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### **Short Form Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2012

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Internal Revenue Service

inspections.

A		e 2012 calendar year, or tax year beginning $0101$ , 2012, an	a enaing		,
B_	Check i	applicable C Name of organization		D Employe	er identification number
-	Name o	COACH CHARD AVIANTON ACCOC		33-0	161887
$\vdash$	Initial re	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephor	
F	Termina			(703	3) 901-8430
<b>-</b>		City or town, state or country, and ZIP + 4		<del>                                     </del>	·
F		tion pending CHANTILLY VA	20153-2905	Numbe	Exemption >
G		inting Method X Cash	H Chec	k ► If th	ne organization is not
ī	Webs		<del></del>		h Schedule B
J		empt status (check only one) —     501(c)(3)   501(c) ( )    4947(a)(1)   501(c) ( )   501(c) (	or 527 (For	m 990, 990-	EZ, or 990-PF)
<u>-</u>			<del> ''</del>	ation and its	aross receipts are
K	Check	ally <b>not</b> more than \$50,000 A Form 990-EZ or Form 990 return is not required tho	ugh Form 990.N (e	-nostcard) r	nav he required (see
		ctions). But if the organization chooses to file a return, be sure to file a complete		postoura, i	nay bo roquirou (ooo
L	Add I	nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$20	0,000 or more, or i	f total	
		s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead		. ▶	00,002.
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balan	-	structions	s for Part I)
		Check if the organization used Schedule O to respond to any question in this Par	t I	,	X
	1	Contributions, gifts, grants, and similar amounts received		1	44,170.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments	• • •	3	9,789.
	4	Investment income		4	5,575.
	5 a	Gross amount from sale of assets other than inventory .	5 a		
	b	Less: cost or other basis and sales expenses	5 b		<del>5</del>
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5	С
	6	Gaming and fundraising events			
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	5 a		
¥	Ь	Gross income from fundraising events (not including \$	of contributions	ا الله الله الله الله الله الله الله ال	(***)
REVENU		from fundraising events reported on line 1) (attach Schedule G if the sum	aul	1 m	<u> </u>
Ε				069.	7
	C	Less direct expenses from gaming and fundraising events	5c 21,	620.	<b>[</b> ]
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and		ئىسى ئ	<u>-</u>
		6b and subtract line 6c) .	• al	6	d -1,551.
	l .		7 a   7 b	406.	
			7 D	612.	
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	irm 990-EZ, Part I, Line 8 Oth	. 7 Per Revenue 8	200.
	8	Other revenue (describe in schedule O)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 8 9	3,000.
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<del></del>	10	90,777.
	10	Grants and similar amounts paid (list in Schedule O)		11	
_	11	Benefits paid to or for members		ļ	
X	12	Salaries, other compensation, and employee benefits	` 23i3''''	12	<del></del>
E	13	Professional fees and other payments to independent contractors		13	-1,,00.
EXPESSES	14	Occupancy, rent, utilities, and maintenance		14	
S	15	Printing, publications, postage, and shipping	 vm 990 EZ, Part I, Line 16 Oth	15	13/52/
	16	Other expenses (desemble in deficulties)	111 990 EZ, Parti, Line 10 Out		31/133.
_	17	Total expenses. Add lines 10 through 16	<del></del>	► 17	377700.
А	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	. 0/01/1
A SS EET S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mus	year		
ŤĚ		figure reported on prior year's return) .	19	1307001	
S	1	Other changes in net assets or fund balances (explain in Schedule O)	•	. 20	<del></del>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 .		▶ 21	201,671.

