



Coast Guard Mutual Assistance 1005 N Glebe Road 220 Arlington, VA 22201-5792

Coast Guard Mutual Assistance:

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 Form 990

Copies of all returns have been provided and should be retained for your files.

If one or more of your returns is being e-filed, we must receive back from you the required authorization form(s) bearing your signature. You will find enclosed any such authorization form(s) not previously provided to you. If you have not signed your returns digitally via SafeSend, please sign and return such form(s) to us using one of the following options:

- Scan and securely upload at https://www.clientaxcess.com/sharesafe/#/BrownEdwards
- Fax to us at (757) 873-1106 Attention: E-file
- Return to the office marked Attention: E-File

Brown, Edwards & Company, S. L. P.

Brown, Edwards & Company, LLP

If one or more of your returns is being filed by paper, each original paper return should be signed, dated and filed in accordance with the filing instructions.

We prepared the return from information you furnished us without verification. Please review before filing to ensure there are no omissions or misstatements of material facts. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

www.becpas.com

# TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

December 31, 2023

Prepared For:	
	Coast Guard Mutual Assistance
	1005 N Glebe Road 220 Arlington, VA 22201-5792
Prepared By:	
opa. oa 2 y .	
	Brown, Edwards & Company, LLP 701 Town Center Drive, Suite 700 Newport News, VA 23606
Amount Due o	or Refund:
	Not applicable
Make Check P	ayable To:
	Not applicable
Mail Tax Retui	n and Check (if applicable) To:
	Not applicable
Return Must b	e 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.

\*\* PUBLIC DISCLOSURE COPY \*\*

# **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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u> </u>	OI LITE	e 2023 Calendar year, or tax year beginning	and ending		
<b>B</b> (a	Check if pplicable	C Name of organization		D Employer identifi	cation number
	Addre	e COAST GUARD MUTUAL ASSISTANCE			
	Name chang	e Doing business as	31-18019	31	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	ite <b>E</b> Telephone numbe	er	
	 □Final □return/	1005 N CLERE POAD	220	703-576-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	<del> </del>	G Gross receipts \$	51,102,838.
	Ameno	ded ADITMOMON 37A 22201 5702		H(a) Is this a group r	
	Applic		for subordinates		
_	pendir		<b>H(b)</b> Are all subordinates i	·····= =	
	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a	— ' '	list. See instructions	
	<b>Nebsit</b>		H(c) Group exemption		
		organization: X Corporation Trust Association Other	I V		M State of legal domicile: VA
	art I	Summary	= ''	cai oi ioimation. 1921 i	VI State of legal dofficite, V22
		Briefly describe the organization's mission or most significant activities: TC	PROMOT	TE THE FINANC	IAL
Activities & Governance		RESILIENCE OF THE COAST GUARD COMMUNITY			CHEDULE O"
Jan	l	Check this box if the organization discontinued its operations or d	-		
Veri	_	and the second s	3	25	
Ĝ	1	Number of independent voting members of the governing body (Part VI, line			24
∞ ∞		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			14
ţį	I .			_	630
⋛	l			_	0.
Ac	ı	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	B	Net unrelated business taxable income from Form 990-1, Fart i, line 11		Prior Year	Current Year
		Contributions and grants (Part VIII line 1h)	-	6,439,276.	6,325,532.
ne	l	Contributions and grants (Part VIII, line 1h)		0,435,270.	0,323,332.
Revenue	1	Program service revenue (Part VIII, line 2g)		1,522,930.	3,206,406.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40,508.	47,210.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Ī	8,002,714.	9,579,148.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		2,453,584.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			5,090,567.
	ı	Benefits paid to or for members (Part IX, column (A), line 4)	T I	0. 1,465,292.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5			1,717,172.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		5,142.	25,538.
ă	b		2,421.	064 424	1 061 500
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		964,434.	1,261,500.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	F	4,888,452.	8,094,777.
	19	Revenue less expenses. Subtract line 18 from line 12		3,114,262.	1,484,371.
SOF			-	Beginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		49,735,264.	52,893,803.
Net Assets or	21	Total liabilities (Part X, line 26)		647,509.	600,262.
	22	Net assets or fund balances. Subtract line 21 from line 20		49,087,755.	52,293,541.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying sch			y knowledge and belief, it is
true,	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information	n of which prepa	rer has any knowledge.	
Sig	n	Signature of officer		Date	
Her	е	CARI THOMAS, CHIEF EXECUTIVE OFFICER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check [	PTIN
Paid	I	LESLIE F. ROBERTS LESLIE F. ROB	BERTS	04/16/24 self-emplo	
Prep	arer	Firm's name BROWN, EDWARDS & COMPANY, LLP		Firm's EIN 5	4-0504608
Use	Only	Firm's address 701 TOWN CENTER DRIVE, SUITE 7	00		
		NEWPORT NEWS, VA 23606		Phone no. 75	7-873-1033
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SERVING AS THE OFFICIAL AID SOCIETY FOR THE UNITED STATES COAST GUARD, CGMA'S MISSION IS TO ENABLE FINANCIAL RESILIENCY WITHIN THE COAST
	GUARD COMMUNITY. EACH OF CGMA'S GRANT AND INTEREST-FREE LOAN PROGRAMS
	ARE PURPOSEFULLY DESIGNED TO ENSURE THAT SHORT TERM "SEE SCHEDULE O"
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.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 1,133,446. including grants of \$ 751,101.) (Revenue \$ )
	DISASTER AND EMERGENCIES - CGMA PROVIDES WHAT IS NOT COVERED BY
	INSURANCE AFTER A DISASTER, EMERGENCY TRAVEL, UNEXPECTED REPAIRS TO
	HOMES OR VEHICLES, LOSSES (FUNDS, PROPERTY, OR IDENTITY), PAY ISSUES,
	BILLS AND EXPENSES, PRIVATION, SUPPORT TO DOMESTIC VIOLENCE SURVIVORS
	AND OTHER DIRE CIRCUMSTANCES. THESE SHORT-TERM SITUATIONS ARE OUT OF
	THE CONTROL OF OUR CLIENTS, POSE A SERIOUS FINANCIAL OR PERSONAL
	HARDSHIP AND REQUIRE URGENT HELP. \$2,424,787 IN INTEREST-FREE LOANS IS
	NOT ACCOUNTED FOR IN THIS LINE ITEM.
4b	(Code:) (Expenses \$ 4,597,444. including grants of \$ 4,062,943. ) (Revenue \$)
	EDUCATION - CGMA FOSTERS OUR CLIENTS' LONG-TERM FINANCIAL WELL-BEING
	THROUGH EDUCATION, INCLUDING SUPPLEMENTAL EDUCATION GRANTS FOR BOOKS,
	FEES, AND OTHER EDUCATION EXPENSES, EDUCATION LOANS, STAFFORD LOAN FEE
	REIMBURSEMENT, FINANCIAL COUNSELING, TUTORING, AND OTHER EFFORTS
	DESIGNED TO PROMOTE LONG-TERM FINANCIAL RESILIENCE. \$346,870 IN
	INTEREST-FREE LOANS IS NOT ACCOUNTED FOR IN THIS LINE ITEM.
	FFF 000
4c	(Code:) (Expenses \$ 557,223. including grants of \$ 276,523. ) (Revenue \$)
	FAMILY AND DAY-TO-DAY SUPPORT- CGMA PROVIDES HELP FOR UNEXPECTED
	MEDICAL AND DENTAL EXPENSES, HOUSING ASSISTANCE (RENTAL ASSISTANCE,
	CLOSING COSTS, DEPOSITS, ETC.), FUNERAL COSTS, SERVICE ANIMALS, PET
	EXPENSES, COSTS TO SUPPORT EXCEPTIONAL FAMILY MEMBERS (SPECIAL NEEDS),
	FAMILY BUILDING SUPPORT, RESPITE CARE, LAYETTES, AND OTHER SUPPORT TO
	ENSURE COAST GUARD FAMILIES THRIVE. \$1,998,725 IN INTEREST-FREE LOANS
	IS NOT ACCOUNTED FOR IN THIS LINE ITEM.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	
	Form <b>990</b> (2023)

