

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2025

Prepared For:

COAST GUARD FOUNDATION, INC.
394 TAUGWONK ROAD
STONINGTON, CT 06378-1807

Prepared By:

Sansiveri, Kimball & Co., LLP
50 Holden Street
Providence, RI 02908

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

IRS E-file Signature Authorization for a Tax-Exempt Entity

Form 8879-TE

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20____

2025

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

COAST GUARD FOUNDATION, INC.

EIN or SSN

04-2899862

Name and title of officer or person subject to tax SUSAN LUDWIG PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize SANSIVERI, KIMBALL & CO., LLP to enter my PIN 99862. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

**** THIS IS NOT A FILEABLE COPY ****

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

05083355779

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature LINDA M. PEARSON, CPA

Date 06/18/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2025) Created 5/1/25

Return of Organization Exempt From Income Tax

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

2025

Open to Public Inspection

A For the **2025** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COAST GUARD FOUNDATION, INC.		D Employer identification number 04-2899862
	Doing business as		E Telephone number (860) 535-0786
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 22,938,220.
	394 TAUGWONK ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code STONINGTON, CT 06378-1807		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: SUSAN LUDWIG SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.COASTGUARDFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1986
M State of legal domicile: MA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE COAST GUARD FOUNDATION SUPPORTS COAST GUARD MEMBERS AND THEIR FAMILIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	112
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,571,927.	16,035,321.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,356,884.	1,749,248.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-442,108.	-484,398.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,486,703.	17,300,171.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,283,821.	5,758,284.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,470,746.	3,796,208.
	b Total fundraising expenses (Part IX, column (D), line 25)	719,375.	719,664.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,027,064.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,007,627.	2,339,214.
19 Revenue less expenses. Subtract line 18 from line 12	12,481,569.	12,613,370.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	5,134.	4,686,801.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	25,557,893.	29,724,913.
		3,971,615.	2,029,110.
		21,586,278.	27,695,803.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	SUSAN LUDWIG, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	LINDA M. PEARSON, CPA	LINDA M. PEARSON, CP	06/18/26		P02361807
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	SANSIVERI, KIMBALL & CO., LLP 50 HOLDEN STREET PROVIDENCE, RI 02908	05-0255779	401-331-0500		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

THE COAST GUARD FOUNDATION:
- SUPPORTS COAST GUARD MEMBERS THROUGH EDUCATION, MORALE, WELLNESS, AND RECOGNITION PROGRAMS THAT HONOR THEIR SERVICE TO AMERICA.
- EMPOWERS COAST GUARD SPOUSES WITH GRANTS TO HELP THEM ACHIEVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,410,985. including grants of \$ 2,870,759.) (Revenue \$)
EDUCATION IS ESSENTIAL TO A STRONG FUTURE FOR THE COAST GUARD COMMUNITY, BUT THE RISING COSTS OF SCHOOL AND OTHER BARRIERS MAKE IT INACCESSIBLE TO MANY. WE HELP MAKE HIGHER EDUCATION POSSIBLE THROUGH VARIOUS INITIATIVES INCLUDING SCHOLARSHIPS FOR CHILDREN OF ACTIVE DUTY, RETIRED, OR ACTIVE RESERVE MEMBERS; 100% COVERAGE OF HIGHER EDUCATION FOR CHILDREN OF COAST GUARD MEMBERS WHO DIE IN OPERATIONAL, LINE OF DUTY SERVICE; AND, PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR COAST GUARD MEMBERS AND THEIR SPOUSES. WE ALSO PROVIDE SUPPORT GRANTS TO THE U.S. COAST GUARD ACADEMY, A TOP-TIER EDUCATIONAL INSTITUTION TRAINING THE FUTURE LEADERS OF THE COAST GUARD.

4b (Code:) (Expenses \$ 2,986,506. including grants of \$ 2,348,644.) (Revenue \$)
MORALE AND WELL-BEING OF COAST GUARD MEMBERS IS CRUCIAL - NOT ONLY SO THEY REMAIN ALWAYS READY FOR THEIR ASSIGNMENTS, BUT SO THEY CAN MAINTAIN THEIR OWN PHYSICAL AND MENTAL WELL-BEING WHILE AT SEA OR STATIONED IN REMOTE AREAS. WE PROVIDE MORALE AND WELL-BEING SUPPORT THROUGH VARIOUS INITIATIVES INCLUDING: PROVIDING EXERCISE, SPORTS, AND OUTDOOR RECREATION EQUIPMENT AT COAST GUARD STATIONS AND ON BOARD CUTTERS; FUNDING RECREATION SPACES IN COAST GUARD COMMUNITIES; OFFERING MORALE SUPPORT THROUGH PARTNERSHIP WITH COAST GUARD LEADERSHIP; AND, PROVIDING SUPPORT FOR COAST GUARD CHAPLAINS FOR MENTAL RESILIENCE PROGRAMMING AND SUICIDE PREVENTION.

