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DLN: 93493228021470

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Inspection

Form 990

Department of the Treasury

2008 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 Internal Revenue Service A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009 D Employer identification number C Name of organization CIVIL AIR PATROL (NATIONAL HQS) **B** Check if applicable Please use IRS Address change 75-6037853 label or Doing Business As E Telephone number print or type. See Name change (334) 953-7748 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite 105 S HANSELL STREET **G Gross receipts** \$ 45,368,448 Instruc-Termination

,			•					
☐ Am	ended re	eturn		City or town, state or country, and ZIP + 4 MAXWELL AFB, AL 36112				
☐ App	lication	pending		THOUSE THE SOLIZ				
		D (ON RO 05 S F	ne and address of Principal Officer D WLAND HANSELL STREET ELL AFB, AL 36112	affilia			ΓYes Γ Nο
Ta:	x-exemp			(3) ◄ (insert no)		affiliates incl		Yes No ee instructions)
J W	eb site	∷► WWW GO	CIVI	LAIRPATROL COM	-	p Exemption		· · · · · · · · · · · · · · · · · · ·
К Тур	e of orga	anızatıon 🔽 Co	rporatı	on	L Year of Fo	mation 1941	M Sta	te of legal domicile AL
Pa	rt I	Summary	,					
Governance	1	Briefly descri dditional Data	ibe th a Tab	e organization's mission or most significant activities le if the organization discontinued its operations or disposed of	more than 2	.5% of its as	sets	
ξ	1		,	members of the governing body (Part VI, line 1a)				11
	1	Number of in		4	11			
Activities &	1	Total number		5	198			
ĕ	6		6	58,660				
Ā.	7a	Total gross u		7a	91,349			
ă	ь	Net unrelated	d busi	ness taxable income from Form 990-T, line 34			7b	68,639
					Pric	r Year		Current Year
	8	Contribution	s and	grants (Part VIII, line 1h)		34,959,26	5	39,731,981
Revenue	9	9 Program service revenue (Part VIII, line 2g)				1,844,11	1	3,884,999
ē.	10	Investment	ıncon	ne (Part VIII, column (A), lines 3, 4, and 7d)		653,41	2	495,450
<u> </u>	11	Other reven	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,417,331			147,303	
	12	Total revenu 12)	ie — a c	ld lines 8 through 11 (must equal Part VIII, column (A), line		39,874,12	0	44,259,733
	13	Grants and s	imila	r amounts paid (Part IX, column (A), lines 1–3)		79,17		107,635
	14	Benefits paid	d to o	r for members (Part IX, column (A), line 4)		36,59	2	10,750
\$	15	Salaries, oth	ier co	mpensation, employee benefits (Part IX, column (A), lines 5-		10,436,18	5	10,516,880
Expense	16a	Professional	fundı	raising fees (Part IX, column (A), line 11e)				C
ੜੇ	ь	(Total fundraisi	ng exp	penses, Part IX, column (D), line 25 69,225				
ш	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24f)		28,071,15	5	28,013,412
	18	Total expens	ses—a	add lines 13–17 (must equal Part IX, line 25, column (A))		38,623,10	4	38,648,677
	19	Revenue les	s exp	enses Subtract line 18 from line 12		1,251,01	5	5,611,056
Vet Assets or and Balances					Beginni	ng of Year		End of Year
ង ក្នុង	20	Total assets	(Par	t X, line 16)		88,159,83	7	95,744,667
Ass I Ba	21			art X, line 26)		4,781,97	+	6,525,515
¥,5	22		•	d halancas. Subtract line 21 from line 20		93 377 96	+-	80 210 153

Net assets or fund balances Subtract line 21 from line 20

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

Please Sign Here

2010-08-16 Signature of officer

DON ROWLAND EXECUTIVE DIRECTOR

Type or print name and title

Paid
Preparer's
llsa Only

Preparer's PTIN (See Gen Inst) Check if Date Preparer's 2010-08-16 signature empolyed 🕨 🔽 Firm's name (or yours CIVIL AIR PATROL EIN F