Form 990 (2023) COAST GUARD MUTUAL ASSISTANCE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<b> </b> ₩
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	u		<u></u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.12		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form	n 990 (2023) COAST GUARD MUTUAL ASSISTANCE 31-1	1801931	Р	age 4
Pa	rt 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? If "Yes," complete Schedule I, Parts I and III		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	,		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		122
20	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</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<del></del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control	led		
	entity (including an employee thereof) or family member of any of these persons? 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	on?		
	If "Yes," complete Schedule R, Part V, line 2	<u>36</u>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3,7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule 0  rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Cabadula O contains a vacanage or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		NI-
1.	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable	2	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

023) COAST GUARD MUTUAL ASSISTANCE

Statements Regarding Other IRS Filings and Tax Compliance (continued) 31-1801931 Page **5** Form 990 (2023) Part V

		ı	ı		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	14			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
				3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account, or	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country		(50.0)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad			_		v
				5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					Х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		
D				6h		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen	vicas r	rovided to the navor?	7a		Х
a h	Temperature and the second of			7b		
р	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uired	''		<u> </u>
·	to file Form 8282?	o requ	anou	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Follows			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?					
9 Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?						
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?						
10	Section 501(c)(7) organizations. Enter:	1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ı	ı			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	I			
_	Enter the amount of reserves on hand	13c				
	Did the appropriation province and province the few in decretance and increased with a the tary years.			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities	<b>S</b>			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

332005 12-21-23

COAST GUARD MUTUAL ASSISTANCE 31-1801931 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 25 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 24 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 Another's website X Upon request Other (explain on Schedule O) 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.

Form **990** (2023)

220, ARLINGTON, VA

State the name, address, and telephone number of the person who possesses the organization's books and records

