

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 black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

| | | | |
|---|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization CIVIL AIR PATROL | | D Employer identification number 75-6037853 |
| | Doing Business As | | E Telephone number (334) 953-7748 |
| | Number and street (or P O box if mail is not delivered to street address) Room/suite 105 S HANSELL STREET | G Gross receipts \$ 56,928,783 | |
| | City or town, state or country, and ZIP + 4 MAXWELL AFB, AL 36112 | | |
| F Name and address of principal officer DON ROWLAND 105 S HANSELL STREET MAXWELL AFB, AL 36112 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: WWW.GOCIVILAIRPATROL.COM | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation 1941 |
| | | | M State of legal domicile AL |

Part I Summary

| | | | |
|---|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities CIVIL AIR PATROL IS THE OFFICIAL AUXILIARY OF THE U S AIR FORCE CAP ASSISTS VARIOUS FEDERAL, STATE AND LOCAL AGENCIES WITH AERIAL IMAGING SERVICES, DRUG INTERDICTION AND TRANSPORT ASSISTANCE, AND PARTICIPATES IN TRAINING PROGRAMS FOR THE US AIR FORCE CAP'S TRAINED VOLUNTEER MEMBERS SUPPORT AMERICA'S COMMUNITIES WITH EMERGENCY RESPONSE, DIVERSE AVIATION AND GROUND SERVICES, YOUTH DEVELOPMENT AND THE PROMOTION OF AIR, CYBER AND SPACE POWER CAP'S MORE THAN 61,000 MEMBERS, INCLUDING NEARLY 27,000 CADETS BETWEEN THE AGES OF 12-20, UTILIZE 550 SINGLE-ENGINE AIRCRAFT, AN EXTENSIVE COMMUNICATIONS NETWORK AND MODERNIZED VEHICLES TO SUPPORT AMERICA'S COMMUNITIES CAP HAS DEVELOPED COMPREHENSIVE AEROSPACE EDUCATIONAL PROGRAMS WHICH PROMOTE THE USE OF "STEM" SUBJECTS-- SCIENCE, TECHNOLOGY, ENGINEERING AND MATH | | |
| | 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 | 11 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11 |
| | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 182 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 61,751 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 100,625 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 59,539 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 39,349,954 | 45,022,756 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 7,550,355 | 6,763,439 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 277,918 | 432,273 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,026,252 | 1,638,365 |
| | | 49,204,479 | 53,856,833 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 81,667 | 53,000 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 32,707 | 11,940 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 11,941,118 | 11,738,023 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) 6,810 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 37,513,306 | 38,488,070 |
| | 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 49,568,798 | 50,291,033 |
| 19 Revenue less expenses Subtract line 18 from line 12 | -364,319 | 3,565,800 | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 112,769,318 | 117,193,252 |
| | 21 Total liabilities (Part X, line 26) | 3,288,129 | 3,457,796 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 109,481,189 | 113,735,456 | |

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 | 2013-08-16 Date | | |
| | DON ROWLAND CHIEF OPERATING OFFICER Type or print name and title | | | |
| Paid Preparer's Use Only | Preparer's signature | Date 2013-08-16 | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 CIVIL AIR PATROL 105 S HANSELL ST MONTGOMERY, AL 36112 | | | EIN |
| | | | | Phone no |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
 CIVIL AIR PATROL IS THE OFFICIAL AUXILIARY OF THE U S AIR FORCE CAP ASSISTS VARIOUS FEDERAL, STATE AND LOCAL AGENCIES WITH AERIAL IMAGING SERVICES, DRUG INTERDICTION AND TRANSPORT ASSISTANCE, AND PARTICIPATES IN TRAINING PROGRAMS FOR THE US AIR FORCE CAP'S TRAINED VOLUNTEER MEMBERS SUPPORT AMERICA'S COMMUNITIES WITH EMERGENCY RESPONSE, DIVERSE AVIATION AND GROUND SERVICES, YOUTH DEVELOPMENT AND THE PROMOTION OF AIR, CYBER AND SPACE POWER CAP'S MORE THAN 61,000 MEMBERS, INCLUDING NEARLY 27,000 CADETS BETWEEN THE AGES OF 12-20, UTILIZE 550 SINGLE-ENGINE AIRCRAFT, AN EXTENSIVE COMMUNICATIONS NETWORK AND MODERNIZED VEHICLES TO SUPPORT AMERICA'S COMMUNITIES CAP HAS DEVELOPED COMPREHENSIVE AEROSPACE EDUCATIONAL PROGRAMS WHICH PROMOTE THE USE OF "STEM" SUBJECTS-- SCIENCE, TECHNOLOGY, ENGINEERING AND MATH

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 No
 If "Yes," describe these new services on Schedule O

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 22,130,095 including grants of \$) (Revenue \$)
 EMERGENCY SERVICES IN 2012 CAP FLEW 100,466 HOURS ACROSS ALL MISSIONS CAP SAVED 32 LIVES ON SEARCH AND RESCUE MISSIONS TASKED BY THE AIR FORCE RESCUE COORDINATION CENTER AND JOINT RESCUE COORDINATION CENTERS PERSONNEL SUPPORTED HOMELAND SECURITY EFFORTS BY FLYING CAP AIRCRAFT IN INTERCEPT TRAINING FOR THE AIR FORCE AND THE DEPARTMENT OF HOMELAND SECURITY CAP ALSO FLEW OVER 8,370 HOURS ON DRUG INTERDICTION MISSIONS ALONG THE BORDERS, OVER FEDERAL PROPERTY, AND IN SUPPORT OF COMBINED FEDERAL, STATE AND LOCAL TASK FORCES CAP ALSO RESPONDED TO NUMEROUS NATURAL DISASTERS, PRIMARILY TAKING AERIAL PHOTOGRAPHS FOR USE BY LOCAL OFFICIALS AND RESPONDERS TO ASSESS DAMAGE ALLOCATING THEIR OWN FUNDS AND RESOURCES EFFECTIVELY WITH VOLUNTEER MEMBERS FROM VARIOUS BACKGROUNDS AND CAP'S EXTENSIVE PROFESSIONAL DEVELOPMENT AND TRAINING, CAP DELIVERS QUALITY AND RELIABLE SERVICES THAT ARE ALSO COST-EFFECTIVE

4b (Code) (Expenses \$ 5,920,115 including grants of \$ 53,000) (Revenue \$)
 CADET PROGRAMS CAP'S CADET PROGRAM DEVELOPS FUTURE LEADERS WHO ARE SAWY ABOUT TECHNOLOGY, SKILLED AT SEARCH AND RESCUE, DISCIPLINED TO LEAD HEALTHY LIVES, RESPECTFUL OF AMERICA AND MOTIVATED TO SERVE THEIR COMMUNITIES MEETING OUTSIDE SCHOOL HOURS, CADETS, AGES 12-20, RECEIVE MULTIPLE OPPORTUNITIES TO FLY IN POWERED AIRCRAFT OR GLIDERS CADETS OFTEN PARTICIPATE IN CAP'S EMERGENCY SERVICES MISSIONS, SERVING ON GROUND TEAMS AS WELL AS DELIVERING FIRST AID AND OTHER ESSENTIAL SERVICES TO CRASH AND NATURAL DISASTER VICTIMS USING MODEL AIRPLANES AND ROCKETS, CADETS EXPERIENCE THE FUN OF AEROSPACE EDUCATION AT THE SAME TIME, CAP'S DEFINED ADVANCEMENT PROCEDURES ALLOW CADETS TO DEVELOP LEADERSHIP SKILLS

