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Department of the Treasury

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)

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

OMB No 1545-0047 2012 Open to Public

intern	ai Revenue	Service The organization may have to use a copy of this return to satisfy state	reporting requir	Ciricita	ittaberdett
A	For the 2	2012 calendar year, or tax year beginning , and ending		.	
В	Check of appli			D Employ	er identification number
4	Address chan			E1_	0027254
1	Name change	Poing Business As Number and street (or P O box if mail is not delivered to street address)	Room/suite		0237254 ne number
	nıtıal return		NOON DOORS		-941-0395
$\overline{\sqcap}_1$	Ferminated	5520 G HEMPSTEAD WAY City, town or post office, state, and ZIP code	L	'\\	241 0222
\equiv	Amended ret			G Gross rece	ipts \$ 242,648
\equiv		F Name and address of principal officer			
□′	Application p	RANDOLPH REID	H(a) is this a g	group return for a	iffiliates? Yes X No
		5520 G HEMPSTEAD WAY	H(b) Are all at	ffiliates included	? Yes No
		SPRINGFIELD VA 22151	ır "N	o," attach a list	(see instructions)
1	Tax-exempt	status 501(c)(3) X 501(c) (19) 4 (insert no) 4947(a)(1) or 527			
J	Website:		H(c) Group ex		7.73
	Form of orga		Year of formation	1969	M State of legal domicile VA
<u> </u>	art I	Summary			
		nefly describe the organization's mission or most significant activities:			
9 <u>2</u>	•	SEE SCHEDULE O			
'nar					
Ş.	2 Ch	neck this box > if the organization discontinued its operations or disposed of more than 25	% of its net asset	s	
ő		umber of voting members of the governing body (Part VI, line 1a)		3	7
S S		umber of independent voting members of the governing body (Part VI, line 1b)		4	7
Activities & Governance	5 To	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	4
Λcti		tal number of volunteers (estimate if necessary)		6	0
`	7a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	1,000
	b Ne	et unrelated business revenue from Part VIII, column (C), line 12 Let unrelated business taxable income from Form 990-T, line 34 CEVED	1	7b	<u> </u>
i		ontributions and grants (Part VIII, line 1h) ogram service revenue (Part VIII, line 2g)	Prior Ye	5,119	Current Year 15, 483
ine		ontributions and grants (Part VIII, line 1h) ogram service revenue (Part VIII, line 2g)	23	5,782	216,601
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,583	10,473
æ	11 Otl	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 17e) EN,		3,614	91
	12 To	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), tine 12)	29	8,098	242,648
-		rants and similar amounts paid (Part IX, column (A), lines 1-3)		7,791	4,461
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)		0	0
ses	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13	5,298	147,306
	1	ofessional fundraising fees (Part IX, column (A), line 11e)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	0
Exper	ł	otal fundraising expenses (Part IX, column (D), line 25)	11	4,069	173,566
		her expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		7,158	325,333
		otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25) evenue less expenses Subtract line 18 from line 12		0,940	-82,685
- S		vertue less expenses Subtract line 10 nont line 12	Beginning of Cu		End of Year
sets	20 To	otal assets (Part X, line 16)	80	5,742	726,737
let Assets or and Balances	21 To	otal liabilities (Part X, line 26)		0	3,680
<u> </u>	22 Ne	et assets or fund balances Subtract line 21 from line 20	80	5,742	723,057
	art II	Signature Block			
Ur	nder penal	lties of perjury∮l declare that I have examined this return, including accompanying schedules and statem t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	ents, and to the be has anv knowledg	est of my knov e	wledge and belief, it is
201				14	MAY 2013
Sig	ın İ	Signature of diffeer		Date	,
∯iei		RANDOLPH REID EXECU	JTIVE DI	RECTOR	
		Type or print name and title			
JUN		Print/Type preparer's name Preparer's signature	Date	Check	If PTIN
Paic	parer	TED COLNA, CPA	5/13/		
LPre	parer	Firm's name > ZUKERMAN & ASSOCIATES LTD.	1	Firm's EIN	54-1244551
2 ⊎Se	Only	168 BUSINESS PARK DR STE 202			767_470.2777
⋖	l F	Firm's address VIRGINIA BEACH, VA 23462-6532		Phone no	757-473-3777 X Yes No
May	Paparera	discuss this return with the preparer shown above? (see instructions) rk Reduction Act Notice, see the separate instructions.	 		X Yes No Form 990 (2012)
DAA	, ahai wol	in Naudellen Pet Hottoe, oog the oppulate mediaellene.			Form 555 (2012)