THE ORGANIZATION - 703-576-7529

1005 N GLEBE ROAD, NO.

# 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 n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		<b>ì</b> than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week				l	1711 43		from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	trustee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	ım per		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	ip	Insti	Officer	Key	High	Former			
(1) CARI THOMAS	40.00	ļ						104.066		1 4 4 7 0
CHIEF EXECUTIVE OFFICER	40.00	Х		Х				194,266.	0.	14,470.
(2) SARA L. MARTIN	40.00	-				,,		125 540		F1 072
CHIEF INFORMATION OFFICER	40.00					X		135,548.	0.	51,073.
(3) MELLISSA BELL	40.00	-				7,		140 000	_	10 141
CHIEF FINANCIAL OFFICER	1.00					X		140,800.	0.	19,141.
(4) LINDA L. FAGAN CHAIRMAN	1.00	х		х				0.	0.	0.
(5) JOE RAYMOND	1.00	^		^				0.	0.	· ·
PRESIDENT	1.00	x		Х				0.	0.	0.
(6) JOHN C. BAKER	1.00	1						•	•	
VICE PRESIDENT		x		x				0.	0.	0.
(7) MIKE PHILIPPS	1.00								<u> </u>	
TREASURER		Х		х				0.	0.	0.
(8) HEATH B. JONES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CHARLIE F. SALLS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) EVA VAN CAMP	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JOHN-ANDREW MINNITI	1.00	<u> </u>								
BOARD MEMBER		Х						0.	0.	0.
(12) EMILY TRUDEAU	1.00	1							_	_
BOARD MEMBER		Х						0.	0.	0.
(13) DARIEN MOYA	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) ERIC S. SILVOY	1.00	ļ								
BOARD MEMBER (TERM ENDED)	1 00	Х						0.	0.	0.
(15) BENJAMIN N. LIND	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) PEDRO GONZALEZ SOTO	1.00	<b>.</b> ,							_	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(17) PATRICK PENNELLA BOARD MEMBER	1.00	х						0.	0.	
DOARD MEMDER	<u> </u>	Λ		<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	5 990 (2222)

332007 12-21-23

Form 990 (2023)	) COAST GUZ	ARD MUTU	JAL	<u>.</u> А	<u>.SS</u>	IS	TA	<u>NC</u>	E	31-18	<u> 3019</u>	<u> 131</u>	Pa	age <b>8</b>
Part VII Sec	tion A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos			nne	Reportable	Reportable		Est	imate	:d
		hours per	box	, unle	ss per	rson is	s both	n an	compensation	compensatio	n	am	ount (	of
		week	_	cer ar	la a a	recto	r/irus	lee)	from	from related	- 1		other	
		(list any hours for	director						the	organization		comp		
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	,0/		om the anizati	
		organizations	ruste	l trus		ee ee	mpen		1099-NEC)	1099-1120)		•	relate	
		below	ndividual trustee or	nstitutional trustee	<u></u>	Key employee	st co	er					nizatio	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) SHANNON	RECK	1.00												
BOARD MEMBER			Х						0.		0.			0.
(19) DANIEL	TRIMBLE	1.00												
BOARD MEMBER			Х						0.		0.			0.
(20) KENNETH	WEBER	1.00												
BOARD MEMBER			Х						0.		0.			0.
(21) CHRISTO		1.00							_					_
BOARD MEMBER			Х						0.		0.			0.
(22) AMANDA		1.00												_
	(TERM ENDED)	1 00	Х						0.		0.			0.
(23) MARGARE		1.00												_
BOARD MEMBER		1 00	Х						0.		0.			0.
(24) LAZARO		1.00	.,											^
BOARD MEMBER		1 00	Х						0.		0.			0.
(25) ANDREW		1.00	37						_		_			^
BOARD MEMBER		1 00	Х						0.		0.			0.
(26) WILLIAM BOARD MEMBER		1.00	Х						0.		_			Λ
		l .	Λ						470,614.		0.	Ω /	1,68	<u>0.</u>
1b Subtotal	a continuation objects to Dout VII								0.		0.	04	, 00	0.
	n continuation sheets to Part VI								470,614.		0.	8/	1,68	
	d lines 1b and 1c)ber of individuals (including but n									000 of reportable			, 00	74.
	ation from the organization	ot illilited to th	ose	IISLE	u al	ove	) WII	o re	ceived more than \$100,	000 of reportable	,			5
Compensa	ation from the organization												Yes	No
3 Did the or	ganization list any former officer,	director trust	ا مم	(AV 6	mnl	01/0	a or	hiał	nest compensated emp	lovee on	Г			
	"Yes," complete Schedule J for s	•		•	•	•		•	·	•		3		Х
	dividual listed on line 1a, is the su													
	d organizations greater than \$150											4	х	
5 Did any pe	erson listed on line 1a receive or a	accrue comper	ısati	on fr	om	anv	unre	elate	d organization or individ	dual for services				
	to the organization? If "Yes." com										Г	5		Х
	ependent Contractors				. <del> ,</del>									
1 Complete	this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	s th	at received more than \$	100,000 of comp	ensati	on fro	m	
	ization. Report compensation for													
	<b>(A)</b>								(B)			(C)	١	

	(A) Name and business address	NONE	<b>(B)</b> Description of services	(C) Compensation
2	Total number of independent contractors (including but not \$100,000 of compensation from the organization	limited to those listed	above) who received more than	

Form 990 COAST GUARD MUTUAL ASSISTANCE 31-1801931										
Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		Position (check all that apply)		Reportable	Reportable	Estimated			
	hours	(cl			ly)	compensation	compensation	amount of		
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099-101130)	organization
	related	tee or	ıstee			en sa te		(** =		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividua	titutio	Officer	emp,	hesto	Former			
	line)	pul	Sul	JJ0	Ke	Hig	For			
(27) VICTORIA HALE	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(28) LORRAINE GALVIS	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(29) ANGELA JUDGE BOARD MEMBER	1.00	х						0.	0.	0
DOALD MEMBER		Α	$\vdash$					0.	0.	0.
		Ī								
		ļ								
						_				
			$\vdash$			$\vdash$				
-	<u>I</u>	<u> </u>			<b>.</b>	_				
Total to Part VII, Section A, line 1c										
								1	1	