4c (Code:) (Expenses \$ 800,319. including grants of \$ 538,881.) (Revenue \$)
WHEN COAST GUARD FAMILIES FACE DIFFICULT TIMES, THE COAST GUARD FOUNDATION PROVIDES THE SUPPORT THEY NEED TO RECOVER. WHEN NATURAL DISASTERS STRIKE, THE FOUNDATION OFFERS COAST GUARD MEMBERS IMMEDIATE GRANTS THROUGH OUR DISASTER RELIEF AND RESPONSE PROGRAM TO HELP THEM REBUILD. WHEN COAST GUARD FAMILIES OR UNITS FACE THE INJURY OR LOSS OF AN ACTIVE DUTY MEMBER, OR THE DEATH OF A FAMILY MEMBER, WE ARE THERE WITH IMMEDIATE FINANCIAL AND MORALE SUPPORT THROUGH OUR TRAGEDY ASSISTANCE PROGRAM.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,240,280. including grants of \$) (Revenue \$)

4e Total program service expenses 8,438,090.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 29; 1b Enter the number of voting members included on line 1a... 28; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 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; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA, NY, MD, FL, CA, RI, AL, WA, AZ, AK, MI, NJ
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SUSAN LUDWIG - (860)535-0786
394 TAUGWONK ROAD, STONINGTON, CT 06378

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN LUDWIG PRESIDENT	45.00	X		X				400,821.	0.	24,761.
(2) BRAD SISLEY CHIEF PHILANTHROPY OFFICER	45.00				X			234,501.	0.	38,090.
(3) RON LABREC CHIEF MARKETING OFFICER	45.00				X			224,613.	0.	9,224.
(4) VICTOR STANESCU CHIEF FINANCIAL OFFICER	45.00					X		188,544.	0.	31,485.
(5) BRIAN OVERCAST REGIONAL DIR OF PHILANTHRO	45.00					X		192,802.	0.	26,923.
(6) LINDA NAUGLE REGIONAL DIR OF PHILANTHRO	45.00					X		187,967.	0.	19,628.
(7) BRIAN E KLINZING REGIONAL DIR OF PHILANTHRO	45.00					X		173,493.	0.	14,925.
(8) MARC CREGAN REGIONAL DIR OF PHILANTHRO	45.00					X		182,507.	0.	908.
(9) THOMAS A. ALLEGRETTI CHAIRMAN	20.00	X		X				0.	0.	0.
(10) ALEXANDRA ANAGNOSTIS-IRONS DIRECTOR	5.00	X						0.	0.	0.
(11) SALLY BRICE-O'HARA DIRECTOR	5.00	X						0.	0.	0.
(12) FREDERICK BRODSKY DIRECTOR	5.00	X						0.	0.	0.
(13) ABBOTT BROWN DIRECTOR	5.00	X						0.	0.	0.
(14) NICKI CANDIES DIRECTOR	5.00	X						0.	0.	0.
(15) CHRISTOPHER CHANDOR DIRECTOR	5.00	X						0.	0.	0.
(16) CHARLES DIAZ DIRECTOR	5.00	X						0.	0.	0.
(17) LAVELLE EDMONDSON DIRECTOR	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHERYL D. FELDER TREASURER	15.00	X		X				0.	0.	0.
(19) JEANNE GRASSO DIRECTOR	5.00	X						0.	0.	0.
(20) DAVID GRZEBINISKI DIRECTOR	5.00	X						0.	0.	0.
(21) R. CHRISTIAN JOHNSEN DIRECTOR	5.00	X						0.	0.	0.
(22) LEO PAUL KOULOS DIRECTOR	5.00	X						0.	0.	0.
(23) H. MERRITT LANE III DIRECTOR	5.00	X						0.	0.	0.
(24) JIM LINKOUS DIRECTOR	5.00	X						0.	0.	0.
(25) SUSAN LUDWIG DIRECTOR	5.00	X						0.	0.	0.
(26) ROBERT MONTGOMERY DIRECTOR	5.00	X						0.	0.	0.
1b Subtotal								1,785,248.	0.	165,944.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,785,248.	0.	165,944.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 14