DAA

11111	n 990 (2012) UNITED STATES COAST GUARD CPO ASSN 51-0237254		F	age
Ρ,	art IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		103	140
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)] }		ŀ
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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,			X
6	Part III	5		
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	Ì		
	"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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	 		1
	complete Schedule D, Part III	· 8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	1 1		
	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 temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		
	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			X
d		- 116		
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	_==
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445	l	X
5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
3	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
6	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
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	_18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
_	If "Yes," complete Schedule G, Part III	19		X
0a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a	- 1	X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

	art IV Checklist of Required Schedules (continued)			uge -
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	[
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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?	1		
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	120		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1 20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<u> </u>		
20	Part IV 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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
b	Schedule L, Part IV	28b	х	
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30		25		-
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	·	30		-
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
32		31		
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	32		
JJ	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	·		-	-
J -	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	24	·	х
35a	·	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	254		
36		35b		
J U	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36]
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
J 1	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ł
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3=		x
38		37		 ^
JU	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	[
	10: Note: All 1 offit 330 filets are required to complete ochequie O	[30	45	l

Pŧ	Part V Statements Regarding Other IRS Filings and Tax Compliance	11/				Г
	Check if Schedule O contains a response to any question in this Part	t V			T	
10	Fator the number reported in Day 2 of Farm 1000. Fator 0, if not applicable	1 40	lo	f	Yes	No
1a		1a 1b	0	\dashv		I
b						1
С		0		4-	1	x
2-	reportable gaming (gambling) winnings to prize winners?	1 1	1	1c		<u> </u>
2a			A			I
L	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1 3	୷ୢ	x	ŧ
b	, , , , , , , , , , , , , , , , , , , ,			2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction by the appropriate of \$1,000 as more during the year?)	ions)		,	x	Ŧ
3a	<u> </u>			3a	X	\vdash
b				3b		
4a	, , , , , , , , , , , , , , , , , , ,	_				
	over, a financial account in a foreign country (such as a bank account, securities account, or other account)?	i nnanciai		4a		x
b						
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance	oral Apparenta				
5a				5a	1	х
b				5b		X
c		Sactions		5c	-	-
6a		d the		30		
-	organization solicit any contributions that were not tax deductible as charitable contributions?	u inc		6a		x
b		utions or		- Ju	\vdash	
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a		for goods				,
_	and services provided to the payor?	g		7a	1	х
ь				7b		
c		t was		<u> </u>		$\overline{}$
	required to file Form 8282?	•		7c		x
d		7d				
е				7e	i 1	X_
f				7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file		s required?	7g		
h			•	7h		· ·
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporti					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsori	-				ĺ
	organization, have excess business holdings at any time during the year?	Ū		8	1	ĺ
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				ĺ
11	Section 501(c)(12) organizations. Enter:					Ė
а	Gross income from members or shareholders	11a				į
b	Gross income from other sources (Do not net amounts due or paid to other sources					ĺ
	against amounts due or received from them.)	11b				ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				1	ĺ
b	Enter the amount of reserves the organization is required to maintain by the states in which	, ,			.	į
	the organization is licensed to issue qualified health plans	_13b		_		É
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u>_x</u>
b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	dule O		14b		
AA				For	m 990	J (2012)

SPRINGFIELD

Page 6 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. \mathbf{X} Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 7 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. X affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request X Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the THE ASSOCIATION 5520 G HEMPSTEAD WAY organization >

703-941-0395

VA 22151

Form 990 (2012) UNITED 3							Page 7
Part'VII Compensation Independent		Directo	rs, Tru	ıstees,	Key Employees, Hig	hest Compensated E	Employees, and
•		s a resp	onse to	o anv d	uestion in this Part VII	1	
					Compensated Employee		
1a Complete this table for all pers organization's tax year.	ons required to be I	isted. Re	port com	pensatio	n for the calendar year endir	ng with or within the	
 List all of the organization's compensation Enter -0- in column 						regardless of amount of	
 List all of the organization's 	, , ,	•	•			•	
 List the organization's five or who received reportable compensions organization and any related organ 	ation (Box 5 of Forn						
 List all of the organization's f \$100,000 of reportable compensa 	tion from the organ	ization an	d any rel	lated org	anizations.		
 List all of the organization's forganization, more than \$10,000 of List persons in the following order: compensated employees; and form 	f reportable compe individual trustees	nsation fr	om the o	rganizati	on and any related organiza	tions	
Check this box if neither the or	ganization nor any	related or	ganızatıc	ons comp	ensated any current officer,	director, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, unle officer a institutional or director	(C) Position check more ess person a directo	is both an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) TYRONE ANDERSON	1	trustee		nsated			
	1 1 00	1 1	1 1	1 1	1		