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	Revenue excluded from tax under			
					Tunction revenue	business revenue	sections 512 - 514			
SS	1 :	Federated campaigns 1a								
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b								
ng Ig		Fundraising events 1c	32,826.							
fts,			32,020.							
ig ig										
ns, Sim	6	Government grants (contributions)  1e								
er i	Ť	All other contributions, gifts, grants, and	6 202 706							
혈된		similar amounts not included above 1f	6,292,706.							
on the	ç	Noncash contributions included in lines 1a-1f 1g \$								
<u>8</u> 0	r	Total. Add lines 1a-1f		6,325,532.						
			Business Code							
မွ	2 a	a								
ه ≧	b	·								
S	c	:								
am	c	d								
Program Service Revenue	e	•								
Pr	f	All other program service revenue								
		Total. Add lines 2a-2f	•							
	3	Investment income (including dividends, intere								
		other similar amounts)		1,292,437.			1292437.			
	4	Income from investment of tax-exempt bond p		, ,						
	5	Royalties								
	Ŭ	(i) Real	(ii) Personal							
	6 -		(4)							
		b Less: rental expenses 6b								
		Net rental income or (loss) (i) Securities	(ii) Other							
	/ a		· ` '							
		assets other than inventory <b>7a</b> 43,296,671.								
	k	Less: cost or other basis								
une		and sales expenses								
ther Revenue	c	Gain or (loss) 7c 1,913,969.					101000			
æ		d Net gain or (loss)		1,913,969.			1913969.			
je l	8 a	a Gross income from fundraising events (not								
δ		including \$ 32,826. of								
		contributions reported on line 1c). See								
		Part IV, line 18								
	b	Less: direct expenses 8b	140,988.							
		Net income or (loss) from fundraising events		42,492.			42,492.			
	9 a	a Gross income from gaming activities. See								
		Part IV, line 199a								
	b	Less: direct expenses 9b								
	c	Net income or (loss) from gaming activities								
	10 a	a Gross sales of inventory, less returns								
		and allowances 10a	a							
	b	Less: cost of goods sold 10th								
		Net income or (loss) from sales of inventory								
		,	Business Code							
sno	11 =	COLLECTION AGENCY REPAYMENTS	900099	4,718.			4,718.			
Miscellaneous Revenue	b			, ,			,			
əlla										
Be	,	d All other revenue								
Σ		Total. Add lines 11a-11d		4,718.						
	12	Total revenue. See instructions		9,579,148.	0.	0.	3253616.			
	-			,,						

332009 12-21-23

# Form 990 (2023) COAST GUARD MUTUAL ASSISTANCE Part IX Statement of Functional Expenses

Pa	Part IX Statement of Functional Expenses										
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	plete column (A).							
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	5,090,567.	5,090,567.								
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,	195 016	79 634	62 497	13 005						
•	trustees, and key employees	185,016.	78,634.	62,497.	43,885.						
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	1,160,314.	493,150.	391,947.	275,217.						
8	Pension plan accruals and contributions (include	1,100,014·	133,1300	552,52,6	2,3,211						
	section 401(k) and 403(b) employer contributions)	44,073.	18,732.	14,887.	10,454.						
9	Other employee benefits	227,997.	96,902.	77,016.	54,079.						
10	Payroll taxes	99,772.	42,405.	33,702.	23,665.						
11	Fees for services (nonemployees):	,	,	,	•						
а	Management										
b		5,915.		5,915.							
С	Accounting	27,034.		27,034.							
	Lobbying										
е	Professional fundraising services. See Part IV, line 17	25,538.			25,538.						
f	Investment management fees	116,096.		116,096.							
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A), amount, list line 11g expenses on Sch 0.)	363,314.	166,816.	86,974.	109,524.						
12	Advertising and promotion	138,879.	2,655.	8,804.	127,420.						
13	Office expenses	68,485.	9,364.	31,817.	27,304.						
14	Information technology	173,783.	111,094.	34,582.	28,107.						
15	Royalties	131,811.	54,327.	47,221.	30,263.						
16	Occupancy	33,312.	2,557.	15,120.	15,635.						
17 18	Payments of travel or entertainment expenses	33,312.	2,337.	15,120.	13,033.						
10	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	40,083.	3,727.	17,865.	18,491.						
20	Interest	20,0000	37,270	27,70000							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	15,729.	11,669.	2,359.	1,701.						
23	Insurance	11,467.	1,066.	5,111.	5,290.						
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 0.)										
а		99,007.	99,007.								
b	OTHER EXPENSES	34,934.	3,790.	15,296.	15,848.						
С	COLLECTIONS COMMISSION	1,651.	1,651.								
d											
	All other expenses	0.004.555	C 200 112	004 043	010 401						
25	Total functional expenses. Add lines 1 through 24e	8,094,777.	6,288,113.	994,243.	812,421.						
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 if following SOP 98-2 (ASC 958-720)										
	Check here if following SOP 98-2 (ASC 958-720)				000						

Form **990** (2023)

