

Form **990**

Department of the Treasury  
Internal Revenue Service

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning** , **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **NATIONAL COAST GUARD MUSEUM ASSOCIATION, INC.**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): **78 HOWARD ST, SUITE A** Room/suite \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **NEW LONDON CT 06320**

**D** Employer identification number: **06-1621858**  
**E** Telephone number: **860-443-1200**  
**G** Gross receipts \$: **3,460,029**

**F** Name and address of principal officer:  
**RICHARD J GRAHN**  
**78 HOWARD ST, SUITE A**  
**NEW LONDON CT 06320**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.COASTGUARDMUSEUM.ORG** **H(c)** Group exemption number: ▶ \_\_\_\_\_

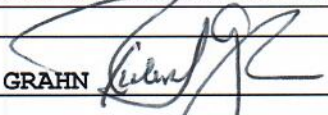
**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_ **L** Year of formation: \_\_\_\_\_ **M** State of legal domicile: \_\_\_\_\_

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO EDUCATE THE PUBLIC ABOUT THE EVOLUTION OF THE MARITIME AND MILITARY HISTORY OF THE COAST GUARD AND ITS CONTRIBUTION TO AMERICA</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	23
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,813,574	2,963,823
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,503	-14,005
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	719	23
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,819,796	2,949,841
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	501,579	615,333
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>569,617</b>	244,384	106,154
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	321,021	409,934
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,066,984	1,131,421
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	1,752,812	1,818,420
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,152,444	6,989,401
	22 Net assets or fund balances. Subtract line 21 from line 20	43,493	33,307
		5,108,951	6,956,094

### Part II Signature Block

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

**Sign Here**

Signature of officer:  Date: **8/23/18**  
**RICHARD J GRAHN** PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **TERENCE J. MALAGHAN, CPA** Preparer's signature: \_\_\_\_\_ Date: **08/23/18** Check  if self-employed  PTIN: **P00171896**  
 Firm's name: **HOYT, FILIPPETTI & MALAGHAN, LLC** Firm's EIN: **20-1696994**  
 Firm's address: **107 AIRPORT RD WESTERLY, RI 02891-3420** Phone no.: **401-596-2000**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Return of Organization Exempt From Income Tax**  
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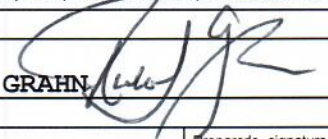
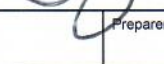
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NATIONAL COAST GUARD MUSEUM ASSOCIATION, INC.		<b>D</b> Employer identification number 06-1621858
	Doing business as		<b>E</b> Telephone number 860-443-1200
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 78 HOWARD ST, SUITE A		
	City or town, state or province, country, and ZIP or foreign postal code NEW LONDON CT 06320		<b>G</b> Gross receipts \$ 3,460,029
<b>F</b> Name and address of principal officer: RICHARD J GRAHN 78 HOWARD ST, SUITE A NEW LONDON CT 06320			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.COASTGUARDMUSEUM.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: _____
			<b>M</b> State of legal domicile: _____

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO EDUCATE THE PUBLIC ABOUT THE EVOLUTION OF THE MARITIME AND MILITARY HISTORY OF THE COAST GUARD AND ITS CONTRIBUTION TO AMERICA		
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	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
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<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>2,813,574</b>	Current Year <b>2,963,823</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,503</b>	<b>-14,005</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>719</b>	<b>23</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,819,796</b>	<b>2,949,841</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
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<b>Sign Here</b>	Signature of officer	Date			
	<b>RICHARD J GRAHN</b>  Type or print name and title	<b>PRESIDENT</b> <b>8/23/18</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>TERENCE J. MALAGHAN, CPA</b>		<b>08/23/18</b>	<input type="checkbox"/>	<b>P00171896</b>
<b>Paid Preparer Use Only</b>	Firm's name	Firm's EIN			
	<b>HOYT, FILIPPETTI &amp; MALAGHAN, LLC</b> 107 AIRPORT RD WESTERLY, RI 02891-3420	<b>20-1696994</b> 401-596-2000			

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