	(list any	of	officer and a director/trustee)			r/truste	90)	the organizations (W-2/1099-MISC)		compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-211039-MI3C)	organization and related organizations	
(1) TYRONE ANDERSON											
DIRECTOR	1.00	x				1		o	0	o	
(2) KIMBERLY LORIGAN		 				┢					
(, = ==================================	1.00	1									
PRESIDENT	0.00	x	ŀ	X				0	0	0	
(3) BRUCE R. BRADLEY		Ì									
	1.00										
VICE-PRESIDENT	0.00	X	L.,	X				0	0	0	
(4) BRUCE GARRISON					l						
	1.00		1	}		ļ					
SECRETARY	0.00	X		X		<u> </u>		0	0	0	
(5) MARK TAHTINEN		1									
	1.00			ĺ							
TREASURER	0.00	X		X		<u> </u>		0	0	0	
(6) JOHN SHIPP		ĺ	1	ĺ		ĺ				J	
	1.00										
DIRECTOR	0.00	X	<u> </u>	_	ļ	<u> </u>		0	0	0	
(7) MICHAEL BUMGARDN	1		l	ŀ							
	1.00		}				 				
DIRECTOR	0.00	X	_	_	<u> </u>	_		0	0	0	
(8) RANDOLPH G REID	40.00										
EVECUMENT DIDECTOR	40.00	1		x				27 000	0	_	
EXECUTIVE DIRECTOR (9) THOMAS SCARAMAST	0.00	┼		<u> </u>	-	├		27,908	0		
(9) I HOMAS SCARAMASI	40.00			[•	
EXECUTIVE DIRECTOR	0.00			ŀ			x	49,684	0	0	
(10)	0.00	┼┈─	├─	\vdash		 	^	49,004			
(10)											
(11)		 				_					

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ву Е	<u>mplo</u>	yee	s, ar	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) (C) Average Position (do not check more than on box, unless person is both a officer and a director/trustee position (see and a director/trustee position)						an 88)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiz and rei organiza	ated	
(12)												-		
(13)				ļ										
(14)														
(15)			-					!						_
(16)														
(17)				 										
(18)														
(19)				,										_
1b	Sub-total	L	<u> </u>	<u> </u>	1	<u> </u>		>	77,592			-		
d	Total from continuation sheem total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A				>	77,592					
2	Total number of individuals (increportable compensation from			to th	ose	liste	d abo	<u> </u>					Vaa	- Na
3	Did the organization list any for employee on line 1a? If "Yes,"								ee, or highest compensated	I	ſ	3	Yes X	No
4	For any individual listed on line organization and related organ individual	1a, is the sum of	frep	ortab	le co	mpe	ensat	ion a		m the		4		х
5	Did any person listed on line 1a									dividual				
Sect	for services rendered to the orgion B. Independent Contracto		s, c	ompi	ete s	cne	aule	J 101	r such person			5		X
1	Complete this table for your five compensation from the organization	e highest comper	nsate	d ind	depe	nder	nt cor	ntrac ndar	ctors that received more that	n \$100,000 of he organization's tax year				
		(A) business address								(B) tion of services		Co	(C) mpensat	ion
								l 						
													•	-
2	Total number of independent or received more than \$100,000 c								listed above) who	0				