if self-employed). address, and ZIP + 4 105 S HANSELL ST

Phone no MONTGOMERY, AL 36112

Form	(2008)	Page 2
Par	Statement of Program Service Accomplishments (See the instructions.)	
1	nefly describe the organization's mission	
See A	nal Data Table	
2	the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ?	No
3	the organization cease conducting or make significant changes in how it conducts any program	
	vices?	No
4	cribe the exempt purpose achievements for each of the organization's three largest program services by expenses	
	tion 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocation ers, the total expenses, and revenue, if any, for each program service reported	ns to
4a	including grants of \$) (Revenue \$ ERGENCY SERVICES IN 2009 CAP SAVED 72 LIVES IN SEARCH AND RESCUE MISSIONS TASKED BY THE AIR FORCE RESCUE COORDINATION C2,022 HOURS, PARTICIPATING IN HOMELAND SECURITY EFFORTS SUCH AS AIRCRAFT INTERCEPT TRAINING AND DRUG FLIGHT INTERDICTION OTOGRAPHS OF NATURAL DISASTERS FOR USE BY OFFICIALS IN ALLOCATING THEIR OWN FUNDS AND RESOURCES, FLEW FIRE WATCH AND BISSIONS, SANDBAGGED AGAINST FLOODING, AND DELIVERED BASIC DISASTER RELIEF SERVICES TO FELLOW CITIZENS WITH VOLUNTEER MEMISTIOUS BACKGROUNDS AND CAP'S EXTENSIVE PROFESSIONAL DEVELOPMENT, CAP DELIVERS QUALITY AND RELIABLE SERVICES THAT ARE ALSO	NS, TOOK AERIAL BEACH PATROL BERS FROM
	ode) (Expenses \$ 2,801,953 including grants of \$ 74,188) (Revenue \$)
4b	DET PROGRAMS CAP'S CADET PROGRAM TURNS OUT FUTURE LEADERS WHO ARE SAVVY ABOUT TECHNOLOGY, SKILLED AT SEARCH AND RESI LEAD HEALTHY LIVES, RESPECTFUL OF AMERICA AND MOTIVATED TO SERVE MEETING OUTSIDE SCHOOL HOURS, CADETS, AGES 12-20, ARE OF PORTUNITIES TO FLY WHETHER IN POWERED AIRCRAFT, HOT AIR BALLOONS OR GLIDERS IN 2009, CADETS FLEW 10,885 HOURS HELPING SO OTS' LICENSES AS CADETS CADETS OFTEN PARTICIPATE IN CAP'S EMERGENCY SERVICES MISSIONS, SERVING ON GROUND TEAMS, DELIVERING HER ESSENTIAL SERVICES TO CRASH AND NATURAL DISASTER VICTIMS USING MODEL AIRPLANES AND ROCKETS, THEY EXPERIENCE THE FUN UCATION, WHILE CAP'S DEFINED ADVANCEMENT PROCEDURES ALLOW THEM TO DEVELOP LEADERSHIP SKILLS	CUE, DISCIPLINED GIVEN MULTIPLE DME EARN THEIR ING FIRST AID AND
4c	ode) (Expenses \$ 997,543 including grants of \$ 33,446) (Revenue \$ ROSPACE EDUCATION AND TRAINING CAP'S AEROSPACE EDUCATION PROGRAMS AND RESOURCE MATERIALS - EMPHASIZING THE STEM SUBJ CHNOLOGY, ENGINEERING AND MATH - WERE USED IN 2009 BY 7,000 STUDENTS AND 300 TEACHERS NATIONWIDE CAP OFFERS EDUCATORS ONIDES ORIENTATION FLIGHTS AND PROFESSIONAL DEVELOPMENT PROGRAMS FOR FIRSTHAND KNOWLEDGE OF AVIATION, WHICH THEY CAN TO THEIR OWN CLASSROOMS TEACHERS FLEW 358 HOURS IN ORIENTATION RIDES LEARNING THE EXPERIENCE OF FLIGHT HANDS ON FOUR MS ARE AMONG THE SEVEN TEACHERS NAMED TO THE NATIONAL TEACHERS IN SPACE PROGRAM AND RECEIVED TRAINING FROM NASA IN ADI TO SPACE	MEMBERSHIP AND INCORPORATE OF THESE CAP
	MMUNICATIONS (1,179,178) CAP MAINTAINS AN EXTENSIVE EMERGENCY COMMUNICATIONS NETWORK, INCLUDING 4,750 MOBILE RADIOS AND RADIOS, THAT IS NOT DEPENDENT ON THE POWER GRID YET INTEROPERABLE WITH OTHER AGENCIES, THEREBY INSURING MESSAGES CAP CCESSFULLY RELAYED EVEN DURING CRISIS SITUATIONS SOME CAP PLANES ARE EQUIPPED WITH SPEAKER SYSTEMS, CAPABLE OF BROADCAS OM AIR TO GROUND ALL CAP PLANES HAVE BEEN UPGRADED SO THEY NOW CARRY THE NEW STANDARD OF 406 MHZ ELECTRONIC LOCATOR UNTERDRUG (773,475) IN REGARD OF HOMELAND SECURITY AND THE WAR ON DRUGS, CAP AIRCREWS ARE USED TO SPOT MARIJUANA FIE LITARY, FEDERAL AND STATE AGENCIES PRACTICE AERIAL DRUG INTERCEPT MISSIONS THIS WORK SERVES TO PROTECT AMERICA FROM BOTUG OPERATIONS AND DRUG TRAFFICKING ACROSS ITS BORDERS COUNTERDRUG MISSIONS LOGGED 10,862 FLYING HOURS TO KEEP DRUGS ERICA'S STREETS DRUG DEMAND REDUCTION (479,766) CAP HAS A FULL-BLOWN ANTI-DRUG CAMPAIGN ITS NATIONAL RED RIBBON WEEK E COUNTRY'S OLDEST AND LARGEST COMMUNITY AWARENESS EVENT IN SUPPORT OF HEALTHY DRUG-FREE LIFESTYLES IN THE CADET PROGUCE THEIR OWN VIDEO MESSAGES ABOUT SUBSTANCE ABUSE, AS UTTINE SQUADRON MEETINGS CAP DDR PROGRAM DISTRIBUTED 220,000 RED RIBBONS TO 265 SCHOOLS AND NUMEROUS COMMUNITIES ACTUMERY WITH THE HELP OF 7,950 CADETS AND 4,968 SENIOR MEMBERS THAT PARTICIPATED	N BE STING WARNINGS TRANSMITTERS ELDS AND HELP TH DOMESTIC OFFOF EACH OCTOBER IS GRAM, THE ANTI- S WELL AS IN
4d	ther program services (Describe in Schedule O) xpenses \$ 2,432,419 including grants of \$) (Revenue \$)