Form **990-EZ** (2012)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012) COAST GUARD AVI	ATION ASSOC		33	-01618	887 Page <b>2</b>
Check if the organization used Sche	dule O to respond to any que	stion in this Part II			X
			A) Beginning of yea		(B) End of year
22 Cash, savings, and investments			230,313		232,394.
23 Land and buildings	See L-24 St	m+	0	<del></del>	0.
24 Other assets (describe in Schedule O)	500 H 24 501		4,520		7,520.
<ul><li>25 Total assets</li><li>26 Total liabilities (describe in Schedule O)</li></ul>	See L-26 St	mt -	234,833		239,914.
27 Net assets or fund balances (line 27 of c		·	36,179		38,243.
Part III Statement of Program Service Ad			198,654	12/1	201,671. Expenses
Check if the organization used Sch			П	(Require	d for section 501
What is the organization's primary exempt purpose? SUI Describe the organization's program service at measured by expenses. In a clear and concise benefited, and other relevant information for each other program.	PPORT COAST GUARD AVIAT: complishments for each of its manner, describe the service	ION. ITS HISTORY PA	ST AND PRESENT services, as r of persons	(c)(3) ar organiza	nd 501(c)(4) itions and section 1) trusts, optional
28 FUNDING FOR CG AVIATION		IMS			
HISTORICAL AIRCRAFT REST		BOS		<u> </u>	
LIAISON BETWEEN CG AVIATO	RS PAST AND PRESEN	T SUPPORT CAL	ET PROGRAMS		
(Grants \$ 0.) If th	is amount includes foreign gr	ants, check here		28 a	31,806.
29 PUBLISHED 3 ISSUES OF AO	P/CGAA NEWLETTER				
AND OPERATE A HISTORY WE		SSIST IN THE			
PUBLICATION OF SEVERAL CO	<u>G AVIATION RELATED</u>	BOOKS BY MEME	BERS		
	is amount includes foreign gr	ants, check here	<b>&gt;</b>	29 a	14,927.
30 AWARD CG ACTIVE DUTY PER			<u> </u>		
<u>FUNDING ANCIENT ALBATROS</u>					
MEMORIALS FOR THOSE WHO I	HAVE_DIED_IN_CG_SE	RVICE		20-	
(Grants \$ 0.) If the 31 Other program services (describe in Sch	is amount includes foreign gr	ants, check here	•	30 a	7,478.
	edule O) is amount includes foreign gr	ante chack hara	- □	31 a	
32 Total program service expenses (add lin		ants, check here .	· <u> </u>	32	E 4 011
Part IV List of Officers, Directors,		alovoos turbanhana			54,211.
Check if the organization used Sch	redule O to respond to any qu	Jioyees. List each one et uestion in this Part IV	ren ii not compensateo.	(see the ins	Structions for Part IV.)
	(b) Average hours per	(c) Reportable compensation	(d) Health benefit	s,	
(a) Name and Title	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to empl benefit plans, and def		e) Estimated amount of other compensation
	passion.	(	compensation		
STEVE REYNOLDS		}			_
PRES	15.00	0.	•	0.	0.
JOSEPH BAKER	3.00		1	_	0
VICE PRESIDENT	3.00	0.	•	0.	0.
PAUL MILLIGAN	12.00	0.		0.	0.
BENJAMIN J.STOPPE	12.00	0	-	<del>- '   -</del>	
TREASURER	12.00	0		0.	0.
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BAA	TEEA0812 C	03/14/13			Form <b>990-EZ</b> (2012)