F-4	art A	Check if Schedule		s a response to	any question in th	nis Part VIII.		
 ,			w was in items	· · · · · · · · · · · · · · · · · · ·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
tī t	1a	Federated campaigns	1a			70701120		0,2,010,01014
Fall	b	Membership dues	1b		1		1	
ָב פֿעט	С	Fundraising events	1c		1		1	
i i	d	Related organizations	1d				1	
S,E	е	Government grants (contributions)	1e				1	
<u> </u>	f	All other contributions, gifts, grants,			1	1	I	
캶	1	and similar amounts not included above	1f	15,483	1		I	
E O	g	Noncash contributions included in lines 1a	-1f: \$				1	
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		.	15,483			
e				Busn. Code				
Program Service Revenue	2a	MEMBERSHIP DUES		900099	209,348	209,348	Ī	
æ	b	PUBLICATIONS & SUBS	CRIPTIONS	s 900099	6,253	6,253		
<u>Ş</u>	С	THE CHIEF		541800	1,000		1,000	
Sen	d							
E	e							
go	f	All other program service revei	nue					
ے	g	Total. Add lines 2a2f		•	216,601			
	3	Investment income (including of	lividends, ini	terest,				
	ł	and other similar amounts)		▶	10,473			10,473
	4	Income from investment of tax-	exempt bon	d proceeds 🕨				
	5	Royalties		_ _				
		(i) Real		(ii) Personal				
	6a	Gross rents			1		1	
	ь	Less rental exps			1		<u> </u>	
	С	Rental inc or (loss)			1		1	
	_d	Net rental income or (loss)		•				
	7a	Gross amount from (i) Securities sales of assets		(II) Other				
		other than inventory			1		•	
	b	Less cost or other			1		I	
		basis & sales exps			1		1	
	С	Gain or (loss)			1		1	
	d	Net gain or (loss)		•				
a	8a	Gross income from fundraising ever	nts				İ	
nua		(not including \$	ļ		1		į.	
ě		of contributions reported on line 1c)	.		1			
er F		See Part IV, line 18	a				1	
Other Revenue		Less: direct expenses	ь		1		1	
•		Net income or (loss) from fund		ts 🕨				
	9a	Gross income from gaming activities	S.		1			
		See Part IV, line 19	a		1		1	
		Less. direct expenses	b		1		1	
		Net income or (loss) from gami	ng activities	<u> </u>				
	10a	Gross sales of inventory, less			1			
		returns and allowances	a					
		Less: cost of goods sold	b[1		1	
	<u>C</u>	Net income or (loss) from sales	of inventor					· · · · · · · · · · · · · · · · · · ·
		Miscellaneous Revenue		Busn. Code			#	
	11a	OTHER INCOME		900099	91			91
	b			 				
	C	All all and						
	d	All other revenue		<u> </u>				
		Total. Add lines 11a-11d	_	₹ }	91	015 601		<u></u>
	<u> 12 </u>	Total revenue. See instruction	S		242,648	215,601	1,000	10,564

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b not include amounts reported on lines 55, b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1			одролово	gondrai daponisos	ФХРОПОВО
•	organizations in the U.S. See Part IV, line 21	4,404			
2	Grants and other assistance to individuals in			111	
	the U.S. See Part IV, line 22	57			
3	Grants and other assistance to governments,			——————————————————————————————————————	······································
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	27,908			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	49,684			
7	Other salaries and wages	39,905			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,639			
9	Other employee benefits	4,399			
10	Payroll taxes	17,771		<u> </u>	
11	Fees for services (non-employees).				
а	Management				
b	Legal	6,929			~
C	Accounting	13,207			· · · · · · · · · · · · · · · · · · ·
d	Lobbying		· · · · · · · · · · · · · · · · · · ·		
е	Professional fundraising services See Part IV, line 17				······
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	7,966			
14	Information technology				
15	Royalties				····
16	Occupancy	15,204			
17	Travel	38,760			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			ļ	
19	Conferences, conventions, and meetings	2,243		<u> </u>	·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,829			
23	Insurance	1,562			······································
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	1			•
	line 24e amount exceeds 10% of line 25, column	#			
_	(A) amount, list line 24e expenses on Schedule O)	F1 A6A			
a	THE CHIEF PUBLICATION	51,464 10,900			
,b	PRINTING & POSTAGE	6,531		 	
ч С	REPAIRS	4,400			
d	US TREASURY - EIN REQUEST	7,571		 	
	All other expenses	325,333	0	o	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the			<u>'</u>	0
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if			1	