4c (Code) (Expenses \$ 2,538,009 including grants of \$) (Revenue \$)
 AEROSPACE EDUCATION AND TRAINING CAP'S AEROSPACE EDUCATION PROGRAMS AND RESOURCE MATERIALS - EMPHASIZING THE STEM SUBJECTS OF SCIENCE, TECHNOLOGY, ENGINEERING AND MATH - WERE USED IN 2012 BY MORE THAN 160,000 STUDENTS AND ABOUT 2,100 TEACHERS NATIONWIDE NEW AEROSPACE PRODUCTS, TO INCLUDE ROBOTICS, REMOTE-CONTROLLED AIRCRAFT, AND ADVANCED AEROSPACE MATH WERE DEVELOPED TO EXPAND THE AE PRODUCT OFFERINGS FOR CAP MEMBERS CAP OFFERS EDUCATORS A SPECIAL AEROSPACE EDUCATION MEMBERSHIP (AEM) THAT INCLUDES NO- COST ACCESS TO OVER 40 EDUCATIONAL PRODUCTS, ORIENTATION FLIGHTS, GRANTS, AWARDS, AND PROFESSIONAL DEVELOPMENT PROGRAMS CAP AEMS FLEW OVER 150 HOURS IN ORIENTATION FLIGHTS TO LEARN, FIRST-HAND, ABOUT FLIGHT PRINCIPLES AND CAREER OPPORTUNITIES TO SHARE WITH STUDENTS IN THEIR CLASSROOMS AND YOUTH DEVELOPMENT PROGRAMS FOUR OF THESE CAP AEMS ARE AMONG THE SEVEN TEACHERS NAMED TO THE NATIONAL TEACHERS IN SPACE PROGRAM, CURRENTLY RECEIVING NASA TRAINING IN PREPARATION FOR SPACEFLIGHTS THE UNIQUE "AEROSPACE CONNECTIONS IN EDUCATION" (ACE) PROGRAM FOR GRADES K-6 IMPACTED OVER 18,000 STUDENTS IN 27 STATES AND IS DEMONSTRATING A 26% INCREASE IN SCIENCE CRITICAL THINKING SKILLS WHICH ARE IMPORTANT IN PREPARING TOMORROW'S WORKFORCE ADDITIONALLY, OVER 25,000 CAP CADETS AND OVER 35,000 CAP ADULT MEMBERS UTILIZE CAP'S MANY STEM-RELATED AEROSPACE PROGRAMS AND PRODUCTS TO LEARN MORE ABOUT AEROSPACE, AEROSPACE CAREERS, AND THE IMPORTANCE OF AEROSPACE TO OUR NATIONAL SECURITY AND ECONOMIC STRENGTH

(Code) (Expenses \$ 1,591,850 including grants of \$) (Revenue \$)
 COMMUNICATIONS (739,386) CAP MAINTAINS AN EXTENSIVE EMERGENCY COMMUNICATIONS NETWORK, INCLUDING 4,575 MOBILE RADIOS AND 3,100 PORTABLE RADIOS, AND 2,000 FIXED LAND RADIOS, THAT ARE INFRASTRUCTURE INDEPENDENT, YET INTEROPERABLE WITH OTHER AGENCIES, THEREBY ENSURING MESSAGES CAN BE SUCCESSFULLY RELAYED EVEN DURING CRISIS SITUATIONS CAP HAS MADE A STRONG EFFORT TO FIELD PORTABLE HF RADIO RESOURCES RECENTLY WITH ITS INCIDENT COMMAND POSTS AND GROUND TEAMS SO THAT THEY WOULD NOT BE LIMITED DURING NATURAL DISASTERS WHERE CELL PHONES AND SOME LOCAL NETWORKS ARE OFTEN DAMAGED COUNTERDRUG (326,920) IN REGARDS TO HOMELAND SECURITY AND THE WAR ON DRUGS, CAP AIRCREWS ARE USED TO SPOT ILLEGAL MARIJUANA GROW SITES AS WELL AS OTHER CLANDESTINE ACTIVITIES LIKE SUSPICIOUS ACTIVITY ALONG THE BORDER CAP ASSISTS MILITARY, FEDERAL AND STATE AGENCIES AND TASK FORCES RESPONSIBLE FOR LAW ENFORCEMENT CAP ALSO SUPPORTS PRACTICE AERIAL DRUG INTERCEPT MISSIONS SIMILAR TO THOSE CONDUCTED FOR THE AIR FORCE THIS WORK SERVES TO PROTECT AMERICA FROM BOTH DOMESTIC DRUG OPERATIONS AND DRUG TRAFFICKING ACROSS ITS BORDERS COUNTERDRUG MISSIONS LOGGED 8,370 FLYING HOURS TO KEEP DRUGS OFF OF AMERICA'S STREETS DRUG DEMAND REDUCTION (525,544) CAP HAS A FULL-BLOWN ANTI-DRUG CAMPAIGN THE CIVIL AIR PATROL DRUG DEMAND REDUCTION (DDR) PROGRAM HAS ASSISTED REGIONS, WINGS, GROUPS, AND SQUADRONS IN INSTILLING AN AGGRESSIVE, POSITIVE, DRUG-FREE ATTITUDE IN CAP MEMBERS, AIR FORCE FAMILIES, DEPARTMENT OF DEFENSE CIVILIANS, AND SCHOOL-AGED CHILDREN TO THAT END, CAP'S DDR PROGRAM PROVIDES LEADERSHIP, EDUCATIONAL MATERIALS, AND PARTNERSHIPS WITH INSTITUTIONS AND ORGANIZATIONS TO REACH THOUSANDS OF CHILDREN AND ADULTS WITH A DRUG-FREE MESSAGE ITS NATIONAL RED RIBBON WEEK EACH OCTOBER IS THE COUNTRY'S OLDEST AND LARGEST COMMUNITY AWARENESS EVENT IN SUPPORT OF HEALTHY, DRUG-FREE LIFESTYLES IN THE CADET PROGRAM, THE ANTI-DRUG MESSAGE IS REINFORCED DURING SUMMER ACTIVITIES WHERE CADETS PRODUCE THEIR OWN VIDEO MESSAGES ABOUT SUBSTANCE ABUSE, AS WELL AS IN ROUTINE SQUADRON MEETINGS

4d Other program services (Describe in Schedule O)
 (Expenses \$ 1,591,850 including grants of \$) (Revenue \$)

4e Total program service expenses \$ 32,180,069

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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/> | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/> | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/> | | No |
| 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? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/> | Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> <input checked="" type="checkbox"/> | | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/> | Yes | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/> | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/> | | No |
| 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/> | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/> | | No |
| 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 | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/> | Yes | |
| 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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/> | | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/> | | No |
| 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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/> | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> | Yes | |
| 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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> | | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/> | Yes | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/> | Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> | | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i> | | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i> | | No |
| 17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/> | | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/> | Yes | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/> | | No |
| 20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> | | No |
| b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements. | | |
| 20b | | |

Part IV Checklist of Required Schedules *(continued)*

| | | | | |
|------------|--|------------|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/> | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/> | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/> | 28b | Yes | |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/> | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | | No |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 349 | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0 | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. 182 | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | Yes | |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? | | No |
| b | If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | No |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | No |
| 5c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | No |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | No |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | No |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year. | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | No |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | No |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | Yes | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | No |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12. | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| 11a | Gross income from members or shareholders. | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. | | |
| 13b | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | | |
| 13c | Enter the aggregate amount of reserves on hand. | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | No |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | | |

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (Yes).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (No); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website Another's website Upon request; 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SUSAN EASTER, 105 S HANSELL STREET, MAXWELL AFB, AL 36112, (334) 953-7748.