Page 3

33 Did the organization engage in any schribt, net previously reported to the IRS? If Yes, provide a detailed description of each activity in Schridule O.  34 Were any synthetic thanges made the organizing covering documents! If Yes, attach a cardinated opy of the amended documents of they reflect a charge the generatives man. Other provides and provides. 26, as, and 7s, among others?  35 a Did the organization in section 50 (10(4), 501 (10(5)), or 501 (10(5)), or 501 (10(5)), or 501 (10(5)).  35 b Did the organization as section 501 (10(4), 501 (10(5)), or 501 (10(5)), or 501 (10(5)), or 501 (10(5)).  35 b Did the organization and provides and provides and provides and provides and provides and provides. 26 (10(4)) and provides and provides are equilibrium.  35 a Did the organization indexing a siquilation, dissipation, remination or significant.  36 b Did the organization before the provides applicable parts of 30 decidence. Part III and provides are provided and provides and		te the Schedule A and personal benefit of Check if the organization used Schedule		Part V		
A wes a synchroid changes made to each activity in Schedule O where a promote change in the terminal decimals? If Yes, situal a conformed copy of the amended documents of they reflect a change to the organization have unreaded changes and the change in Schedule O (see instructions).  34	33 Did the organization engage in a	any activity not previously reported to the			Yes	
a charge to the organization's name. Otherwise, epilan the charge on Schedule D (see instructions) 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? bit "Yes," to line 53a, has the organization that of a Form 990. To the year? If "No," provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III disposition of net assets during the year? If "Yes," complete Spreadic C, Part III disposition of net assets during the year? If "Yes," complete Spreadic C, Part III disposition of net assets during the year? If "Yes," complete Spreadic C, Part III disposition of net assets during the year? If yes, it was not to the instructions.  37 a Enter amount of pointed expenditures, direct or indirect, as described in the instructions.  37 a Enter amount of pointed expenditures, direct or indirect, as described in the instructions.  38 bit "Yes," complete Schedule I., Part III and enter the total amount involved.  38 bit "Yes," complete Schedule I., Part III and enter the total amount involved.  39 Section 50(c)(3) and 50(c)(4) organizations included on line 9 bit Yes, complete Schedule I., Part III and enter the total amount involved.  40 a Section 50(c)(3) and 50(c)(4) organizations included on line 9 bit Yes, complete Schedule III., Part III and enter the total amount of tax imposed on the organization during the year or did it engage in an access benefit transaction in a prior year that has not been reported on any of its prior Ferm 590 or 990-E27 If Yes, complete Schedule II., Part II  38 bit Yes, and yet the during the year of did it engage in an access benefit transaction in a prior year that has not been reported on any of its prior Ferm 590 or 990-E27 If Yes, complete Form 590 its returns in the year in year year year	provide a detailed description of	each activity in Schedule O		1		X
35 a Dit the organization have unrelated bissness gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others?)  b if Yes, 10 line 35a, has the organization filed a Form 990-T for the year? If No.; provide an explanation in Schedule O c Was the organization of 50(c)(4), 50 (c)(5), or 50(c)(6), 60 (c)(6), 60 organizations upled to section 533(a) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III 35 business and adaption of the desets during the year? If Yes, complete Schedule C, Part III and enter of indirect, as described in the instructions.				- I		v
b if Yes, 'to line 35a, has the organization filed a Form 990-T for the year? If No., provide an explanation in Schedule O c Vas the organization as Schedule O (CS) or 5010(cS) or 5010(cS) or 5010(cS) or 5010(cS) or 5010(cS) or 5010(cS) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III 35	•		•			
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Special C, Part III and proxy tax requirements during the year? If Yes, complete Special C, Part III and proxy tax requirements during the year? If Yes, complete Special be parts of Schedule N 36	(such as those reported on lines	2, 6a, and 7a, among others)?		35 a		<u>X</u>
reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III 35c		•	•			
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37 a   0, 1, 2, 37 b   0, 37 b	c was the organization a section to reporting, and proxy tax requires	nents during the year? If 'Yes,' complete	ation subject to section 6033(e) notic Schedule C, Part III	e, 35c		х
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37 a	36 Did the organization undergo a l	iquidation, dissolution, termination, or sig	gnificant			
b Did the organization file Form 1120-POL for this year?  33b Jul the organization brown from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  bit Yes, Complete Schedue L, Part II and enter the total amount involved  38b Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ** section 4912 ** section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior prior from 490 ** section 490 ** section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization and 400 reimbursed of Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on any of the sprior from 500 ** section 490 ** section			1			X
38a Did the organization borrow from, or make any loans to, any officer, director, fusitee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  bif "Yes," complete Schedule I., Part II and enter the total amount involved  39 Section 501(c)(7) organizations Enter.  al Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year of did it engage in an excess benefit transaction during the year of did it engage in an excess benefit transaction during the year of did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax mit of the work of the internal proposed on organization and any of its prior Forms 990 or 990-EZ? If "Yes," complete Form 8866-T  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax or inverted 40c reimbursed by the organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T  all programations are rise of "THE ORGANIZATION CHARTILLY PROBLET AND TRANSACTION			the instructions . F 37a			v
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  bit 1'es; complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(3) organizations Enter.  a Initiation fees and capital contributions included on line 9  bit Gioss receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ** section 4912 ** section 5912(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did it engage in an excess benefit transaction in a prior year that has not been reported on any of this prior forms 990 or 990-E27 If Yes, complete Form 8865.** and 4958 **  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and the part of did the states with which a copy of this return is filed ** Alabama  42a The enganizations books are interior ** THE ORGANIZATION tocated at ** PO BOX 222903**  42a The enganizations books are mater of ** THE ORGANIZATION tocated at ** PO BOX 222905**  b All 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)?  Yes No No II 'Yes,' enter the name of the foreign country: **  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44b Did the organization organization organization indoor tanning services during the year? If 'Yes,	<u> </u>	-	ctor, trustee, or key employee or wer			Â