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EMERSON EVENTS & MARKETING 7 BAYHILL ROAD, LEONARDO, NJ 07737	EVENT PLANNER	363,351.
DOING GOOD DIGITAL, 688 N COAST HWY #224, LAGUNA BEACH, CA 92651	DIGITAL MARKETING CONSULTANT	208,800.
MODAT VIDEO PRODUCTIONS 29 WINDERMERE RD, MONTCLAIR, NJ 07043	VIDEO PRODUCTION	135,750.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JAMES P. MULDOON DIRECTOR	5.00	X					0.	0.	0.	
(28) ERIC NAGEL DIRECTOR	5.00	X					0.	0.	0.	
(29) JAMES A. O'HARE DIRECTOR	5.00	X					0.	0.	0.	
(30) JOSEPH PHAIR DIRECTOR	5.00	X					0.	0.	0.	
(31) LORETTA RIETSEMA DIRECTOR	5.00	X					0.	0.	0.	
(32) JUDITH A. ROOS DIRECTOR	5.00	X					0.	0.	0.	
(33) DUNCAN C. SMITH III VICE CHAIRMAN	15.00	X		X			0.	0.	0.	
(34) RICHARD SYMONS SECRETARY	15.00	X		X			0.	0.	0.	
(35) TIM VAN OPPEN DIRECTOR	5.00	X					0.	0.	0.	
(36) ROGER WACKER DIRECTOR	5.00	X					0.	0.	0.	
(37) MARGARET WINTERS DIRECTOR	5.00	X					0.	0.	0.	
(38) JERIMIAH ANA TRUSTEE	2.00	X					0.	0.	0.	
(39) JAMES S. ANDRASICK TRUSTEE	2.00	X					0.	0.	0.	
(40) VIC ANGOCO TRUSTEE	2.00	X					0.	0.	0.	
(41) WILLIAM F. ANONSEN TRUSTEE	2.00	X					0.	0.	0.	
(42) CHARLES BOWEN TRUSTEE	2.00	X					0.	0.	0.	
(43) JOSEPH P. BUSS, JR. TRUSTEE	2.00	X					0.	0.	0.	
(44) JOHN CAMERON TRUSTEE	2.00	X					0.	0.	0.	
(45) SCOTT COOPER TRUSTEE	2.00	X					0.	0.	0.	
(46) NARESH COPELAND TRUSTEE	2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ROBERT D. CUTHBERTSON TRUSTEE	2.00	X					0.	0.	0.	
(48) JEFFREY DIXON TRUSTEE	2.00	X					0.	0.	0.	
(49) JONATHON FISCHER TRUSTEE	2.00	X					0.	0.	0.	
(50) CHARLOTTE GENTRY TRUSTEE	2.00	X					0.	0.	0.	
(51) ERIKA HERBERT TRUSTEE	2.00	X					0.	0.	0.	
(52) WM. DAVID HOUGHTON TRUSTEE	2.00	X					0.	0.	0.	
(53) STEVE JOWETT TRUSTEE	2.00	X					0.	0.	0.	
(54) BETH KALAPOUS TRUSTEE	2.00	X					0.	0.	0.	
(55) GEORGE KAMPSTRA TRUSTEE	2.00	X					0.	0.	0.	
(56) CORRINE X. KOSAR TRUSTEE	2.00	X					0.	0.	0.	
(57) VERA LANNEK TRUSTEE	2.00	X					0.	0.	0.	
(58) CHRISTIAN LEE TRUSTEE	2.00	X					0.	0.	0.	
(59) MICHAEL LODGE TRUSTEE	2.00	X					0.	0.	0.	
(60) TY MILLER TRUSTEE	2.00	X					0.	0.	0.	
(61) JIM LOSI TRUSTEE	2.00	X					0.	0.	0.	
(62) MICHAEL MACDONALD TRUSTEE	2.00	X					0.	0.	0.	
(63) LINDSAY MALEN-HABIB TRUSTEE	2.00	X					0.	0.	0.	
(64) ELIZABETH MASON TRUSTEE	2.00	X					0.	0.	0.	
(65) BRIAN B. MCALLISTER TRUSTEE	2.00	X					0.	0.	0.	
(66) STEPHEN MUECKE TRUSTEE	2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) JAMES C. OLSON TRUSTEE	2.00	X					0.	0.	0.	
(68) RAY ONEGLIA TRUSTEE	2.00	X					0.	0.	0.	
(69) JOHN PARROTT TRUSTEE	2.00	X					0.	0.	0.	
(70) JOHN PEACOCK TRUSTEE	2.00	X					0.	0.	0.	
(71) KYRA PHILLIPS TRUSTEE	2.00	X					0.	0.	0.	
(72) THOMAS K. RICHEY TRUSTEE	2.00	X					0.	0.	0.	
(73) AUGUSTINE RIETSEMA TRUSTEE	2.00	X					0.	0.	0.	
(74) J. TIMOTHY RIKER TRUSTEE	2.00	X					0.	0.	0.	
(75) PAUL J. RODEN TRUSTEE	2.00	X					0.	0.	0.	
(76) LUIS ROMERO TRUSTEE	2.00	X					0.	0.	0.	
(77) TISH ROURKE TRUSTEE	2.00	X					0.	0.	0.	
(78) LAWRENCE RYDER TRUSTEE	2.00	X					0.	0.	0.	
(79) JEFFREY SCHOLZ TRUSTEE	2.00	X					0.	0.	0.	
(80) JOHN SEAMAN TRUSTEE	2.00	X					0.	0.	0.	
(81) PHILIP J. SHAPIRO TRUSTEE	2.00	X					0.	0.	0.	
(82) DANIEL SMALLWOOD TRUSTEE	2.00	X					0.	0.	0.	
(83) JONATHAN SPANER TRUSTEE	2.00	X					0.	0.	0.	
(84) DAN TADROS TRUSTEE	2.00	X					0.	0.	0.	
(85) WILLIAM THIELE TRUSTEE	2.00	X					0.	0.	0.	
(86) CLARK TODD TRUSTEE	2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	12,386.				
	b Membership dues	1b					
	c Fundraising events	1c	2,924,888.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	13,098,047.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,757,808.				
	h Total. Add lines 1a-1f			16,035,321.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,575,951.			1575951.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,968,657.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	3,795,360.				
	c Gain or (loss)	7c	173,297.				
	d Net gain or (loss)			173,297.		173,297.	
8 a Gross income from fundraising events (not including \$ 2,924,888. of contributions reported on line 1c). See Part IV, line 18	8a		871,675.				
b Less: direct expenses	8b	1,437,689.					
c Net income or (loss) from fundraising events			-566,014.		-566,014.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		405,000.				
b Less: cost of goods sold	10b	405,000.					
c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue	11 a TRUSTEE DUES	Business Code	900099	81,320.	81,320.		
	b MISCELLANEOUS		900099	296.	296.		