22,527,174 Must equal Part IX, Line 25, column (B).

4e

Total program service expenses \$

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{4}$	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
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 United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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 United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III \Box	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	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		
	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24a 25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete Schedule L,	26		No
27	Part II	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	189			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	1			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable		, , , , , , , , , , , , , , , , , , ,	
3 -	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	198			
b	If at least one is reported in 2a, did the organization file all required federal employr Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin					
	return?			3a 3b	Yes	
- Б 4а	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch At any time during the calendar year, did the organization have an interest in, or a s			3D	Yes	
'1 a	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
	If "Yes," did the organization include with every solicitation an express statement th					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section $170(c)$.					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\sf p}$	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?	I		7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?	• •		7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the					N -
	year?			8		N o
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		Νο
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		Νο
10	Section 501(c)(7) organizations. Enter	ı	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management	

					Yes	No	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,				
1a	Enter the number of voting members of the governing body	1a	11				
ь	Enter the number of voting members that are independent	1b	11				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		•	2		Νo	
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? .						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect governing body?	7a		Νο			
ь	Are any decisions of the governing body subject to approval by members, stockhold	rother persons?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written active year by the following						
а	the governing body?			8a	Yes		
ь	each committee with authority to act on behalf of the governing body?			8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes				
Ь	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?						
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the		_	10	Yes		
11	Is there any officer, director or 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						

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed $\,$ AL
- 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 make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes 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

SUSAN EASTER
105 S HANSELL STREET
MAXWELL AFB, AL 36112
(334) 953-7748

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i		(C) Position (check all that apply)							(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations
							_				

Part VII Continued

		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			+							
			-							
			1	\vdash	\vdash					
1b Total			<u>. </u>	Ш.			>	901,906	5	14,915