38b 3 Section 501(c)(7) organizations Enter. a intitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911:  5 Section 4912:  5 Section 4915:  5 Section 4916:  6 All organization and the organization aparty to a prohibited tax sheller transaction?  6 All organization and the organization aparty to a prohibited tax sheller transaction?  6 All organization at any time during the clained are 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)?  6 All and the during the clained are year, did the organization maintain an office outside of the U.S.?  6 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year  6 All Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  6 Did the organization precise any payments for indoor tanning services during the year?  6 All Did the organization creeve any payments for indoor tanning services duri	any such loans made in a prior	year and still outstanding at the end of th				X
39 Section 501(c)(2) organizations. Enter. a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 \rightarrow section 4912 \rightarrow section 4955 \rightarrow because of the organizations. Did the organization engage in any section 4958 \rightarrow section 4912, 4955, and 4958  40 by the organization of the section 4912 \rightarrow section 4		art II and enter the total	38b			
b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 *		Enter.			}	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 * section 4912 * section 4955 * section 4955 * section 4955 * section 4911 * section 4912 * section 4955 * sec	a Initiation fees and capital contrib	outions included on line 9	39a		1 1	
section 4911 * section 6912 * section 6916 (c)(3) and 501 (c)(4) organizations Did the organization engage in any section 4955 * section 5016 (c)(3) and 501 (c)(4) organizations Did the organization engage in any section 4955 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule L, Part I are anomaly of the various of the section 4912, 4955, and 4958 dectan 501 (c)(4) organizations Enter amount of tax mit proposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 dectan 501 (c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization enter all organizations and the organization aparty to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  40e	<b>b</b> Gross receipts, included on line	9, for public use of club facilities	39 b			
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4988 excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction or any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I  C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax with posed on organization and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  40	, , , , ,	, ,	9 9			
transaction during the year of did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  40e						
on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule I. Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  1. List the states with which a copy of this return is filed  Alabama  42a The organization's books are in care of  THE ORGANIZATION  CHANTILLY  CHANTILLY  Telephone no  (703) 901-8 430  Located at  PO BOX 222905  CHANTILLY  Telephone no  (703) 901-8 430  Located at  PO BOX 222905  CHANTILLY  Telephone no  (703) 901-8 430  Located at  PO BOX 222905  CHANTILLY  Telephone no  (703) 901-8 430  Located at  PO BOX 222905  CHANTILLY  Telephone no  (703) 901-8 430  Located at  PO BOX 222905  Wes No  If Yes, enter the name of the foreign country:   See the instructions for exceptions and filing requirements for Form TD F90-221, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country:   43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  d He Yes to line 44c, has the organization filed a Form 720 to report these payments?  If Yes, Prov	transaction during the year or di	d it engage in an excess benefit transact	ion in a prior year that has not been	reported		
managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  40	·	•		40 b		Х
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  List the states with which a copy of this return is filed. Alabama  42a The organization?  books are in care of THE ORGANIZATION  Located at PO BOX 222905  CHANTILLY  Alignment of the organization as a bank account, securities account, or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If No, 'provide an explanation in Schedule O  during the year?  If No, 'provide an explanation in Schedule of the organization within the meaning of section 512(b)(13)?  b Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes.	c Section 501(c)(3) and 501(c)(4) managers or disgualified person	organizations Enter amount of tax imposs during the year under sections 4912, 4	sed on organization 955, and 4958 ►			
shelter transaction? If "Yes,' complete Form 8886-T  List the states with which a copy of this return is filed Alabama  42a The organization's books are in care of THE_ORGANIZATION Located at PO_BOX_222905	d Section 501(c)(3) and 501(c)(4)		· · · · · · · · · · · · · · · · · · ·			
42 a The organization's books are in care of THE_ORGANIZATION  Located at PO_BOX_222905  A1 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:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:  42b	e All organizations. At any time di	uring the tax year, was the organization a	party to a prohibited tax			v
42a The organization's books are in care of THE ORGANIZATION  Located at PO BOX 222905 CHANTILLY PAY 20153-2905  b 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)?  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial account)?  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial account)?  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S.?  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization perale one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization perale one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d 1' 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yo,' provide an explanation in Schedule O  44a				. <u>40 e</u>		
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	books are in care of THE OR Located at PO BOX 22290  b At any time during the calendar financial account in a foreign co If 'Yes,' enter the name of the foreign continuous for exceptions and for At any time during the calendar	year, did the organization have an intereuntry (such as a bank account, securities oreign country:   iling requirements for Form TD F 90-22.1, Report year, did the organization maintain an of	STILLY ZIP + st in or a signature or other authority s account, or other financial account) of Foreign Bank and Financial Accounts.	4 20153-290 over a ? 42b	Yes	No X
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45 a X  b 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.'	<ul> <li>and enter the amount of tax-exe</li> <li>44 a Did the organization maintain an of Form 990-EZ</li> <li>b Did the organization operate one instead of Form 990-EZ</li> <li>c Did the organization receive any</li> </ul>	empt interest received or accrued during the year? In y donor advised funds during the year? In year or more hospital facilities during the year year year.	the tax year  If 'Yes,' Form 990 must be completed ar? If 'Yes,' Form 990 must be computing the year?	d instead 44 a 44 a 44 b 44 c		X
b 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.'				<u> </u>		X
Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	b Did the organization receive any paymen	t from or engage in any transaction with a controlle	d entity within the meaning of section 512(b)			· ·