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			81,616.			
12 Total revenue. See instructions			17,300,171.	81,616.	0.	1183234.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,433,847.	4,433,847.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,324,437.	1,324,437.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	837,474.	502,310.	148,537.	186,627.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,402,763.	1,027,024.	406,721.	969,018.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	111,355.	53,812.	19,642.	37,901.
9 Other employee benefits	235,518.	111,354.	44,031.	80,133.
10 Payroll taxes	209,098.	99,325.	36,990.	72,783.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,139.		4,139.	
c Accounting	61,079.		61,079.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	719,664.			719,664.
f Investment management fees	40,000.		40,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	387,816.	159,941.	51,724.	176,151.
12 Advertising and promotion	88,817.	20,496.		68,321.
13 Office expenses				
14 Information technology	169,329.	49,283.	47,287.	72,759.
15 Royalties				
16 Occupancy	165,109.	94,638.	46,550.	23,921.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	333,990.	63,733.	65,887.	204,370.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,207.	33,049.	8,975.	17,183.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>DIRECT MAIL SOLICITATIO</u>	614,877.	380,226.	57,833.	176,818.
b <u>MISCELLANEOUS</u>	320,059.	84,615.	108,821.	126,623.
c <u>DONOR CULTIVATION</u>	94,792.			94,792.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	12,613,370.	8,438,090.	1,148,216.	3,027,064.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,300,377.	1	1,313,796.
	2 Savings and temporary cash investments	1,937,065.	2	1,494,911.
	3 Pledges and grants receivable, net	2,147,430.	3	2,650,788.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	405,000.	8	
	9 Prepaid expenses and deferred charges	521,049.	9	476,652.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,323,321.		
	b Less: accumulated depreciation	10b 920,097.	442,302.	10c 403,224.
	11 Investments - publicly traded securities	17,083,496.	11	22,658,938.
	12 Investments - other securities. See Part IV, line 11	721,174.	12	726,604.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	25,557,893.	16	29,724,913.	
Liabilities	17 Accounts payable and accrued expenses	418,495.	17	373,500.
	18 Grants payable		18	
	19 Deferred revenue	1,736,544.	19	313,659.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,816,576.	25	1,341,951.
	26 Total liabilities. Add lines 17 through 25	3,971,615.	26	2,029,110.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,013,163.	27	4,932,851.
	28 Net assets with donor restrictions	18,573,115.	28	22,762,952.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	21,586,278.	32	27,695,803.
	33 Total liabilities and net assets/fund balances	25,557,893.	33	29,724,913.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,300,171.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,613,370.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,686,801.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,586,278.
5	Net unrealized gains (losses) on investments	5	1,422,724.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,695,803.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9490096.	11352613.	11287648.	11571927.	16035321.	59737605.
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	9490096.	11352613.	11287648.	11571927.	16035321.	59737605.
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)						268,294.
6 Public support. Subtract line 5 from line 4.						59469311.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	9490096.	11352613.	11287648.	11571927.	16035321.	59737605.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	311,132.	692,410.	883,109.	1137754.	1575951.	4600356.
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 VI.)	37,500.	44,000.	41,693.	77,628.	82,548.	283,369.
11 Total support. Add lines 7 through 10						64621330.
12 Gross receipts from related activities, etc. (see instructions)					12	7,984.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	92.03	%
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	93.23	%
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2025; Row 16: Public support percentage from 2024 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2025; Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below. Sub-rows a, b, c.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