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 781,960 Cash-non-interest bearing 1 709,942 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other 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) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or <u>200,561</u> other basis Complete Part VI of Schedule D 10a 183,766 23,624 16,795 **b** Less accumulated depreciation 10c 10b 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 Investments-program-related See Part IV, line 11 13 13 14 Intangible assets 14 158 15 Other assets See Part IV, line 11 15 726,737 805,742 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 3,680 of Schedule D 25 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 805,7**4**2 805,7**4**2 723,057 32 Retained earnings, endowment, accumulated income, or other funds 32 723,057 33 33 Total net assets or fund balances 805,742 726,737 Total liabilities and net assets/fund balances

orm	990 (2012) UNITED STATES COAST GUARD CPO ASSN 51-0237254			Pag	ge 12
P	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1			648
2	Total expenses (must equal Part IX, column (A), line 25)	2			333
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>685</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80	<u>5, </u>	742
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	72	<u>3,(</u>	<u>057</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
			<u> </u>	/es	No
1	Accounting method used to prepare the Form 990: X Cash Other		_	ı	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ı	
	Schedule O.			ŧ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			Ī	
	reviewed on a separate basis, consolidated basis, or both:			ł	
	Separate basis Consolidated basis Both consolidated and separate basis			1	(
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			Ī	
	separate basis, consolidated basis, or both:			Ī	
	Separate basis Consolidated basis Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			1	
	Schedule O.			1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
þ	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		
			Form	990	(2012)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 2012 Open to Public Inspection

Name	of the organization		Employer	identification number			
ŢŢ	NITED STATES COAST GUARD CPO ASSN		51-0237254				
	Organizations Maintaining Donor Advised Fur organization answered "Yes" to Form 990, Part IV	nds or Other Similar Funds or Ac					
		(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 t	he assets held in donor advised					
	funds are the organization's property, subject to the organization's exclusive	sive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in w	riting that grant funds can be used					
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose					
	conferring impermissible private benefit?			Yes No			
Pa	ert II Conservation Easements. Complete if the organ		<u>0, Par</u>	t IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check a	ill that apply)					
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impor	tant land	d area			
	Protection of natural habitat	Preservation of a certified historic si	tructure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution in the form of a conservation	n				
	easement on the last day of the tax year			 			
				Held at the End of the Tax Year			
a	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified historic structure include	ded in (a)	2c				
d	· · · · · · · · · · · · · · · · · · ·	6, and not on a					
	historic structure listed in the National Register		2d_				
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization d	uring the	•			
	tax year ▶						
4	Number of states where property subject to conservation easement is loc						
5	Does the organization have a written policy regarding the periodic monito	oring, inspection, handling of		□ v _{aa} □ v _a			
_	violations, and enforcement of the conservation easements it holds?	and the same of th		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ig conservation easements during the year					
7	Amount of expanses incurred in monitoring, increasing, and enforcing as	near ration assembnts during the year					
′	Amount of expenses incurred in monitoring, inspecting, and enforcing col \$ \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	inservation easements during the year					
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170/h\(4\)/B\					
•	(i) and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No			
9	In Part XIII, describe how the organization reports conservation easemen	nts in its revenue and expense statement, and	1				
	balance sheet, and include, if applicable, the text of the footnote to the or						
	organization's accounting for conservation easements.						
Pa	organizations Maintaining Collections of Art,	Historical Treasures, or Other Sir	nilar A	Assets.			
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balance	e sheet				
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherance	e of				
	public service, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re-	eport in its revenue statement and balance s	heet				
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtheranc	e of				
	public service, provide the following amounts relating to these items:						
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$			
	(ii) Assets included in Form 990, Part X		•	\$			
2	If the organization received or held works of art, historical treasures, or of	ther similar assets for financial gain, provide	the				
	following amounts required to be reported under SFAS 116 (ASC 958) re	lating to these items					
а	Revenues included in Form 990, Part VIII, line 1		•	\$			
h	Accets included in Form 000. Part Y		_	e			

Schedule D (Form 990) 2012

16,795

▶

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

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2012 UNITED STATES COAST GUARD CP	O ASSN	51-0237254	Page 4
Pa	rf XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
8	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
₽₽	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With	Expenses per Return	
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			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

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

Supplemental Information

Page 5

Schedule D (Form 990) 2012 UNITED STATES CO.

Part XIII Supplemental Information (continued)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

UNITED STATES COAST GUARD CPO ASSN

Questions Regarding Compensation

▶ Attach to Form 990.