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

| (A) Name and Title | (B) Average hours per week per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 1,054,382 | | 80,048 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶**25

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| BP AIR INCORPORATED 70 STACY HAINES ROAD LUMBERTON, NJ 08048 | AIRCRAFT MAINT | 358,564 |
| WARREN AVERETTWILSON PRICE PO BOX 3295 MONTGOMERY, AL 36193 | AUDITING | 250,100 |
| TWIN CITY AIRMOTIVE 577 CRAWFORD STEET MUNICIPAL AIRPOR FITCHBURG, MA 01420 | AIRCRAFT MAINT | 208,982 |
| BOSHART ENTERPRISES & AIRCRAFT 4701 EAST SAILE DRIVE BATAVIA, NY 14020 | AIRCRAFT MAINT | 174,526 |
| SOUTHERN AVIONICS & COMMUNICATIONS PO BOX 50009 MOBILE, AL 36605 | AIRCRAFT MAINT | 158,152 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**9

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|---|--|----------------------|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns 1a 48,834 | | | | | |
| | b | Membership dues 1b | | | | | |
| | c | Fundraising events 1c | | | | | |
| | d | Related organizations 1d | | | | | |
| | e | Government grants (contributions) 1e 43,228,287 | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f 1,745,635 | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ 35,233 | | | | | |
| | h | Total. Add lines 1a-1f ▶ 45,022,756 | | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | OTHER PROGRAM REVENUE | 3,246,888 | | | 3,246,888 | |
| | b | MEMBERSHIP DUES | 2,488,609 | | | 2,488,609 | |
| | c | CONFERENCE REGISTRATION | 927,217 | | | 927,217 | |
| | d | THE VOLUNTEER MAGAZINE 541800 40,186 | 40,186 | 100 | 40,086 | | |
| | e | AK WING PUBLICATION 541800 10,871 | 10,871 | | 10,871 | | |
| | f | All other program service revenue | 49,668 | | 49,668 | | |
| g | Total. Add lines 2a-2f ▶ 6,763,439 | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) ▶ 306,620 | 306,620 | | | 306,620 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | | | | |
| | 5 | Royalties ▶ | | | | | |
| | 6a | (i) Real | | (ii) Personal | | | |
| | | Gross rents | | | | | |
| | | Less rental expenses | | | | | |
| | | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) ▶ | | | | | |
| | 7a | (i) Securities | | (ii) Other | | | |
| | | Gross amount from sales of assets other than inventory | 2,148,318 | 396,663 | | | |
| | | Less cost or other basis and sales expenses | 2,349,477 | 69,851 | | | |
| | | Gain or (loss) | -201,159 | 326,812 | | | |
| | d | Net gain or (loss) ▶ 125,653 | 125,653 | | | | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a 1,237,574 | | | | | |
| | b | Less direct expenses b 439,540 | | | | | |
| c | Net income or (loss) from fundraising events . . ▶ 798,034 | 798,034 | | | 798,034 | | |
| 9a | Gross income from gaming activities See Part IV, line 19 a | | | | | | |
| b | Less direct expenses b | | | | | | |
| c | Net income or (loss) from gaming activities . . ▶ | | | | | | |
| 10a | (i) Securities | | (ii) Other | | | | |
| | Gross sales of inventory, less returns and allowances a 153,800 | | | | | | |
| | Less cost of goods sold b 213,082 | | | | | | |
| c | Net income or (loss) from sales of inventory . . ▶ -59,282 | -59,282 | | | -59,282 | | |
| | | Business Code | | | | | |
| 11a | MISCELLANEOUS | 899,613 | | | 899,613 | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d ▶ 899,613 | 899,613 | | | | | |
| 12 | Total revenue. See Instructions ▶ 53,856,833 | 53,856,833 | 125,753 | 100,625 | 8,607,699 | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|--|------------------------------|--|---|------------------------------------|
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 53,000 | 53,000 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | 11,940 | 11,940 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 495,989 | | 495,989 | |
| 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 | 9,083,213 | 2,631,768 | 6,451,445 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 358,257 | 101,232 | 257,025 | |
| 9 | Other employee benefits | 1,047,147 | 229,287 | 817,860 | |
| 10 | Payroll taxes | 753,417 | 227,102 | 526,315 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 45,450 | | 45,450 | |
| c | Accounting | 242,350 | | 242,350 | |
| d | Lobbying | 6,810 | | | 6,810 |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | 47,690 | 8,312 | 39,378 | |
| 13 | Office expenses | 2,795,645 | 2,550,074 | 245,571 | |
| 14 | Information technology | 1,532,663 | 6,927 | 1,525,736 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,513,188 | 1,057,264 | 455,924 | |
| 17 | Travel | 1,895,593 | 1,090,907 | 804,686 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 1,087,715 | 580,506 | 507,209 | |
| 20 | Interest | 2,428 | | 2,428 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 9,802,649 | 7,286,309 | 2,516,340 | |
| 23 | Insurance | 1,765,917 | 49,857 | 1,716,060 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | AIRCRAFT MAINTENANCE | 5,495,506 | 5,495,506 | | |
| b | MISSION SUPPORT | 5,376,072 | 5,375,790 | 282 | |
| c | CADET ACTIVITIES | 2,941,395 | 2,920,264 | 21,131 | |
| d | PROFESSIONAL SERVICES | 983,320 | 442,112 | 541,208 | |
| e | | | | | |
| f | All other expenses | 2,953,679 | 2,061,912 | 891,767 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 50,291,033 | 32,180,069 | 18,104,154 | 6,810 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) | | (B) |
|--|--|-------------------|-------------|-----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 538 | 1 | 486 |
| | 2 Savings and temporary cash investments | 12,835,905 | 2 | 14,228,938 |
| | 3 Pledges and grants receivable, net | 4,739,968 | 3 | 7,299,658 |
| | 4 Accounts receivable, net | 4,335,923 | 4 | 2,483,215 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 159,992 | 8 | 202,953 |
| | 9 Prepaid expenses and deferred charges | 351,481 | 9 | 348,625 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 187,002,452 | | |
| | b Less accumulated depreciation | 101,963,772 | 83,152,785 | 10c 85,038,680 |
| | 11 Investments—publicly traded securities | 4,688,424 | 11 | 5,481,358 |
| | 12 Investments—other securities See Part IV, line 11 | 520,622 | 12 | 387,636 |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 1,983,680 | 15 | 1,721,703 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 112,769,318 | 16 | 117,193,252 | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,958,769 | 17 | 2,641,833 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 308,278 | 19 | 801,460 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 21,082 | 25 | 14,503 |
| | 26 Total liabilities. Add lines 17 through 25 | 3,288,129 | 26 | 3,457,796 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 25,390,440 | 27 | 26,301,631 |
| | 28 Temporarily restricted net assets | 83,996,037 | 28 | 87,300,252 |
| | 29 Permanently restricted net assets | 94,712 | 29 | 133,573 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 109,481,189 | 33 | 113,735,456 | |
| 34 Total liabilities and net assets/fund balances | 112,769,318 | 34 | 117,193,252 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|----------|---|----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 53,856,833 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 50,291,033 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 3,565,800 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 109,481,189 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 688,467 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 113,735,456 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|-----------|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | Yes | |

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2011

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
CIVIL AIR PATROL

Employer identification number

75-6037853

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

| | Yes | No |
|-----------------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | |

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

| | | |
|--|-----------|--|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | |

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 36,821,304 | 41,637,845 | 38,862,047 | 39,349,954 | 45,022,606 | 201,693,756 |
| 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 | 691,498 | 692,299 | 3,225,072 | 87 | 100 | 4,609,056 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | 8,776,129 | 8,054,088 | 16,830,217 |
| 4 Tax revenues levied for the organization'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 | 1,009,584 | 615,107 | 605,078 | 6,154,343 | 6,246,683 | 14,630,795 |
| 6 Total. Add lines 1 through 5 | 38,522,386 | 42,945,251 | 42,692,197 | 54,280,513 | 59,323,477 | 237,763,824 |
| 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 | 302,792 | 260,222 | | | | 563,014 |
| c Add lines 7a and 7b | 302,792 | 260,222 | | | | 563,014 |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | 237,200,810 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 9 Amounts from line 6 | 38,522,386 | 42,945,251 | 42,692,197 | 54,280,513 | 59,323,477 | 237,763,824 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 348,177 | 262,450 | 253,106 | 271,121 | 306,620 | 1,441,474 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 348,177 | 262,450 | 253,106 | 271,121 | 306,620 | 1,441,474 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | 785,446 | 959,152 | 1,744,598 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12) | 38,870,563 | 43,207,701 | 42,945,303 | 55,337,080 | 60,589,249 | 240,949,896 |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | 98.440 % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | 98.470 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---------|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 | 1.000 % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | 1.000 % |

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
|-------------------------------------|

| |
|--------------------|
| Explanation |
|--------------------|

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CIVIL AIR PATROL

Employer identification number

75-6037853

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing Organization's Totals | (b) Affiliated Group Totals | | | | | | | | | | | | |
|---|---|---|---|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 66,691 | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 66,691 | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 50,936,845 | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 51,003,536 | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns | 1,000,000 | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000 | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
|---|-----------|-----------|-----------|-----------|-----------|
| 2a Lobbying non-taxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 53,377 | 79,843 | 67,908 | 66,691 | 267,819 |
| d Grassroots non-taxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? If "Yes," describe in Part IV | | No | |
| j Total lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | No | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|---|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | No |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | No |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | | No |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------------------|---------------------|--|
| ADDITIONAL INFORMATION | SCHEDULE C, PART IV | LOBBYING ACTIVITIES FOR CONGRESSIONAL FUNDING TO MAINTAIN AN OPTIMAL LEVEL OF PROGRAMS AND ACTIVITIES, ADDITIONAL FUNDING FOR PROCUREMENT OF AIRCRAFT, VEHICLES, EQUIPMENT AND OTHER OPERATIONAL NEEDS |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization CIVIL AIR PATROL

Employer identification number 75-6037853

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

| | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | No |

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 90,400 | | 90,400 |
| b Buildings | | 8,083,247 | 3,670,631 | 4,412,616 |
| c Leasehold improvements | | | | |
| d Equipment | | 22,168,587 | 13,081,789 | 9,086,798 |
| e Other | | 156,660,218 | 85,211,352 | 71,448,866 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 85,038,680 |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 53,856,833 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 50,291,033 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 3,565,800 |
| 4 | Net unrealized gains (losses) on investments | 4 | 688,467 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 688,467 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 4,254,267 |

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 60,791,833 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 688,467 |
| b | Donated services and use of facilities | 2b | 6,246,533 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 6,935,000 |
| 3 | Subtract line 2e from line 1 | 3 | 53,856,833 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) | 5 | 53,856,833 |

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 56,537,566 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 6,246,533 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 6,246,533 |
| 3 | Subtract line 2e from line 1 | 3 | 50,291,033 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) | 5 | 50,291,033 |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization CIVIL AIR PATROL

Employer identification number 75-6037853

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

All States

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|---|--|--|--------------|------------------|-------------------------------|
| | | FUNDRAISING EVE (event type) | (event type) | (total number) | (Add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 1,237,574 | | | 1,237,574 |
| | 2 Less Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 1,237,574 | | | 1,237,574 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | | | | |
| | 6 Rent/facility costs | 1,009 | | | 1,009 |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 438,531 | | | 438,531 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | (439,540) |
| 11 Net income summary Combine lines 3 and 10 in column (d) ▶ | | | | 798,034 | |

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|--|--|---|---|---|-------------------------------|
| | | | | | (Add col (a) through col (c)) |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | () | |
| 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | | |

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

| | |
|--------------------------------------|------------|
| a The organization's facility | 13a |
| b An outside facility | 13b |

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CIVIL AIR PATROL

Employer identification number 75-6037853

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) AFA GRANT WINNER | 20 | 5,000 | | | |
| (2) CADET ACADEMIC SCHOLARSHI | 22 | 31,000 | | | |
| (3) DAEDALIAN SCHLARSHIP | 5 | 6,350 | | | |
| (4) ACE SCHOLARSHIPS | 6 | 1,000 | | | |
| (5) OUTSTANDING CADET | 1 | 650 | | | |
| (6) CADET FLIGHT SCHOLARSHIPS | 9 | 9,000 | | | |
| | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|---|------------------------------------|--|
| PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES | SCHEDULE I, PAGE 1, PART I, LINE 2 | CIVIL AIR PATROL AWARDS ACADEMIC AND FLIGHT SCHOLARSHIPS RECIPIENTS ARE SELECTED THROUGH A FORMAL APPLICATION PROCESS THE EVALUATION CRITERIA INCLUDE ACADEMIC ACHIEVEMENT, EDUCATIONAL IMPACT, AND/OR LEVEL OF PARTICIPATION IN CAP RECIPIENTS MAY RECEIVE MONEY DIRECTLY OR CAP WILL FUND PROGRAMS, PRODUCTS OR SERVICES FOR RECIPIENTS AS APPROPRIATE |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
CIVIL AIR PATROL

Employer identification number
75-6037853

Part I Questions Regarding Compensation

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 2 | | |
| 3 | | |
| 4a | | No |
| 4b | | No |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | | No |
| 8 | | No |
| 9 | | |

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-------------------|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) DON ROWLAND | (i) (ii) | 158,423 | 6,500 | 11,545 | 15,099 | 191,567 | | |
| (2) SUSAN EASTER | (i) (ii) | 127,230 | 4,380 | | 19,674 | 151,284 | | |
| (3) JOHN DEAN JR | (i) (ii) | 121,565 | 4,254 | | 6,369 | 132,188 | | |
| (4) DAVID WHARTON | (i) (ii) | 65,941 | 1,218 | 54,757 | 6,155 | 128,071 | | |
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Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CIVIL AIR PATROL

Employer identification number 75-6037853

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

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

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) ROBIN VEST | OFFICER SPOUSE | 113,074 | EMPLOYEE COMP | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization CIVIL AIR PATROL

Employer identification number 75-6037853

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Rows include Art, Books, Cars, Boats, Securities, Real estate, etc.