TRUSTEE DUES

2021 AMOUNT:	\$	37,500.
2022 AMOUNT:	\$	36,000.
2023 AMOUNT:	\$	39,000.
2024 AMOUNT:	\$	76,400.
2025 AMOUNT:	\$	81,320.

MISCELLANEOUS

2022 AMOUNT:	\$	8,000.
2023 AMOUNT:	\$	2,693.
2024 AMOUNT:	\$	1,228.
2025 AMOUNT:	\$	1,228.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

COAST GUARD FOUNDATION, INC.

Employer identification number

04-2899862

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization COAST GUARD FOUNDATION, INC.	Employer identification number 04-2899862
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,062,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>505,421.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,004,752.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>587,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>355,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COAST GUARD FOUNDATION, INC.	Employer identification number 04-2899862
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>392,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COAST GUARD FOUNDATION, INC.	Employer identification number 04-2899862
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	BOAT DONATION (2018 41-FOOT REGULATOR) _____ _____ _____	\$ <u>1,004,752.</u>	<u>09/03/25</u>
<u>7</u>	DONATED MEDIA _____ _____ _____	\$ <u>392,500.</u>	<u>12/31/25</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization COAST GUARD FOUNDATION, INC.	Employer identification number 04-2899862
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

COAST GUARD FOUNDATION, INC.

Employer identification number

04-2899862

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the 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 included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 532051 04-01-25

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,726,891.	17,892,230.	14,855,954.	16,351,996.	14,045,528.
b Contributions	3,018,777.	1,608,330.	1,718,831.	835,666.	1,775,203.
c Net investment earnings, gains, and losses	2,996,806.	2,163,805.	2,235,766.	-2,321,040.	1,291,398.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,077,944.	3,862,864.	918,321.	10,668.	760,133.
f Administrative expenses	86,938.	74,610.			
g End of year balance	22,577,592.	17,726,891.	17,892,230.	14,855,954.	16,351,996.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 14.0000 %
 - b** Permanent endowment 59.0000 %
 - c** Term endowment 27.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		69,569.		69,569.
b Buildings		876,388.	586,372.	290,016.
c Leasehold improvements		197,687.	162,143.	35,544.
d Equipment		179,677.	171,582.	8,095.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 403,224.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CURRENT PORTION OF PLEDGE PAYABLE	232,065.
(3) LONG TERM PORTION OF PLEDGE PAYABLE	1,109,886.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,341,951.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	19,745,429.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,422,724.
b	Donated services and use of facilities	2b	496,520.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	566,014.
e	Add lines 2a through 2d	2e	2,485,258.
3	Subtract line 2e from line 1	3	17,260,171.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,000.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	40,000.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,300,171.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	13,635,904.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	496,520.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	566,014.
e	Add lines 2a through 2d	2e	1,062,534.
3	Subtract line 2e from line 1	3	12,573,370.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,000.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	40,000.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,613,370.

Part XIII Supplemental Information

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.

PART V, LINE 4:

ENDOWMENT FUNDS WERE CREATED TO SUPPORT THE COAST GUARD ACADEMY, VARIOUS COAST GUARD DISTRICTS AND FOUNDATION PROGRAMS. SUCH SUPPORT COMES IN MANY FORMS INCLUDING PROJECTS TO BENEFIT DISTRICT MORALE, ACADEMIC AND ATHLETIC PROGRAMS AT THE ACADEMY, AS WELL AS PROGRAMS TO SUPPORT COAST GUARD FAMILIES, INCLUDING SCHOLARSHIPS.