Form 990 (2023)
Part X | Balance Sheet

Pa	rt X Balance Sheet						
	Check if Schedule O contains a response or note to any line in this Part X						
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing Savings and temporary cash investments			770,982.	1	505,697.
	2				409,897.	2	5,397.
	3	Pledges and grants receivable, net			103,335.	3	2,030,433.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	d per	sons (as defined			
		under section 4958(f)(1)), and persons described in	sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			3,773,238.	7	4,787,704.
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			10,331.	9	6,780.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation	10a	1,454,537.			
	b	Less: accumulated depreciation	10b	1,269,961.	28,474. 43,067,129.	10c	184,576. 43,767,238.
	11	Investments - publicly traded securities			43,067,129.		43,767,238.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets			1 551 050	14	1 605 050
	15	Other assets. See Part IV, line 11			1,571,878.	15	1,605,978.
	16	Total assets. Add lines 1 through 15 (must equal I			49,735,264.		52,893,803.
	17	Accounts payable and accrued expenses	196,166.	17	268,158.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par				21	
ies	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substan					
E.	00	controlled entity or family member of any of these				22	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, payal				24	
	23	parties, and other liabilities not included on lines 1					
		of Schedule D			451,343.	25	332,104.
	26	Total liabilities. Add lines 17 through 25			647,509.	26	600,262.
		Organizations that follow FASB ASC 958, check	here	e X	,		,
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			32,652,174.	27	33,875,974.
Bal	28				16,435,581.	28	18,417,567.
P		Organizations that do not follow FASB ASC 958					
Ē		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equi				30	
As	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32			[	49,087,755.	32	52,293,541.
_	33				49,735,264.	33	52,893,803.
_					-		Form <b>990</b> (2023

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments	1 2 3 4 5	9 8 1 49	,57 ,09 ,48	9,1 4,7 4,3	77. 71. 55.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8 9			3,4	50
9 10	Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9			J,4	50.
10	column (B))	10	52	, 29	3,5	41.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	<b>–</b> [		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis			2b	Х	
D	Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			20	Λ	
	consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis					
С	, , , , , , , , , , , , , , , , , , , ,			2c	Х	
20	review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on School and a result of a federal guard, was the aggregation required to undergo an audit or audit aggregation aggregation required to undergo an audit or audit aggregation and the control of			20	Λ	
зa	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?			За		x
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	ed audit	·····	Зa		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	ou dudit		3b		
	, , , , , , , , , , , , , , , , , , , ,				990	(2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

COAST CHARD MITTIAL ASSTSTANCE

Employer identification number 31 – 1801931

OMB No. 1545-0047

		COAS	I GUARD MU.	TOAL ASSISTAL	NCE		J	T-T00T32T
Pa	art I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found						
1		A church, convention of chu					)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	一	A medical research organiza					•	the hospital's name,
		city, and state:	•				CAAAA	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
Ū		section 170(b)(1)(A)(iv). (C				, 9-		
6		A federal, state, or local gov	•	ental unit described in	section 17	70(h)(1)(A)	(v)	
	X	An organization that normal	· ·				• •	oublic described in
•		section 170(b)(1)(A)(vi). (Co	•	itiai part of its support if	om a gove	mincina	anit of from the general p	dablic described in
8		A community trust describe		1)(A)(vi) (Complete Part	· II \			
9		•				nd in coni	unation with a land grant	collogo
9	ш	An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the r	iame, city	, and state of the college	e Or
40		university:	U	Name 00 1/00/ of its accord				d awara waraiwta fuawa
10		An organization that normal						
		activities related to its exem		·				-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	Н	An organization organized a	•	•	•			_
12	Ш	An organization organized a	•	•	-		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported org	-					Check the box on
		lines 12a through 12d that o	* *					
а	ı		anization operated, su	upervised, or controlled I	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting
		organization. You must c	complete Part IV, Se	ctions A and B.				
b	, L	Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by have	ving
		control or management of	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C	;	Type III functionally inte	grated. A supporting	g organization operated i	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.	
d	ı	Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sati	sfy a distri	bution rec	uirement and an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .	
е	, [	Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiza	ation.		
f	Ente	er the number of supported o						
g		ride the following information	about the supporte	d organization(s).				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

## 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3291215.	2827868.	4402726.	6439276.	6325532.	23286617.
2	Tax revenues levied for the organ-						
	ization'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	3291215.	2827868.	4402726.	6439276.	6325532.	23286617.
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)						4146134.
6	Public support. Subtract line 5 from line 4.						19140483.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3291215.	2827868.	4402726.	6439276.	6325532.	23286617.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	880,870.	591,320.	743,462.	410,419.	1292437.	3918508.
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.)	14,253.	10,824.	9,338.	26,508.	4,718.	65,641.
11	<b>Total support.</b> Add lines 7 through 10						27270766.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	70.19 %
	Public support percentage from 2022					15	68.67 <u>%</u>
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	<b>stop here.</b> The organization qualifies		~				
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	<b>re.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		Ш
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	t <b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2023

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## 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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## 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- 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? If "Yes." provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes." provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F		
<u>5a</u>		
5b		
5c		
50		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
104		
10b		
	m 990)	2023

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Pai	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in			
	, ,			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	ı		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NI-
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> La</u>		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	_,,		
а				
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sche	edule A (Form 990) 2023 COAST GUARD MUTUAL ASSI			31-1801931 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 ( <i>explair</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sect	ion 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		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2023

**b** Applied to 2023 distributable amount

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2019

b Excess from 2020

c Excess from 2021

d Excess from 2022

e Excess from 2023

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

# Schedule B

(Form 990)

