AND HIS SON WAS COMPENSATED \$1,800 FOR SERVICES PROVIDED.