PART X, LINE 2:

MANAGEMENT DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS REQUIRING DISCLOSURE OR RECOGNITION. THERE WERE NO TAX RELATED INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FROM FUNDRAISING - SPECIAL EVENTS 566,014.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FROM FUNDRAISING - SPECIAL EVENTS 566,014.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **COAST GUARD FOUNDATION, INC.** Employer identification number **04-2899862**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of nongovernment grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EMERSON EVENTS & MARKETING - 253 8TH STREET, JERSEY CITY,	SPECIAL FUNDRAISING EVENTS		X	3,341,132.	363,351.	2,977,781.
RKD GROUP - 201 SUMMER STREET, HOLLISTON, MA 01746	DIGITAL AND MAIL SOLICITATIONS		X	2,053,711.	85,743.	1,967,968.
THE GALA TEAM - 383 NORTH CORONA STREET, NO 502,	AUCTIONEER AND MC AT FUNDRAISING EVENTS		X	1,058,127.	34,250.	1,023,877.
DOING GOOD DIGITAL - 668 N COAST HWY #224, LAGUNA BEACH,	PLANNING, CONSULTING, DEVELOPING FUNDRAISING		X	750,362.	208,800.	541,562.
DENISE HAYASHI CONSULTING, LLCQ - 667 PAIKAU STREET,	SPECIAL FUNDRAISING EVENTS		X	228,133.	27,520.	200,613.
Total				7,431,465.	719,664.	6,711,801.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DC DINNER (event type)	TEXAS DINNER (event type)	9 (total number)	
Revenue	1	844,453.	1,235,563.	1,716,547.	3,796,563.
	2	629,383.	1,097,338.	1,198,167.	2,924,888.
	3	215,070.	138,225.	518,380.	871,675.
Direct Expenses	4				
	5				
	6	139,865.	17,470.	132,653.	289,988.
	7	102,126.	140,334.	465,794.	708,254.
	8	64,742.	54,699.	280,654.	400,095.
	9	-67,131.	-23,986.	130,469.	39,352.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-566,014.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1					
	2					
Direct Expenses	3					
	4					
	5					
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

- 17 Mandatory distributions:

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: EMERSON EVENTS & MARKETING

(I) ADDRESS OF FUNDRAISER: 253 8TH STREET, JERSEY CITY, NJ 07302

(I) NAME OF FUNDRAISER: THE GALA TEAM

(I) ADDRESS OF FUNDRAISER:

383 NORTH CORONA STREET, NO 502, DENVER, CO 80218

(I) NAME OF FUNDRAISER: DOING GOOD DIGITAL

(I) ADDRESS OF FUNDRAISER: 668 N COAST HWY #224, LAGUNA BEACH, CA 92651

(II) ACTIVITY: PLANNING, CONSULTING, DEVELOPING FUNDRAISING EVENTS

(I) NAME OF FUNDRAISER: DENISE HAYASHI CONSULTING, LLCQ

(I) ADDRESS OF FUNDRAISER: 667 PAIKAU STREET, HONOLULU, HI 96816

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **COAST GUARD FOUNDATION, INC.** Employer identification number **04-2899862**

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNITED STATES COAST GUARD 2703 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20593-7000	54-6010204	UNITED STATES COAST	1,167,549.	0.			TO ENHANCE EDUCATIONAL OPPORTUNITIES AT THE COAST GUARD ACADEMY
UNITED STATES COAST GUARD 2703 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20593-7000	54-6010204	UNITED STATES COAST	2,327,222.	0.			TO IMPROVE MORALE AND DISTRICT SUPPORT
UNITED STATES COAST GUARD 2703 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20593-7000	54-6010204	UNITED STATES COAST	21,422.	0.			TO SUPPORT INITIATIVES FOR STRENGTHENING MENTAL RESILIENCY
UNITED STATES COAST GUARD 2703 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20593-7000	54-6010204	UNITED STATES COAST	99,164.	0.			TO PROVIDE DISASTER ASSISTANCE AND EMERGENCY RELIEF TO COASTGUARDSMEN & WOMEN
UNITED STATES COAST GUARD 2703 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20593-7000	54-6010204	UNITED STATES COAST	411,842.	0.			TO PROVIDE YOUTH ENRICHMENT
UNITED STATES COAST GUARD 2703 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20593-7000	54-6010204	UNITED STATES COAST	374,855.	0.			TO PROVIDE WORKFORCE DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS TO DEPENDENTS	233	235,840.	0.		
WORKFORCE DEVELOPMENT	133	59,494.	0.		
EDUCATION GRANTS TO SPOUSES	262	1,028,263.	0.		