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

2023

Name of the organization Employer identification number

COAST GUARD MUTUAL ASSISTANCE 31-1801931

organization type (check one).							
Filers of: Section:							
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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 <b>General Rule</b> 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) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# COAST GUARD MUTUAL ASSISTANCE

31-1801931

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		\$ 644,940.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>765,983.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

Name of organization

Employer identification number

# COAST GUARD MUTUAL ASSISTANCE

31-1801931

	GOARD HOTORE ADDIDITATED		1 1001/31
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
		 _ _   _	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(2)			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ _	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26	i-23		Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **4** 

Name of organization **Employer identification number** COAST GUARD MUTUAL ASSISTANCE 31-1801931 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

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 Inspection

Name of the organization

COAST GUARD MUTUAL ASSISTANCE

**Employer identification number** 31-1801931

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts
2	Total number at end of 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 advi	sed funds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year	and the land of	
4	Number of states where property subject to conservation eas	•	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1, 3,	3	3
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Schedule D (Form 990) 2023

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

c Beginning balance d Additions during the year e Distributions during the year f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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) Find Beginning of year balance	es N	
collection items (check all that apply).  a Public exhibition d Loan or exchange program  b Scholarly research e Other  c Preservation for future generations  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?  Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, 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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  f Ending balance  1c	es N  N  N  N  N  N  N  N  N  N  N  N  N	No No
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 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? Yest IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, 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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance d Additions during the year Distributions during the year E Distributions during the year 1 In	es N  N  N  N  N  N  N  N  N  N  N  N  N	No No
b Scholarly research e Other c Preservation for future generations  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?  Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, 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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  10 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  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) If the provided in Part VIII to the part of the part of the part of the part VIII to the part of the part VIII to the part	es N  N  N  N  N  N  N  N  N  N  N  N  N	No No
c Preservation for future generations  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?  Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, 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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  10 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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) if the prior year (c) Two years back (d) Three years back (e) if the prior year (c) Two years back (d) Three years back (e) if the prior year (c) Two years back (d) Three years back (e) if the prior year (c) Two years back (d) Three years back (e) if the prior year (c) Two years back (d) Three years back (e) if the prior year (c) Two years back (d) Three years back (e) if the prior year (c) Two years back (d) Three years back (e) if the prior year (c) Two years back (d) Three years back (e) if the prior year (c) Two years back (d) Three years back (e) if the years back	es N  N  N  N  N  N  N  N  N  N  N  N  N	No No
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  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?  Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, reported an amount on Form 990, Part X, line 21.  Ia Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Amount of the part XIII and complete the following table:  Amount of the part XIII and complete the following table:  Amount of the part XIII and complete the following table:  Amount of the part XIII and complete the following table:  Amount of the part XIII and complete the following table:  Amount of the part XIII and complete the following table:  Amount of the part XIII and complete if the part XIII and complete 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) for the part XIII and complete if the organization answered "Yes" on Form 990, Part IV, line 10.	es N  N  N  N  N  N  N  N  N  N  N  N  N	No No
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?  Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, 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   b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   C   Beginning balance	es N  N  N  N  N  N  N  N  N  N  N  N  N	No No
to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, 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?    Vertical Part V   Endowment Funds Complete if the organization answered "Yes" on Form 990, Part XIII.    Amount   Complete   Comp	es N nount  es N	No No
Escrow and Custodial Arrangements   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, 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    b   If "Yes," explain the arrangement in Part XIII and complete the following table:   Amount of Italian    c   Beginning balance   1c   d   Additions 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   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) Finds    (b) Prior year   (c) Two years back   (d) Three years back   (e) Finds    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Finds    (b) Prior year   (c) Two years back   (d) Three years back   (e) Finds    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Finds    (b) Prior year   (c) Two years back   (d) Three years back   (e) Finds    (c) Two years back   (d) Three years back   (e) Finds    (d) Three years	es N nount  es N	No No
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   Yes	nount  es N	No ck
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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) Find Beginning of year balance	es N	No ck
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c Beginning balance d Additions during the year e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Part V   Endowment Funds   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Amount   Complete if the separation   Id   Complete if the separation   Id   Complete if the explanation   Id   Id   Complete if   Id   Id   Id   Id   Id   Id   Id   I	es N	ck
d Additions during the year e Distributions during the year f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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) Factors are also as a segment of the prior year (c) Two years back (d) Three years back (e) Factors are also as a segment of year balance	Four years back	ck
d Additions during the year e Distributions during the year f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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) Factors are also as a segment of the prior year (c) Two years back (d) Three years back (e) Factors are also as a segment of year balance	Four years back	ck
e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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) Find Beginning of year balance	Four years back	ck
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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) Find Beginning of year balance	Four years back	ck
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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) Funds Beginning of year balance	Four years back	ck
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) Funds Beginning of year balance	Four years back	
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) Fundamental Beginning of year balance		
1a     Beginning of year balance       (a) Current year     (b) Prior year     (c) Two years back     (d) Three years back     (e) Find the prior year		
	869,272	2.
b Contributions		
c Net investment earnings, gains, and losses	147,261	1.
d Grants or scholarships		
e Other expenditures for facilities		
and programs	16,533	3.
f Administrative expenses		
g End of year balance	1,000,000	0.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:		
a Board designated or quasi-endowment%		
b Permanent endowment%		
c Term endowment%		
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	0
(i) Unrelated organizations?	Ba(i)	
	a(ii)	
	3b	
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.		
	Book value	
basis (investment) basis (other) depreciation		
1a Land		—
<b>b</b> Buildings		—
c Leasehold improvements	100 000	_
4 040 405 4 005 000	109,263	
e Other 1,312,406. 1,237,093.	75,313 184 576	_