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

29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
CIVIL AIR PATROL

Employer identification number

75-6037853

| Identifier | Return Reference | Explanation |
|------------------------|-----------------------------------|---|
| ORGANIZATION'S MISSION | FORM 990 - ORGANIZATION'S MISSION | CIVIL AIR PATROL IS THE OFFICIAL AUXILIARY OF THE U S AIR FORCE. CAP ASSISTS VARIOUS FEDERAL, STATE AND LOCAL AGENCIES WITH AERIAL IMAGING SERVICES, DRUG INTERDICTION AND TRANSPORT ASSISTANCE, AND PARTICIPATES IN TRAINING PROGRAMS FOR THE US AIR FORCE. CAP'S TRAINED VOLUNTEER MEMBERS SUPPORT AMERICA'S COMMUNITIES WITH EMERGENCY RESPONSE, DIVERSE AVIATION AND GROUND SERVICES, YOUTH DEVELOPMENT AND THE PROMOTION OF AIR, CYBER AND SPACE POWER. CAP'S MORE THAN 61,000 MEMBERS, INCLUDING NEARLY 27,000 CADETS BETWEEN THE AGES OF 12-20, UTILIZE 550 SINGLE-ENGINE AIRCRAFT, AN EXTENSIVE COMMUNICATIONS NETWORK AND MODERNIZED VEHICLES TO SUPPORT AMERICA'S COMMUNITIES. CAP HAS DEVELOPED COMPREHENSIVE AEROSPACE EDUCATIONAL PROGRAMS WHICH PROMOTE THE USE OF "STEM" SUBJECTS-- SCIENCE, TECHNOLOGY, ENGINEERING AND MATH. |

| Identifier | Return Reference | Explanation |
|---|----------------------------------|--|
| EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS | FORM 990, PAGE 1, PART I, LINE 6 | CIVIL AIR PATROL IS A MEMBERSHIP ASSOCIATION OUR VOLUNTEER MEMBERS EXECUTE THE PROGRAMS AND MISSIONS OF CIVIL AIR PATROL |

| Identifier | Return Reference | Explanation |
|----------------------------------|-------------------------------------|---|
| FIRST ACCOMPLISHMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4A | DEVELOPMENT AND TRAINING, CAP DELIVERS QUALITY AND RELIABLE SERVICES THAT ARE ALSO COST-EFFECTIVE |

| Identifier | Return Reference | Explanation |
|----------------------------------|-------------------------------------|---|
| THIRD ACCOMPLISHMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4C | DEVELOPMENT PROGRAMS. FOUR OF THESE CAP AEMS ARE AMONG THE SEVEN TEACHERS NAMED TO THE NATIONAL TEACHERS IN SPACE PROGRAM, CURRENTLY RECEIVING NASA TRAINING IN PREPARATION FOR SPACEFLIGHTS. THE UNIQUE "AEROSPACE CONNECTIONS IN EDUCATION" (ACE) PROGRAM FOR GRADES K-6 IMPACTED OVER 18,000 STUDENTS IN 27 STATES AND IS DEMONSTRATING A 26% INCREASE IN SCIENCE CRITICAL THINKING SKILLS WHICH ARE IMPORTANT IN PREPARING TOMORROW'S WORKFORCE. ADDITIONALLY, OVER 25,000 CAP CADETS AND OVER 35,000 CAP ADULT MEMBERS UTILIZE CAP'S MANY STEM-RELATED AEROSPACE PROGRAMS AND PRODUCTS TO LEARN MORE ABOUT AEROSPACE, AEROSPACE CAREERS, AND THE IMPORTANCE OF AEROSPACE TO OUR NATIONAL SECURITY AND ECONOMIC STRENGTH. |

| Identifier | Return Reference | Explanation |
|--------------------------------------|-------------------------------------|---|
| ALL OTHER ACCOMPLISHMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4D | <p>COMMUNICATIONS (739,386) CAP MAINTAINS AN EXTENSIVE EMERGENCY COMMUNICATIONS NETWORK, INCLUDING 4,575 MOBILE RADIOS AND 3,100 PORTABLE RADIOS, AND 2,000 FIXED LAND RADIOS, THAT ARE INFRASTRUCTURE INDEPENDENT, YET INTEROPERABLE WITH OTHER AGENCIES, THEREBY ENSURING MESSAGES CAN BE SUCCESSFULLY RELAYED EVEN DURING CRISIS SITUATIONS CAP HAS MADE A STRONG EFFORT TO FIELD PORTABLE HF RADIO RESOURCES RECENTLY WITH ITS INCIDENT COMMAND POSTS AND GROUND TEAMS SO THAT THEY WOULD NOT BE LIMITED DURING NATURAL DISASTERS WHERE CELL PHONES AND SOME LOCAL NETWORKS ARE OFTEN DAMAGED</p> <p>COUNTERDRUG (326,920) IN REGARDS TO HOMELAND SECURITY AND THE WAR ON DRUGS, CAP AIRCREWS ARE USED TO SPOT ILLEGAL MARIJUANA GROW SITES AS WELL AS OTHER CLANDESTINE ACTIVITIES LIKE SUSPICIOUS ACTIVITY ALONG THE BORDER CAP ASSISTS MILITARY, FEDERAL AND STATE AGENCIES AND TASK FORCES RESPONSIBLE FOR LAW ENFORCEMENT CAP ALSO SUPPORTS PRACTICE AERIAL DRUG INTERCEPT MISSIONS SIMILAR TO THOSE CONDUCTED FOR THE AIR FORCE THIS WORK SERVES TO PROTECT AMERICA FROM BOTH DOMESTIC DRUG OPERATIONS AND DRUG TRAFFICKING ACROSS ITS BORDERS COUNTERDRUG MISSIONS LOGGED 8,370 FLYING HOURS TO KEEP DRUGS OFF OF AMERICA'S STREETS</p> <p>DRUG DEMAND REDUCTION (525,544) CAP HAS A FULL-BLOWN ANTI-DRUG CAMPAIGN THE CIVIL AIR PATROL DRUG DEMAND REDUCTION (DDR) PROGRAM HAS ASSISTED REGIONS, WINGS, GROUPS, AND SQUADRONS IN INSTILLING AN AGGRESSIVE, POSITIVE, DRUG-FREE ATTITUDE IN CAP MEMBERS, AIR FORCE FAMILIES, DEPARTMENT OF DEFENSE CIVILIANS, AND SCHOOL-AGED CHILDREN TO THAT END, CAPS DDR PROGRAM PROVIDES LEADERSHIP, EDUCATIONAL MATERIALS, AND PARTNERSHIPS WITH INSTITUTIONS AND ORGANIZATIONS TO REACH THOUSANDS OF CHILDREN AND ADULTS WITH A DRUG-FREE MESSAGE ITS NATIONAL RED RIBBON WEEK EACH OCTOBER IS THE COUNTRY'S OLDEST AND LARGEST COMMUNITY AWARENESS EVENT IN SUPPORT OF HEALTHY, DRUG-FREE LIFESTYLES IN THE CADET PROGRAM, THE ANTI-DRUG MESSAGE IS REINFORCED DURING SUMMER ACTIVITIES WHERE CADETS PRODUCE THEIR OWN VIDEO MESSAGES ABOUT SUBSTANCE ABUSE, AS WELL AS IN ROUTINE SQUADRON MEETINGS</p> |

| Identifier | Return Reference | Explanation |
|------------------------------------|-----------------------------------|--|
| CLASSES OF MEMBERS OR STOCKHOLDERS | FORM 990, PAGE 6, PART VI, LINE 6 | CIVIL AIR PATROL IS A MEMBERSHIP ASSOCIATION. OUR VOLUNTEER MEMBERS EXECUTE THE PROGRAMS AND MISSIONS OF CIVIL AIR PATROL. |