Employer Identification number 51-0237254

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)	,		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1		
	compensation contingent on the net earnings of			
а	The organization?	6a		
þ	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 67 If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	I	1	-
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			

Page 2

51-0237254 UNITED STATES COAST GUARD CPO ASSN

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2012 Part II

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

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

(B) Breakfown o	(B) Breakdown o	; <u>≷</u>	C compensation	2 and/or 1090-MISC compensation or pairment and on Northwester of the Test Test of the Compensation	(D) Nortexable	(E) Total of continue	Company Of
(A) Name and Title	(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(g)-(p)(g)	reported as deferred in prior Form 990
THOMAS SCARAMASTRO	(i) 49,684 (ii) 0	0 0	0.0	0 0	0 0	49,684	0 0
	3 E						
(6)	÷ =						
(t) (t) S							
	(1)						,
(0) (0)	(0)						
	(0)						,
	(0)						
10	(ii)						
11	(ii)						
12 (11	(ii)						
	(ii)						
(i)	(ti)				· '		
(0)	1)						
(6)	(c)						
							Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 UNITED STATES COAST GUARD CPO ASSN 51-0237254

Part III Supplemental Information

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

DAA

Schedule J (Form 990) 2012

SCHEDULE 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

Open To Public Inspection

Name of the organization

UNITED STATES COAST GUARD CPO ASSN

Employer Identification number

51-0237254

Pani	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b								
1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Corrected?					
(1)		organization		765	NO				
(2)					Ι				
(3)									
(4)									
(5)									
(6)									

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

P \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the

organization reported an amount on Form 990, Part X, line 5, 6, or 22 (i) Written (b) Relationship (d) Loan to (f) Balance due (g) In default? (h) Approved (a) Name of interested person (c) Purpose of (e) Original with organization loan or from the principal amount by board or agreement? org? committee? To From Yes Yes No No Yes No _(1)___ (2) (3) (4) (5) (6) (7) (8) (9) (10)Total **▶** \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
5)					
6)					
7)					
3)					
9)					
0)					

	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?
	organization			Yes No
(1) MILES SHAW	FORMER DIRECTOR	26,359	COMPENSATION	x
(2) DAVE ISHERWOOD	FORMER DIRECTOR	6,998	COMPENSATION	Х
(3)				
(4)		<u>-</u>		
(5)		 		
(6)				
(7)			· · · · · · · · · · · · · · · · · · ·	
(8)			······································	- - -
10)				+++
Part V Supplemental Information Complete this part to provide additional information	rmation for responses to questions	s on Schedule L (see i	nstructions)	
SCHEDULE L, PART V - ADDITION	ONAL INFORMATION		· · · · · · · · · · · · · · · · · · ·	·
COMPENSATION OF CONSTANCE SE	HAW WHO IS AN EMI	PLOYEE OF T	HE ASSOCIATION A	ND
ALSO IS THE SPOUSE OF FORMER	R DIRECTOR MILES	SHAW.		
·	<u> </u>			
COMPENSATION OF SARA ISHERWO	OOD WHO IS AN EMI	PLOYEE OF T	HE ASSOCIATION A	ND IS
THE DAUGHTER IN LAW OF FORM	ER DIRECTOR DAVE	ISHERWOOD.		_
				
			······································	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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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.

2012
Open to Public inspection

Name of the organization

UNITED STATES COAST GUARD CPO ASSN

Employer identification number 51-0237254

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

TO TAKE CARE OF MEMBERS AND THEIR DEPENDENTS WHO MAY BE IN URGENT NEED OF
ASSISTANCE FINANCIAL 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 VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS THE GOVERNING BODY IS ELECTED BY THE MEMBERS.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS AT
THE ANNUAL MEETING.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE ORGANIZATION PROVIDES A COPY OF THE 990 TO THE GOVERNING BODY PRIOR TO
FILING THE RETURN WITH THE IRS.

UNITED STATES COAST GUARD CPO ASSN

Employer identification number 51-0237254

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE MEMBERS BY PUBLISHING THEM ANNUALLY IN A MEMBERS ONLY

MAGAZINE.

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FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES AVAILABLE ITS GOVERNING DOCUMENTS AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC ON IT'S WEBSITE AND TO MEMBERS ANNUALLY
IN THE ORGANIZATION'S PUBLICATION. THE ORGANIZATION DOES NOT HAVE A
CONFLICT OF INTEREST POLICY.

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Federal Statements

Taxable Interest on Investments

Desc	ription					
	سنم.	Amount	Unrelated Ex Business Code C		ostal Acquired after ode 6/30/75	US Obs (\$ or %)
INTEREST	\$	10,473		14		
TOTAL	\$	10,473				