Page 4

Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 Х Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Yes No 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 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 Х 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49 b Х Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours per week devoted to position (a) Name and title of each employee paid more than \$100,000 (c) Reportable compensation (Forms W-2/1099-MISC) (e) Estimated amount of other compensation NONE f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None. (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes charitable trusts must attach a completed Schedule A Nο 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. Signature of officer Sign Here BENJAMIN J. Type or print name and title Print/Type preparer's name LINDA A. FREYMAN self-employed P00511196 Paid Firm's name ▶ <u>Linda A.Freyman</u> Preparer Use Only Firm's address > Firm's FIN PO Box 34545 Phone no 20827 Bethesda MD May the IRS discuss this return with the preparer shown above? See instructions Yes No Form 990-EZ (2012)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

action

OMB No 1545-0047

Open to Public

Inspection

Schedule A (Form 990 or 990-EZ) 2012

Department of the Treasury Internal Revenue Service

**Total** 

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.

Employer identification number COAST GUARD AVIATION ASSOC 33-0161887 Pant 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 supporting organization and complete lines 11e through 11h Type III — Functionally integrated Type III - Non-functionally integrated d 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) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 g (i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iv) Is the (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in column (i) of your support? (vi) Is the organization in column (i) (vii) Amount of monetary organization in column (i) listed in your governing document? support organized in the Yes Yes No No Yes (A) (B) (C) (D) (E)

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

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)

Sec	tion A. Public Support	·		·			
Cale	ndar year (or fiscal year	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	nning in) ► 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						
Sec	tion B. Total Support				······································		<del></del>
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(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 activi	ties, etc (see inst	ructions)	•		. 12	
13	First five years. If the Form 990 i organization, check this box and	s for the organiza	ation's first, secon	nd, third, fourth, or	fifth tax year as a		3)
Sec	tion C. Computation of Pul	olic Support F	Percentage		·		
14	Public support percentage for 20	l2 (line 6, column	(f) divided by lin	e 11, column (f))		. 14	%
15	Public support percentage from 2	011 Schedule A,	Part II, line 14 .	• •	•	. 15	%
16 a	33-1/3% support test — 2012. If to and stop here. The organization of	he organization o qualifies as a pub	lid not check the licly supported or	box on line 13, and ganization	d the line 14 is 33-	1/3% or more, o	check this box
t	33-1/3% support test — 2011. If the and stop here. The organization	ne organization di qualifies as a pub	d not check a boo	x on line 13 or 16a rganization .	, and line 15 is 33	-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts-	neets the 'facts-a	nd-circumstances	s' test, check this b	ox and stop here.	Explain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a -circumstances' t	nd-circumstances est The organiza	s' test, check this b ition qualifies as a	ox and stop here. publicly supported	Explain in Part l organization	IV how the . ▶ □
	Private foundation. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, 17a, 6	or 17b, check this	box and see ins	tructions . ►
RΔΔ	• ——	<del>_</del>				11 4 75	