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------------------------|--|
| ELECTION OF MEMBERS AND THEIR RIGHTS | FORM 990, PAGE 6, PART VI, LINE 7A | TWO OF THE 11 MEMBERS OF THE GOVERNING BODY ARE ELECTED BY CORPORATE OFFICERS OF THE NATIONAL BOARD THESE ELECTIONS ARE HELD ACCORDING TO SPECIFIC GUIDELINES OUTLINED IN OUR CONSTITUTION AND BY LAWS |

| Identifier | Return Reference | Explanation |
|--------------------------------|-----------------------------------|---|
| OFFICERS WHO CANNOT BE REACHED | FORM 990, PAGE 6, PART VI, LINE 9 | <p>LEWIS ALEXANDER 8508 MEADOW OAKS LANE FORT SMITH, AR 72903 RICHARD ANDERSON 11239 RAMROD ROAD WOODBRIDGE, VA 22192 REGENA AYE 211 HOLLIDAY OSAGE CITY, KS 66523 DENNIS BARRON 217 DARDEN COURT WEST MARTINSBURG, WV 25403 ALVIN BEDGOOD PO BOX 18264 TAMPA, FL 33679 ROBERT BO ST 1867 E INDIAN HILLS LANE LAYTON, UT 84040 WILLIAM BERNFIELD 221 SORRELL CIRCLE SMYRNA, DE 19977 BRIAN BISHOP 5070 NW MILLSTONE WAY PORTLAND, OR 97229 TONYA BOYLAN 3974 OLD ROCK MART RD SE SILVER CREEK, GA 30173 SANDRA BRANDON 342 STONELEDGE DRIVE PITTSBURG, PA 15235 FRANK BUETHE 48 DESERT MOUNTAIN RD PLACITAS, NM 87043 LEO BURKE 35539 HATHERLY PLACE STERLING HEIGHTS, MI 48310 HERBERT CAHALEN 11579 NORRAY CIRCLE JAMSVILLE, MD 21754 ROGER CAIRES 4487 IKENA PLACE KALAHEO, HI 96741 CHARLES CARR, JR 397 CONNORS GROVE COLUMBUS, OH 43213 STANLEY CLARKE, III 4418 RAPTOR CIRCLE TYNDALL AFB, FL 32403 DAVID CARTER 20 LAKE CAROLINE DRIVE RUTHERGLEN, VA 22546 LUIS CUBANO PO BOX 1073 CAMUY, PR 00627 JOE CAVETT 19417 E 48TH ST BROKEN ARROW, OK 74014 WILLIAM A DAVIDSON 8111 QUIET COVE ROAD GLEN BURNIE, MD 21060 RUSSELL CHAZELL 75 DINWIDDIE WAY KEARNEYVILLE, WV 25430 BROOKS CIMA 22907 RED RIVER ROAD KATY, TX 77450 MICHAEL COOK 10329 SHELBY CREEK ROAD N JACKSONVILLE, FL 32221 RICK FRANZ 3024 ARNOLD AVE ROOM 107 SALINA, KS 67401 RICHARD COOPER 200 MCCORD ST SW, SUITE 111 WASHINGTON, DC 20032 GREG CORTUM 3820 ZURICH DR COLORADO SPRINGS, CO 80920 DAVID E CRAWFORD 5617 GROOMSBRIDGE COURT RALEIGH, NC 27612 MICHAEL DAVIDSON 41 ROUTE 4A EAST CASTELTON, VT 05735 TIMOTHY HAHN 2255 OLD VICTORY HWY LOVELOCK, NV 89419 GARRY DEAN PSC 813 BOX 136 FPO, A E 09620 ROY DOUGLASS 8505 HOPKINS ROAD ROUGEMONT, NC 27572 JOHN EGGEN 13809 N 62ND STREET SCOTTSDALE, AZ 85254 JOHN PKAY 4212 APPLETON WAY WILMINGTON, NC 28412 J DELANO ELLIS 11655 REGENT PARK DR MUNSON TOWNSHIP, OH 44024 BENJAMIN EMERICK 35 BURCHARD AVE LITTLE COMPTON, RI 02837 SEAN FAGAN 237 SAVOY DR LAKE SAINT LOUIS, MO 63367 PAUL GRAZIANI 1255 WEMBLEY DRIVE WAYNE, PA 19087 RICHARD GRIFFITH 2810 E 66TH STREET INDIANAPOLIS, IN 46220 DALE HOIUM 321 BUSH STREET RED WING, MN 55066 CHRISTOPHER HAYDEN 2 PURPOODOCK DR CAPE ELIZABETH, ME 04107 BARRY HERRIN 1180 W PEACHTREE ST, STE 2300 ATLANTA, GA 30309 DAVID ODETTE 301 MAPLE AVENUE NORTH THIEF RIVER FALLS, MN 56701 JOHN HOPPER, JR 6361 BRAMPTON CT ALEXANDRIA, VA 22304 CASSANDRA HUCHKO PO BOX 1233 MIDDLETOWN, CT 06457 LEON JOHNSON 7120 SUGAR MAPLE DRIVE IRVING, TX 75063 ROBERT KARTON 1440 N LAKE SHORE DR, APT 21A CHICAGO, IL 60610 LARRY KAUFFMAN 11 N DEER PLACE HAINESPORT, NJ 08036 BILL KAY 1300 15TH ST SE MINOT, ND 58701 NICHOLAS KEHOE 7622 SHREVE ROAD FALLS CHURCH, VA 22043 JOHN KNOWLES 105 CRYSTAL SPRING DRIVE ASHTON, MD 20861 ROBERT KOOB 135 WILLIAMSBURG DR FORT MITCHELL, KY 41017 RICKEY OETH 9628 WINCHESTER STREET MASCOUATAH, IL 62258 BILL LANE 772 LIBERTY DR KINGSPORT, TN 37663 GORDON LARSON 1513 TULANE DRIVE NAPERVILLE, IL 60565 DANIEL LECLAIR 377 CENTER MINOT HILL RD MINOT, ME 04258 NED LEE 191 NORTH FIRST ST SAN JOSE, CA 95113 MARK LEE 12014 SALINA PLACE PHILADELPHIA, PA 19154 DAVID LEHMAN 17621 SE 297TH PL KENT, WA 98042 HUBBARD LINDLER, JR 132 BRIDGEWOOD CT GILBERT, SC 29054 BRADFORD LYNN 810 WILLOW STREET MAXWELL AFB, AL 36112 GREGORY MATHEWS 10062 OXFORD DRIVE NW PICKERINGTON, OH 43147 JOHN SETEN 2708 S AVONDALE COURT SIOUX FALLS, SD 57110 WILLIAM MESKILL 11 LAWRENCE ST NORTH BILLERICA, MA 01862 RALPH MILLER PO BOX 11735 ZEPHYR COVE, NV 89448 JOHN MITCHELL 2112 KIRKWOOD COURT FORT COLLINS, CO 80525 MICHAEL BEASON 5172 RIDGEVIEW ROAD RAPID CITY, SD 57701 WILLIAM MORAN, JR 30 BEACON HILL RD GILFORD, NH 03249 DAVID MULL 204 E MIAMI AVE CHERRY HILL, NJ 08034 LARRY MYRICK 3930 HOLLYHOCK WAY SAN LUIS OBISPO, CA 93401 JACK OZER 5 OAK PLACE SELDEN, NY 11784 CHARLES PALMER 1352 S CENTURY CIR, APT 103 WASILLA, AK 99654 SUSAN PAMERLEAU 230 DWYER AVENUE, 1102 SAN ANTONIO, TX 78204 KENNETH PARRIS 7717 BONNIEWOOD COURT DUBLIN, CA 94568 CLARENCE PETERS 772 PLEASANT OAK DR OREGON, WI 53575 EDWARD PHELKA 25837 HUNTERS LANE SOUTHLYON, MI 48178 DAVID PLUM 9227 COUNTY ROAD 151 SAVANNAH, MO 64485 LARRY RAGLAND 1500 FRIENDSHIP DR SANFORD, NC 27330 BRIAN READY 7383 NORTH LITCHFIELD ROAD LUKE AFB, AZ 85309 LISA ROBINSON 810 WILLOW ST MAXWELL AFB, AL 36112 GERALD ROSENDAHL 555 MARMIK CIRCLE HASTINGS, MN 55033 CECIL SCARBROUGH 9355 WOODBINE ST BATON ROUGE, LA 70815 RONALD SCHEITZACH 665 CESSNA DR DUBUQUE, IA 52001 TERESA SCHIMMELFENING 3610 5TH STREET, APT 114 RAPID CITY, SD 57701 SANFORD SCHLITT 491 MEADOW LARK DR SARASOTA, FL 34236 EARL SHERWIN 7230 MEDICINE BOW AVE FOUNTAIN, CO 80817 MARK SMITH 7916 WOODLEAF DRIVE NE ALBUQUERQUE, NM 87109 JOHN SPEIGEL 10601 CHAMBERLAIN DR VIENNA, VA 22182 MERLE STARR 6611 SIERRA DR, SELACEY, WA 98503 JON STOKES 208 S JUANITA STREET, UNIT A REDONDO BEACH, CA 90277 CARLTON SUMNER, JR 501 ELLIE PLACE COLLIERSVILLE, TN 38017 ROBERT TODD 23511 HARRISON STREET GRETNA, NE 68028 FREDERICK THOMPSON 2245 NE SUMMERWIND DR MOUNTAIN HOME, ID 83647 JOSEPH VA</p> |