Schedule D (Form 990) 2023

	MUTUAL ASSIS	TANCE 3	1-1801931 Page 3
Part VII Investments - Other Securities	an Farm 000 Bort IV line	11h Can Farm 000 Bart V line 10	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1) Financial derivatives	(b) Book value	(e) meaned of valuations each of a	na or your market value
(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 e	nd-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"		11d. See Form 990, Part X, line 15.	1 (1) 5
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	(P))		
Part X Other Liabilities	Л. (D))		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			332,104.
(3)			
(4)			
(5)			
(6)			

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

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

Schedule D (Form 990) 2023

332,104.

(7) (8)

Pa	Reconciliation of Revenue per Audited Financial St		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			11 100 266
1				1	11,129,366.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	1 668 065		
а	• • • • • • • • • • • • • • • • • • • •		1,667,965.	-	
b				-	
С	. , , , , , , , , , , , , , , , , , , ,			-	
d	Other (Describe in Part XIII.)	2d			4 665 665
е				2e	1,667,965. 9,461,401.
3	Subtract line 2e from line 1			3	9,461,401.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	446 006		
а	, , , , , , , , , , , , , , , , , , , ,		116,096.	-	
b	Other (Describe in Part XIII.)	4b	1,651.	_	
С				4c	117,747.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. rt XII   Reconciliation of Expenses per Audited Financial S	2.)		5	9,579,148.
Ра			Expenses per F	⊀eturi	n
	Complete if the organization answered "Yes" on Form 990, Part IV,				
1	Total expenses and losses per audited financial statements			1	7,977,030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	7,977,030.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	116,096.		
b	Other (Describe in Part XIII.)	4b	1,651.		
С	Add lines 4a and 4b			4c	117,747.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	8,094,777.
Ра	rt XIII Supplemental Information				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 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 inforn	nation.		
	D. I. I. T. T. T. A.				
PAI	RT V, LINE 4:				
DIII	THE COLUMN TO THE COLUMN THE COLU			м	
וטם	RING 2020, THE ORGANIZATION DETERMINED	THAT THESE	E FUNDS DO	MO.I.	
COI	ACMIMIME & MDITE ENDOWMENT MUEDEFODE	MUEV ADE N		י ג רוי	ď
<u>CO1</u>	NSTITUTE A TRUE ENDOWMENT. THEREFORE,	IREI AKE I	NOI KEPOKIE	D A	5
וזאים	DOWMENT FUNDS FOR 2020 AND FUTURE YEARS	2			
17111	DOWNENT FUNDS FOR 2020 AND FUTURE TEAR,	•			
рΔΙ	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
1 711	XI AI, DING 4D CHIEK ADOODIMENTO.				
COI	LLECTION COMMISSION				1,651.
<u></u>	LLECTION COMMISSION				1,051.
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
	_,				
CO	LLECTION COMMISSION				1,651.
					, -

Schedule D (Form 990) 2023	COAST GUAR	RD MUTUAL	ASSISTANCE	31-1801931	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Inform	mation (continued)	1			
- untrain   cappionental men	(continued)				
			<u> </u>		

#### **SCHEDULE G** (Form 990)

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 Employer identification number COAST GUARD MUTUAL ASSISTANCE 31-1801931 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. а Mail solicitations Solicitation of non-government grants

Solicitation of government grants b Internet and email solicitations X Special fundraising events Phone solicitations С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) STELTER - 10435 NEW YORK AVE. Yes No DES MOINES, IA 50322 Х FUNDRAISING FEE 0 22,038 <22,038.>

22,038 <22,038.> Total

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.

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	ts greater than \$5,000.
			(a) Event #1 GOLF	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			TOURNAMENT (event type)	(event type)	(total number)	col. <b>(c)</b> )
anue				, ,		
Revenue	1	Gross receipts	216,306.			216,306.
_	2	Less: Contributions	32,826.			32,826.
	3	Gross income (line 1 minus line 2)	183,480.			183,480.
	4	Cash prizes	6,532.			6,532.
	5	Noncash prizes				
Direct Expenses		Rent/facility costs	34,946.			34,946.
rect Ex	7	Food and beverages	27,438.			27,438.
Ö	ı	Entertainment				
	ı	Other direct expenses	72,072.			72,072. 140,988.
	l	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	. ,			42,492.
Pa	ırt I			990, Part IV, line 19, or		12,152.
		\$15,000 on Form 990-EZ, line 6a.		, , ,		
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	١.					
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
		Other direct expenses				
			Yes %	Yes%	Yes %	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	g	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		Net garning income summary. Oubtract line T	mont line 1, column (a)			<u> </u>
9	En	ter the state(s) in which the organization condu	ıcts gaming activities: _			
		the organization licensed to conduct gaming action," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·		/ear?	Yes No