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►20

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
WILSON PRICE PO BOX 3295 MONTGOMERY, AL 36193	AUDITING	360,590
BP AIR INCORPORATED 70 STACY HAINES ROAD LUMBERTON, NJ 08048	AIRCRAFT MAINT	332,771
WELLS PRINTING COMPANY 6030 PERIMETER PKWY MONTGOMERY, AL 36116	PRINTING	235,720
ADTRAV TRAVEL MANAGEMENT 4555 SOUTHLAKE PARKWAY BIRMINGHAM, AL 35244	TRAVEL AGENCY	219,235
SOUTHERN AVIONICS & COMMUNICATIONS PO BOX 50009 MOBILE, AL 36605	AIRCRAFT MAINT	141,280
2 Total number of independent contractors (including those in 1) who rec	. ,	9

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1 -					Revenue		512, 513, or 514
2 2	1a b	Federated car Membership d	npaigns 1a					
필등			1b					
%.g	С	Fundraising e	vents 1c					
≢ੁ≅	d	Related organ	ızatıons1d					
Ř.	e	Government gran	nts (contributions) 1e	39,639,157				
Contributions, gifts, grants and other similar amounts	f	All other contribu similar amounts i	tions, gifts, grants, and not included above	92,824				
きま	g	Noncash cont	1f rıbutıons ıncluded ın					
SE.	9							
<u> </u>	h	Total (Add lin	es 1a-1f)		39,731,981			
				Business Code				
ПE	2a	MEMBERSHIP DU	ES		1,905,864	1,905,864		
e Ke	ь	PROGRAM INCOM	1E		1,116,179	1,116,179		
9 e E	С	SPECIAL ACTIVIT	Y REGISTRATION		541,552	541,552		
er v	d	CONFERENCE RE	GISTRATION		150,747	150,747		
3	e	OTHER PROGRAM	1 REVENUE		79,183	79,183		
Program Serwoe Revenue	f	All other prog	ram service revenue		91,474	125	91,349	
<u>ଝ</u>	g		es 2a-2f					
	3	► \$ 3,884,999	come (including divid	dends interest				
			amounts)	·	262,450			262,450
	4	Income from inve	estment of tax-exempt be	ond proceeds				
			·	•				
	5	Royalties .	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) Keai	(II) F ersonar				
	ь	Less rental						
	с	expenses Rental income						
	d	or (loss) Net rental inc	ome or (loss)					
				*				
	7a	Gross amount	(ı) Securities 1,045,314	(II) O ther 296,401				
		from sales of assets other						
	ь	than inventory Less cost or	1,081,393	27,322				
		other basıs and sales expenses						
	С	Gaın or (loss)	-36,079	269,079				
	d	Net gain or (lo	oss) • • • • • •	. ▶	233,000	233,000		
	8a	Gross income	from fundraising					
		events (not in \$	cluding					
Other Revenue		of contribution	ns reported on line					
क ≳		1c) See Part <i>Attach Schedui</i>	le G if total exceeds					
æ		<i>\$15,000</i>	а					
	Ь		xpensesb					
ŏ	С	Net income or	(loss) from fundraisi	ng events				
	9a	Gross income activities See	from gaming part IV , line 19					
		Complete Sche	dule G ıf total					
		exceeds \$15,00	a					
	ь	Less direct e	xpensesb					
	С	Net income or	(loss) from gaming a	activities •				
	10a	Gross sales o	f inventory, less					
		returns and ar	a					
	ь	Less cost of	goods sold b					
	С	Net income or	(loss) from sales of					
		Miscellaneou	is Revenue	Business Code	4.47.000			4.47.000
	11a				147,303			147,303
	Ь							
	С							
	d		nue					
	е	rotal. Add line	es 11a-11d	\$ 147,303				
	12		e. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	44,259,733	4,026,650	91,349	409,753
		8c, 9c, 10c, and 1	l1e	. •				