| Identifier | Return Reference | Explanation |
|--------------------------------|-----------------------------------|--|
| OFFICERS WHO CANNOT BE REACHED | FORM 990, PAGE 6, PART VI, LINE 9 | ZQUEZ 3420 PUMP ROAD 108 HENRICO, VA 23233 WARREN VEST 3184 SOMERSET DR JEFFERSONTON, VA 2 2724 JERRY WELLMAN 4791 S TOWNSEND CIRCLE KEARNS, UT 84118 ERICA WILLIAMS 774 EAST YERBY MARSHALL, MO 65340 DAVID WHARTON JOHN DEAN, JR |

| Identifier | Return Reference | Explanation |
|--|-------------------------------------|---|
| ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 | FORM 990, PAGE 6, PART VI, LINE 11B | THIS FORM 990 WAS REVIEWED AND APPROVED BY THE BOARD OF GOVERNORS AUDIT COMMITTEE PRIOR TO FILING |

| Identifier | Return Reference | Explanation |
|---------------------------------|-------------------------------------|---|
| ENFORCEMENT OF CONFLICTS POLICY | FORM 990, PAGE 6, PART VI, LINE 12C | CIVIL AIR PATROL REQUIRES EMPLOYEES TO COMPLETE CAP GC FORM 22, CONFLICTS OF INTEREST STATEMENT, WITHIN 30 DAYS OF BEING EMPLOYED AND PRIOR TO PARTICIPATING IN ANY ACTUAL PROCURMENT DECISIONS. ALL DIRECTORS AND DEPUTY DIRECTORS ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST STATEMENT ANNUALLY. |

| Identifier | Return Reference | Explanation |
|---|--|---|
| COMPENSATION PROCESS FOR TOP OFFICIAL | FORM 990, PAGE 6, PART VI, LINE 15A | CIVIL AIR PATROL BOARD OF GOVERNORS CHAIRMAN REVIEWS AND APPROVES THE EMPLOYMENT CONTRACT OF OUR CHIEF OPERATING OFFICER SALARY AND COMPENSATION SURVEYS ARE UTILIZED TO DETERMINE REASONABLENESS |

| Identifier | Return Reference | Explanation |
|-----------------------------------|-------------------------------------|---|
| COMPENSATION PROCESS FOR OFFICERS | FORM 990, PAGE 6, PART VI, LINE 15B | ALL OTHER OFFICERS AND EMPLOYEES ARE PAID WITHIN THE GUIDELINES OF OUR PAY SCALE, WHICH IS REVIEWED PERIODICALLY BY HUMAN RESOURCES FOR COMPARABILITY WITH SIMILAR INDUSTRIES AND GEOGRAPHICAL LOCATIONS, AND COST OF LIVING INCREASES ARE APPROVED BY THE BOARD OF GOVERNORS |

| Identifier | Return Reference | Explanation |
|---|---------------------------------------|--|
| GOVERNING DOCUMENTS DISCLOSURE EXPLANATION | FORM 990, PAGE 6, PART VI, LINE 19 | THE GOVERNING DOCUMENTS FOR CIVIL AIR PATROL CAN BE FOUND ON OUR PUBLIC WEBSITE, WWW.GOCIVILAIRPATROL.COM, UNDER OTHER PUBLICATIONS |

Additional Data

Software ID:
Software Version:
EIN: 75-6037853
Name: CIVIL AIR PATROL

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 1,591,850 including grants of \$) (Revenue \$)