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Sch	edule G (Form 990) 2023 COAST GUARD MUTUAL ASSISTANCE 3	1-1801931	. Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	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:		
а	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	nt	
	of gaming revenue retained by the third party \$		
С	If "Yes," enter 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		
4-	Many distance d'al-Mandana		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ Na
	retain the state gaming license?		∟ No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie	
Pa	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III. lines 0	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a rait iii, iii les 9,	35, 105,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.		
PA:	RT I, LINE 2B, COLUMN (V):		
סס	OFESSIONAL FUNDRAISING FEES		
111	OFEDDIONAL FUNDMAIDING FEED		

Schedule G	i (Form 990)	COAST	GUARD	${ t MUTUAL}$	ASSISTANCE	31-1801931	Page 4
Part IV	i (Form 990) Supplemental Infor	mation 🕜	ontinued)				
		10	<u> </u>				
-							
	<u> </u>					 	<u></u>

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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 the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

COAST GUAR	RD MUTUAL	ASSISTANCE					31-1801931
Part I General Information on Grants and	d Assistance						
1 Does the organization maintain records to							
criteria used to award the grants or assist	ance?						X Yes No
2 Describe in Part IV the organization's proc	edures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to D					anization answered "\	Yes" on Form 990, Part IV	, line 21, for any
recipient that received more than \$5	·	1	T .	1	(f) Method of		
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations	-		ne line 1 table	1	<u> </u>		

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

Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASTER AND EMERGENCY GRANTS	517	751,101.	0.		
CATION GRANTS	4525	4,062,943.	0.		
ILY SUPPORT GRANTS	576	276,523.	0.		
Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
RT I, LINE 2:					
E CHAPTER 3 OF THE ORGANIZATION'	S MANUAL	LISTED ON	ITS WEBSIT	E:	
W.CGMAHQ.ORG FOR PROCEDURES FOR	MONITORIN	G THE USE	OF GRANT F	UNDS IN THE	
S.					

### SCHEDULE J (Form 990)

**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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

COAST GUARD MUTUAL ASSISTANCE

 $\begin{array}{c} \textbf{Employer identification number} \\ 31 - 1801931 \end{array}$ 

Pa	art 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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account 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.			
	Compensation committee   X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	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			l
	contingent on the revenues of:	_		37
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	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			v
_	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			v
_	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	- 1	i

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

Schedule J (Form 990) 2023

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-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CARI THOMAS	(i)	185,016.	9,250.	0.	9,251.	5,219.	208,736.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARA L. MARTIN	(i)	132,048.	3,500.	0.	6,786.	44,287.	186,621.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(3) MELLISSA BELL	(i)	136,800.	4,000.	0.	2,850.	16,291.	159,941.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(	(i)							
	ii)							
(	(i)							
(i	ii)							
(	(i)							
(i	ii)							
(	(i)							
(i	ii)							
(	(i)							
(i	ii)							
(	(i)							
(i	ii)							
(	(i)							
	ii)							
(	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
-	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
(i	ii)							

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

### **SCHEDULE 0** (Form 990)

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 the latest information.

Open to Public Inspection

OMB No. 1545-0047

**Employer identification number** Name of the organization 31-1801931 COAST GUARD MUTUAL ASSISTANCE FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MEMBERS IN NEED THROUGH GRANTS AND INTEREST-FREE LOANS. DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, FINANCIAL CHALLENGES DO NOT BECOME CHRONIC FINANCIAL PROBLEMS. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS PROVIDED TO ALL BOARD MEMBERS BEFORE FILING FOR REVIEW, WITH THE AUDITED FINANCIALS. THE BOARD IS PROVIDED THE OPPORTUNITY TO ASK THE STAFF OR TAX PREPARER ANY QUESTIONS THAT THEY MIGHT HAVE. FORM 990, PART VI, SECTION B, LINE 12C: NO ONE IN THE ORGANIZATION IS ALLOWED TO ISSUE A CHECK TO SOMEONE OF THE SAME APPROVAL AUTHORITY. AN ASSISTANT REPRESENTATIVE MUST GET APPROVAL IF BOARD MEMBERS HAD PERSONAL THEY WERE

FROM A REPRESENTATIVE, A REPRESENTATIVE MUST GET APPROVAL FROM THE CEO, THE CEO MUST GET APPROVAL FROM THE BOARD. KNOWLEDGE ON AN INDIVIDUAL CLIENT THAT A DECISION WAS NEEDED ON, ASKED TO RECUSE THEMSELVES. LIKEWISE, DURING THE ELECTION PROCESS, RECUSAL WAS NEEDED TO AVOID ANY CONFLICT. NO CONFLICTS REGARDING BOARD MEMBER FINANCIAL HOLDINGS, INVESTMENTS OR UNIT OVERSIGHT WERE NOTED NOR ACTED UPON.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD ESTABLISHES THE SALARY OF THE CEO BASED ON PERFORMANCE, EXPERIENCE LEVEL AND THE EQUIVALENT GOVERNMENT PAY OTHER MILITARY AID SOCIETY COUNTERPARTS AND PRIVATE SECTOR PAY GRADES For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

332211 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization  COAST GUARD MUTUAL ASSISTANCE	Employer identification number 31-1801931
LEVELS FOR THE POSITION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATE	EMENTS ARE
AVAILABLE ON THE ORGANIZATION'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ADJUSTMENT TO LOANS RECEIVABLE	53,450.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR S	SELECTION
PROCESS DURING THE TAX YEAR.	