Schedule A (Form 990 or 990-EZ) 2012 COAST GUARD AVIATION ASSOC

Partitle 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.)

	tion A. Public Support					_	
Calen	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
	received. (Do not include any 'unusual grants')	60,630.	133,037.	56,290.	136,982.	44,170.	431,109.
2	Gross receipts from admissions, merchandise sold or	00,030.	133,037.	30,230.	130, 902.	44,170.	431,109.
	services performed, or facilities						
	furnished in any activity that is related to the organization's	İ					1
_	tax-exempt purpose	4,424.	35,451.	59,978.	46,191.	20,069.	166,113.
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						
5	its behalf The value of services or						
	facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	65,054.	168,488.	116,268.	183,173.	64,239.	597,222.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	03,034.	100,400.	110,200.	103,173.	04,239.	391,222.
ł	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				:		
,	: Add lines 7a and 7b						
	Public support (Subtract line						
	7c from line 6.) \	<u> </u>					597,222.
	tion B. Total Support						-
	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
	Amounts from line 6 Gross income from interest,	65,054.	168,488.	116,268.	183,173.	64,239.	597,222.
,,,,	dividends, payments received on securities loans, rents, royalties and income from similar sources	5,651.	5,846.	5,476.	5,515.	5,575.	28,063.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	3,031.	3,040.	3/1/0.	3,313.	<u> </u>	20,003.
	: Add lines 10a and 10b	5,651.	5,846.	5,476.	5,515.	5,575.	28,063.
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 Ins 9, 10c, 11, and 12)	70,705.	174,334.	121,744.	188,688.	69,814.	625,285.
14	First five years. If the Form 990 i organization, check this box and	s for the organizat	ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu		ercentage	·	<del></del>		
15	Public support percentage for 20			13, column (f))	· · · · · · · · · · · · · · · · · · ·	15	95.51 %
16	Public support percentage from 2	2011 Schedule A, F	Part III, line 15			16	96.02 %
Sec	tion D. Computation of Inv	estment Incon	ne Percentage	<b>)</b>			
17	Investment income percentage for	or <b>2012</b> (line 10c, c	olumn (f) divided	by line 13, colum	n (f)) .	. 17	4.49 %
18	Investment income percentage fr					18	3.98 %
	33-1/3% support tests — 2012. If is not more than 33-1/3%, check	this box and stop	here. The organiz	ation qualifies as	a publicly suppor	ted organization	<b>►</b>   <b>X</b>
	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%						
	Private foundation. If the organiz	zation did not chec					
BAA			TEEA0403	08/09/12	Sc	hedule A (Form	990 or 990.F7) 2012

Schedule A	(Form 990 o	<u>r 990-</u> EZ) 20	12 COAST	r GUARD	AVIATIO	N ASSOC		33-0161887	Page 4
Part IV	Suppleme Part II, line (See instri	ental Informe 17a or 1	<b>nation.</b> Co 7b; and Pa	omplete thart III, line	nis part to 12. Also	provide the complete th	e explanations in explanations in explanations in explanation and explanations in explanations.	required by Part II, line additional information	e 10;
<b></b>		<b></b>							
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#### SCHEDULE 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.