COMMUNICATIONS (739,386) CAP MAINTAINS AN EXTENSIVE EMERGENCY COMMUNICATIONS NETWORK, INCLUDING 4,575 MOBILE RADIOS AND 3,100 PORTABLE RADIOS, AND 2,000 FIXED LAND RADIOS, THAT ARE INFRASTRUCTURE INDEPENDENT, YET INTEROPERABLE WITH OTHER AGENCIES, THEREBY ENSURING MESSAGES CAN BE SUCCESSFULLY RELAYED EVEN DURING CRISIS SITUATIONS CAP HAS MADE A STRONG EFFORT TO FIELD PORTABLE HF RADIO RESOURCES RECENTLY WITH ITS INCIDENT COMMAND POSTS AND GROUND TEAMS SO THAT THEY WOULD NOT BE LIMITED DURING NATURAL DISASTERS WHERE CELL PHONES AND SOME LOCAL NETWORKS ARE OFTEN DAMAGED COUNTERDRUG (326,920) IN REGARDS TO HOMELAND SECURITY AND THE WAR ON DRUGS, CAP AIRCREWS ARE USED TO SPOT ILLEGAL MARIJUANA GROWSITES AS WELL AS OTHER CLANDESTINE ACTIVITIES LIKE SUSPICIOUS ACTIVITY ALONG THE BORDER CAP ASSISTS MILITARY, FEDERAL AND STATE AGENCIES AND TASK FORCES RESPONSIBLE FOR LAW ENFORCEMENT CAP ALSO SUPPORTS PRACTICE AERIAL DRUG INTERCEPT MISSIONS SIMILAR TO THOSE CONDUCTED FOR THE AIR FORCE THIS WORK SERVES TO PROTECT AMERICA FROM BOTH DOMESTIC DRUG OPERATIONS AND DRUG TRAFFICKING ACROSS ITS BORDERS COUNTERDRUG MISSIONS LOGGED 8,370 FLYING HOURS TO KEEP DRUGS OFF OF AMERICA'S STREETS DRUG DEMAND REDUCTION (525,544) CAP HAS A FULL-BLOWN ANTI-DRUG CAMPAIGN THE CIVIL AIR PATROL DRUG DEMAND REDUCTION (DDR) PROGRAM HAS ASSISTED REGIONS, WINGS, GROUPS, AND SQUADRONS IN INSTILLING AN AGGRESSIVE, POSITIVE, DRUG-FREE ATTITUDE IN CAP MEMBERS, AIR FORCE FAMILIES, DEPARTMENT OF DEFENSE CIVILIANS, AND SCHOOL-AGED CHILDREN TO THAT END, CAP'S DDR PROGRAM PROVIDES LEADERSHIP, EDUCATIONAL MATERIALS, AND PARTNERSHIPS WITH INSTITUTIONS AND ORGANIZATIONS TO REACH THOUSANDS OF CHILDREN AND ADULTS WITH A DRUG-FREE MESSAGE ITS NATIONAL RED RIBBON WEEK EACH OCTOBER IS THE COUNTRY'S OLDEST AND LARGEST COMMUNITY AWARENESS EVENT IN SUPPORT OF HEALTHY, DRUG-FREE LIFESTYLES IN THE CADET PROGRAM, THE ANTI-DRUG MESSAGE IS REINFORCED DURING SUMMER ACTIVITIES WHERE CADETS PRODUCE THEIR OWN VIDEO MESSAGES ABOUT SUBSTANCE ABUSE, AS WELL AS IN ROUTINE SQUADRON MEETINGS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| RICHARD ANDERSON CHAIR, BOARD | 20 00 | X | | | | | | 0 | 0 | 0 |
| CHARLES CARR JR CAP/CEO | 40 00 | X | | X | | | | 0 | 0 | 0 |
| STANLEY CLARKEIII BOARD OF GOV | 1 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM A DAVIDSON BOARD OF GOV | 3 00 | X | | X | | | | 0 | 0 | 0 |
| PAUL GRAZIANI BOARD OF GOV | 2 00 | X | | | | | | 0 | 0 | 0 |
| LEON JOHNSON BOARD OF GOV | 1 00 | X | | | | | | 0 | 0 | 0 |
| NED LEE BOARD OF GOV | 20 00 | X | | | | | | 0 | 0 | 0 |
| EDWARD PHELKA BOARD OF GOV | 15 00 | X | | X | | | | 0 | 0 | 0 |
| SANFORD SCHLITT BOARD OF GOV | 5 00 | X | | | | | | 0 | 0 | 0 |
| JOHN SPEIGEL BOARD OF GOV | 3 00 | X | | | | | | 0 | 0 | 0 |
| DON ROWLAND CHIEF OPERAT | 50 00 | | | X | | | | 176,468 | 0 | 15,099 |
| SUSAN EASTER NHQ/CFO | 60 00 | | | X | | | | 131,610 | 0 | 19,674 |
| RAFAEL ROBLES NHQ GENERAL | 40 00 | | | X | | | | 114,198 | 0 | 19,983 |
| LEWIS ALEXANDER AR/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| DENNIS BARRON WV/CC | 35 00 | | | X | | | | 0 | 0 | 0 |
| ALVIN BEDGOOD SER/CC | 30 00 | | | X | | | | 0 | 0 | 0 |
| ROBERT BOST ID/CC | 55 00 | | | X | | | | 0 | 0 | 0 |
| WILLIAM BERNFIELD DE/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| BRIAN BISHOP OR/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| TONYA BOYLAN GA/CC | 35 00 | | | X | | | | 0 | 0 | 0 |
| SANDRA BRANDON PA/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| FRANK BUETHE SWR/CC | 20 00 | | | X | | | | 0 | 0 | 0 |
| LEO BURKE MI/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| HERBERT CAHALEN MT/CC | 50 00 | | | X | | | | 0 | 0 | 0 |
| ROGER CAIRES HI/CC | 16 00 | | | X | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DAVID CARTER VA/CC | 45 00 | | | X | | | | 0 | 0 | 0 |
| LUIS CUBANO PR/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| JOE CAVETT OK/CC | 15 00 | | | X | | | | 0 | 0 | 0 |
| RUSSELL CHAZELL CAP/CS | 17 00 | | | X | | | | 0 | 0 | 0 |
| BROOKS CIMA TX/CC | 65 00 | | | X | | | | 0 | 0 | 0 |
| MICHAEL COOK FL/CC | 32 00 | | | X | | | | 0 | 0 | 0 |
| RICK FRANZ KS/CC | 55 00 | | | X | | | | 0 | 0 | 0 |
| RICHARD COOPER NATCAP/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| GREG CORTUM RMR/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| DAVID E CRAWFORD NC/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| MICHAEL DAVIDSON VT/CC | 15 00 | | | X | | | | 0 | 0 | 0 |
| TIMOTHY HAHN NV/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| J DELANO ELLIS CAP/HC | 10 00 | | | X | | | | 0 | 0 | 0 |
| BENJAMIN EMERICK RI/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| RICHARD GRIFFITH IN/CC | 45 00 | | | X | | | | 0 | 0 | 0 |
| CHRISTOPHER HAYDEN NER/CC | 65 00 | | | X | | | | 0 | 0 | 0 |
| BARRY HERRIN CAP/NLO | 5 00 | | | X | | | | 0 | 0 | 0 |
| DAVID ODETTE MN/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| CASSANDRA HUCHKO CT/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| ROBERT KARTON GLR/CC | 15 00 | | | X | | | | 0 | 0 | 0 |
| BILL KAY ND/CC | 60 00 | | | X | | | | 0 | 0 | 0 |
| JOHN KNOWLES MD/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| ROBERT KOOB KY/CC | 77 00 | | | X | | | | 0 | 0 | 0 |
| RICKEY OETH IL/CC | 15 00 | | | X | | | | 0 | 0 | 0 |
| BILL LANE TN/CC | 60 00 | | | X | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DANIEL LECLAIR ME/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| DAVID LEHMAN WA/CC | 28 00 | | | X | | | | 0 | 0 | 0 |
| HUBBARD LINDLER JR SC/CC | | | | X | | | | 0 | 0 | 0 |
| BRADFORD LYNN AL/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| GREGORY MATHEWS OH/CC | 30 00 | | | X | | | | 0 | 0 | 0 |
| JOHN SETEN SD/CC | 30 00 | | | X | | | | 0 | 0 | 0 |
| WILLIAM MESKILL MA/CC | 20 00 | | | X | | | | 0 | 0 | 0 |
| JOHN MITCHELL WY/CC | 20 00 | | | X | | | | 0 | 0 | 0 |
| WILLIAM MORAN JR NH/CC | 30 00 | | | X | | | | 0 | 0 | 0 |
| DAVID MULL NJ/CC | 12 00 | | | X | | | | 0 | 0 | 0 |
| LARRY MYRICK PCR/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| JACK OZER NY/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| CHARLES PALMER AK/CC | 0 00 | | | X | | | | 0 | 0 | 0 |
| KENNETH PARRIS CAP/IG | 25 00 | | | X | | | | 0 | 0 | 0 |
| CLARENCE PETERS WI/CC | 28 00 | | | X | | | | 0 | 0 | 0 |
| DAVID PLUM NE/CC | 22 00 | | | X | | | | 0 | 0 | 0 |
| LARRY RAGLAND MER/CC | 20 00 | | | X | | | | 0 | 0 | 0 |
| BRIAN READY AZ/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| CECIL SCARBROUGH LA/CC | 60 00 | | | X | | | | 0 | 0 | 0 |
| RONALD SCHEITZACH IA/CC | 52 00 | | | X | | | | 0 | 0 | 0 |
| EARL SHERWIN CO/CC | 60 00 | | | X | | | | 0 | 0 | 0 |
| MARK SMITH NM/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| JON STOKES CA/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| CARLTON SUMNER JR MS/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| ROBERT TODD NCR/CC | 25 00 | | | X | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JOSEPH VAZQUEZ CAP/CV | 45 00 | | | X | | | | 0 | 0 | 0 |
| JERRY WELLMAN UT/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| ERICA WILLIAMS MO/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| LARRY KAUFFMAN NHQ/LGX | 75 00 | | | | | X | | 135,042 | 0 | 0 |
| JOHN SALVADOR SENIOR DIREC | 65 00 | | | | | X | | 131,419 | 0 | 6,793 |
| JAMES MALLET NHQ/ED | 40 00 | | | | | X | | 117,910 | 0 | 5,975 |
| JOHN DEAN JR NHQ/DO | 0 00 | | | | | | X | 125,819 | 0 | 6,369 |
| DAVID WHARTON NTC/SUPERVIS | 0 00 | | | | | | X | 121,916 | 0 | 6,155 |