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

PART I, LINE 2:

GRANTS TO THE COAST GUARD ARE DETERMINED BASED ON A NEEDS LIST AND OTHER COMMUNICATIONS PRESENTED TO THE COAST GUARD FOUNDATION THAT INCLUDE A DESCRIPTION OF HOW THE SUPPORT BENEFITS COAST GUARD PERSONNEL AND HOW MANY ARE BENEFITED. IN ADDITION, AVAILABLE FUNDING BY PROGRAM IS CONSIDERED IN GRANTING REQUESTS. GRANTS ARE DISBURSED TO THE COAST GUARD GIFT FUND AND THE COAST GUARD REPORTS BACK WITH DOCUMENTATION OF EXPENDITURE.

EDUCATION GRANTS FOR ENLISTED MEMBERS ARE ADMINISTERED BY THE COAST GUARD EDUCATION AND TRAINING QUOTA MANAGEMENT COMMAND WHO ANNOUNCES THE FUNDS AVAILABILITY AND CHECKS FOR ELIGIBILITY. A LIST OF APPROVED AWARDEES IS GIVEN TO THE COAST GUARD FOUNDATION TO ADMINISTER PAYMENTS DIRECTLY TO ENLISTED MEMBERS. RECIPIENTS ALSO CAN SEND ACKNOWLEDGEMENT EMAILS.

EDUCATION GRANTS FOR SPOUSES ARE AWARDED BASED ON A GRANT APPLICATION AND ARE PAID DIRECTLY TO THE RECIPIENT.

CHILDREN OF ACTIVE-DUTY, RETIRED, OR ACTIVE RESERVE COAST GUARD MEMBERS CAN

Part IV Supplemental Information

APPLY FOR SCHOLARSHIPS BASED ON ACADEMIC ACHIEVEMENT, COMMUNITY INVOLVEMENT AND CHARACTER, WITH NEED AS A FACTOR. THE SCHOLARSHIP COMMITTEE ASSEMBLES A PANEL OF VOLUNTEERS TO READ AND RANK THE APPLICATIONS ON A POINT SYSTEM. THE SCHOLARSHIP COMMITTEE HAS FINAL APPROVAL OF AWARDS. STUDENTS MUST PROVIDE VERIFICATION OF FULL TIME ENROLLMENT, TRANSCRIPTS, AND STUDENT BILLS. PAYMENTS ARE MADE DIRECTLY TO THE ACADEMIC INSTITUTION WITH THE REQUIREMENT THAT ANY OVERAGES WILL BE REFUNDED TO THE COAST GUARD FOUNDATION AND NOT PAID OUT TO THE STUDENT.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization COAST GUARD FOUNDATION, INC.	Employer identification number 04-2899862
---	---

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN LUDWIG PRESIDENT	(i)	350,821.	50,000.	0.	14,000.	10,761.	425,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRAD SISLEY CHIEF PHILANTHROPY OFFICER	(i)	204,501.	30,000.	0.	8,624.	29,466.	272,591.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RON LABREC CHIEF MARKETING OFFICER	(i)	204,613.	20,000.	0.	8,097.	1,127.	233,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VICTOR STANESCU CHIEF FINANCIAL OFFICER	(i)	188,544.	0.	0.	7,296.	24,189.	220,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRIAN OVERCAST REGIONAL DIR OF PHILANTHRO	(i)	177,802.	15,000.	0.	7,640.	19,283.	219,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LINDA NAUGLE REGIONAL DIR OF PHILANTHRO	(i)	182,967.	5,000.	0.	7,589.	12,039.	207,595.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRIAN E KLINZING REGIONAL DIR OF PHILANTHRO	(i)	173,493.	0.	0.	3,097.	11,828.	188,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARC CREGAN REGIONAL DIR OF PHILANTHRO	(i)	172,507.	10,000.	0.	0.	908.	183,415.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2025

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **COAST GUARD FOUNDATION, INC.** Employer identification number **04-2899862**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes	X	1	1,004,752.	FAIR MARKET VALUE
8 Intellectual property				
9 Securities - Publicly traded	X	19	650,530.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>CONSUMER GOODS</u>)	X	10	102,526.	RETAIL VALUE
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization COAST GUARD FOUNDATION, INC.	Employer identification number 04-2899862
---	---

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COLLEGE DEGREES OR PROFESSIONAL CERTIFICATIONS, GIVING THEM PERSONAL
FULFILLMENT AND BOOSTING THE FAMILY'S FINANCIAL STABILITY.**