OMB No 1545-0047

2012

r Open to Public

Department of the Treasury Internal Revenue Service	Attach to Forn	ation entei า 990 or Fo	rea more tr orm 990-EZ	nan \$15,000 on Form 9 ‰ ► See separate ins	90-EZ, line 6a. tructions.	Inspection
Name of the organization					Employer identifi	cation number
COAST GUARD AVIATION ASS		nizotion on	awarad 'V	osl to Form 000 Dort IV	33-01618	87
Part I Fundraising Activities. Com	equired to comp	lete this pa	iswered 16 art	es to rorm 990, Part iv	7, line 17.	
1 Indicate whether the organization				ving activities. Check a	Il that apply	
a Mail solicitations			е	<b>=</b>	government grants	
b Internet and email solicitation	S		f	Solicitation of gove	•	
c Phone solicitations			9	Special fundraising	g events	
d In-person solicitations						
2 a Did the organization have a writte employees listed in Form 990, Pa	n or oral agreen rt VII) or entity i	nent with a in connecti	iny individu on with pro	ial (including officers, o fessional fundraising s	directors, trustees or ke ervices?	y ∏Yes ∏No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by to						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		have custor of conti	dy or control ributions?	from activity	(or retained by) fundraiser listed in column (i)	(or retained by) organization
		Yes	No			
1						
2						
3						
4						
5	,,					
6						-
7						
8	-					
9				<del></del>		
10						
		1		····		
Total 3 List all states in which the organiz	ation is register	ed or licen	sed to solu	cit contributions or has	heen notified it is exen	not from registration
or licensing.					Soon notined it is exem	.prom rog.oaom
						<b></b>
			<b>-</b> -			
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		<b></b>				

Schedule G (Form 990 or 990-EZ) 2012 COAST GUARD AVIATION ASSOC 33-0161887 Park III Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (b) Event #2 (c) Other events (a) Event #1 (add column (a) NONE through column (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less Charitable contributions 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes 6 Rent/facility costs . . 7 Food and beverages 8 Entertainment Other direct expenses . 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 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. (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (a) Bingo REVENUE bingo/progressive bingo (add column (a) through column (c)) Gross revenue 2 Cash prizes EXPERSES 3 Non-cash prizes 4 Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7

h If 'Ves ' evoluin'	licenses revoked, suspended or terminated during th			Yes	∐ <sub>N0</sub>
10 a Were any of the organization's gaming	licenses revoked, suspended or terminated during th	e tax vear?	 :		
h If 'No ' explain:					
a Is the organization licensed to operate of	gaming activities in each of these states?	• • •		Yes	

Sche	edule <b>G</b> (Form 990 or 990-EZ) 2012 COAST GUARD AVIATION ASSOC	33-0161	887	Page 3
	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 fradminister charitable gaming?	ormed to	Yes	No
13	Indicate the percentage of gaming activity operated in	1 1		
	The organization's facility	13a		ş.
	o An outside facility	13b		<del>-</del> -
	Enter the name and address of the person who prepares the organization's gaming/special events books at	<u> </u>		
	Name •			
	Address •	·		
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming reven	ue?	Yes	No
b	olf 'Yes,' enter the amount of gaming revenue received by the organization 🏲 💲	d the amoun	t	
	of gaming revenue retained by the third party * \$			
C	c If 'Yes,' enter name and address of the third party			
	Name •			- <del></del> <sub>-</sub> <sub>1</sub>
	Address Landau Address			!
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided			<b>-</b>
	Director/officer Employee Independent contractor			
	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to restate gaming license?		Yes	No
E	Enter the amount of distributions required under state law to be distributed to other exempt organizations of	r spent in the	;	
Par	organization's own exempt activities during the tax year \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	red by Par	t I. line 2	2b.
	columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as ap this part to provide any additional information (see instructions).	olicable. A	lso comp	olete
				<del></del>
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

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

Open to Public Inspection Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. Name of the organization Employer identification number COAST GUARD AVIATION ASSOC 33-0161887

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

GIFT OF WILLIS JEEP 3,000.

Total

3,000.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

AWARDS AND MEMORIALS 39,284.
BOARD EXPENSES 1,849.

Total

41,133.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
ERICKSON ERIKSON RING MODEL PLANES FOR DISPLAY JEEP AND TRAILER	575. 3,945.	575. 3,945. 3,000.
Total	4,520.	7,520.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
RESCUE SWIMMERS FUND	1,926.	-138.
PHOENIX PROJECT-HH52A RESTORATION FOR SMITHSONIAN MEMORIAL CONSTRUCTION CG-1705	10,616. 23,637.	18,837. 19,544.
Total	36,179.	38,243.