**- INVESTS IN COAST GUARD CHILDREN THROUGH SCHOLARSHIPS THAT MAKE THE
DREAM OF COLLEGE AND TECHNICAL SCHOOL A REALITY, ENRICHMENT GRANTS THAT
HELP THEM ATTEND CAMPS, AND COMPREHENSIVE EDUCATION SUPPORT FOR THOSE
WHO HAVE LOST A COAST GUARD PARENT IN THE LINE OF DUTY DURING AN
OPERATIONAL MISHAP.**

**- ASSISTS COAST GUARD FAMILIES THROUGH TRAGEDY ASSISTANCE WHEN A COAST
GUARD MEMBER IS INJURED OR DIES IN THE LINE OF DUTY OR WHEN A FAMILY
MEMBER DIES, AND EMERGENCY RELIEF WHEN THEY SUFFER A SIGNIFICANT LOSS
DURING A NATURAL DISASTER.**

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PUBLIC AWARENESS:
THE COAST GUARD FOUNDATION SERVES AS A GOODWILL AMBASSADOR FOR THE
SERVICE BY MAKING THE PUBLIC AWARE OF THE BENEFITS OF A STRONG COAST
GUARD. WE CELEBRATE COAST GUARD MEMBERS THROUGH OUR TRIBUTE EVENTS,
GOLF TOURNAMENTS, AND OUR RUN TO REMEMBER, A WORLDWIDE MOVEMENT WHERE
INDIVIDUALS PARTICIPATE IN ROAD RACES, MEMORIAL WALKS, AND OTHER TYPES
OF FITNESS EVENTS.
EXPENSES \$ 1,240,280. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**FORM 990, PART VI, SECTION A, LINE 2:
DIRECTOR LORETTA RIETSEMA IS MOTHER OF TRUSTEE AUGUSTINE RIETSEMA
DIRECTOR SALLY BRICE-O'HARA, USCG (RET.) IS MARRIED TO TRUSTEE CHARLES W.
BOWEN, USCG (RET.)**

**FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO FILING, A COPY OF THE 990 IS SENT TO THE AUDIT COMMITTEE FOR
REVIEW. AFTER AUDIT COMMITTEE APPROVAL, AND PRIOR TO FILING, A COPY OF THE
990 IS DISTRIBUTED TO THE GOVERNING BOARD.**

**FORM 990, PART VI, SECTION B, LINE 12C:
TRUSTEE CONFLICT OF INTEREST POLICY IS CLEARLY STATED IN OUR BY-LAWS. EACH
YEAR TRUSTEES MUST DISCLOSE WHETHER THEY ARE RELATED OR NON-RELATED PARTIES
AND IF SO, TO DISCLOSE THE RELATIONSHIP. THEY MUST ALSO DISCLOSE ANY
CONFLICTS OF INTEREST. RESPONSES ARE SIGNED BY THE TRUSTEES AND FILED AT
THE OFFICE.**

**FORM 990, PART VI, SECTION B, LINE 15:
THE COMPENSATION OF THE FOUNDATION'S PRESIDENT IS REVIEWED AND SET BY THE
OFFICERS OF THE FOUNDATION. THEY TAKE INTO CONSIDERATION INDEPENDENT
COMPENSATION STUDIES AND BENCHMARKING DATA FROM SIMILAR ORGANIZATIONS TO
ENSURE THAT THE PRESIDENT'S COMPENSATION IS WITHIN THE RANGE OF THAT PAID
TO FOUNDATION NONPROFIT EXECUTIVES WITH COMPARABLE RESPONSIBILITES.
COMPENSATION OF OTHER KEY EMPLOYEES IS REVIEWED BY THE PRESIDENT USING A
SIMILAR METHOD.**

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

Name of the organization COAST GUARD FOUNDATION, INC.	Employer identification number 04-2899862
MA, NY, MD, FL, CA, RI, AL, WA, AZ, AK, MI, NJ, AR, GA, IL, KS, KY, LA, ME, MN, MS, NC, ND, NH, NM, OH, OK, OR, PA, SC, TN, UT, VA, WI, WV, CT, MO, HI, DC	

FORM 990, PART VI, SECTION C, LINE 19:
 AUDITED FINANCIAL STATEMENTS, TAX RETURNS AND CONFLICT OF INTEREST POLICY
 ARE AVAILABLE ON THE WEBSITE. GOVERNING DOCUMENTS ARE AVAILABLE UPON
 REQUEST.

FORM 990, PART XII, LINE 2C:
 THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.