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).								
Do 1	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 U S See Part IV, line 21							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	107,635	107,635					
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16							
4	Benefits paid to or for members	10,750	10,750					
5	Compensation of current officers, directors, trustees, and key employees							
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	8,720,146	2,018,791		22,178			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	351,041	80,965	269,160	916			
9	Other employee benefits	745,501	164,236	577,830	3,435			
10	Payroll taxes	700,192	161,755	537,118	1,319			
11	Fees for services (non-employees)							
а	Management				_			
b	Legal	26,711		26,711				
c	Accounting	176,842		176,842				
d	Lobbying	41,377			41,377			
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other							
12	Advertising and promotion	84,429		84,429				
13	Office expenses	2,052,761	1,416,431	636,330				
14	Information technology	1,394,291		1,394,291				
15	Royalties							
16	Occupancy	282,486	203,481	79,005				
17	Travel	1,367,664	632,869	734,795				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials							
19	Conferences, conventions and meetings	365,593	7,006	358,587				
20	Interest							
21	Payments to affiliates	5,830		5,830				
22	Depreciation, depletion, and amortization	7,833,970	6,029,807	1,804,163				
23	Insurance	1,705,741		1,705,741				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	AIRCRAFT MAINTENANCE	5,201,208	5,201,208					
b	MISSION SUPPORT	3,101,948	3,101,849	99	_			
c	CADET ACTIVITIES	1,415,182	1,396,411	18,771	_			
d	EQUIPMENT MAINTENANCE	775,644	722,061	53,583				
e	PRO FESSIO NAL SERVICES	646,896	393,335	253,561				
f	All other expenses	1,534,839	878,584	656,255				
25	Total functional expenses. Add lines 1 through 24f	38,648,677	22,527,174	16,052,278	69,225			
26	Joint Costs. Check Tif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	22,510,011	,,		990 (2008)			

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(E End o	3) fyear
	1	Cash—non-interest-bearing			300	1		300
	2	Savings and temporary cash investments			1,795,188	2		1,753,593
	3	Pledges and grants receivable, net			2,943,300	3		6,014,453
	4	Accounts receivable, net			4,059,188	4		1,800,852
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use			152,471	8		31,663
ş	9	Prepaid expenses and deferred charges			365,437	9		945,715
Assets	10a	Land, buildings, and equipment cost basis	ent cost basis 10a 156,559,793					
	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	80,192,114	72,014,591	10c	7	6,367,679
	11	Investments—publicly traded securities			3,614,648	11		3,590,751
	12	Investments—other securities See Part IV, line 11 Complete P Schedule D	of		12		482,838	
	13	Investments—program-related See Part IV, line 11 $\it Complete F of Schedule D$.	I		13			
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			3,214,714	15		4,756,823
	16	Total assets. Add lines 1 through 15 (must equal line 34)			88,159,837	16	9	5,744,667
	17	Accounts payable and accrued expenses .			4,550,906	17		6,271,309
	18	Grants payable		18				
	19	Deferred revenue	231,064	19		254,206		
	20	Tax-exempt bond liabilities				20		
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		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				24		
	25	Other liabilities				25		
	26	Total liabilities. Add lines 17 through 25			4,781,970	26		6,525,515
s e		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	lete li	nes 27				
Balance	27	Unrestricted net assets			24,934,578	27	2	5,474,761
Ba	28	Temporarily restricted net assets			58,434,730	28	6	3,735,832
됟	29	Permanently restricted net assets			8,559	29		8,559
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	ıd com	plet e				
5		lines 30 through 34.				│ _॒ ├		
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	20 2 2	32		0.040.1==		
Net	33	Total net assets or fund balances	83,377,867	33		39,219,152		
	34	Total liabilities and net assets/fund balances			88,159,837	34	9	95,744,667
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

ParitXI	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493228021470

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

CIVIL	AIR PAT	rol (nationa	L HQS)									
								75	-603785	3		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıc	ns) (See	Instruct	ions)		
Γhe	organiz	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)				
1	Γ	A church, c	onvention of ch	nurches, or association of ch	nurches de	escribed in	Section :	170(b)(1)((A)(i).			
2	Γ	A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Attac	ch Schedı	ıle E)						
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descri	bed in Sec	tion 170(b)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Γ	A medical i	research organı	zation operated in conjuncti	on with a	hospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	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	\sqcap	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public	
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	굣	An organiza	ation that norma	ally receives (1) more than	331/3%	of its supp	ort from c	ontribution	ıs, membe	rship fees	, and gross	
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (less sectio	on 511 tax	x) from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	i09(a)(2).	(Complet	e Part III)			
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509((a)(4). (Se	ee instruc	tions)	
11	Γ	Anorganiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of	
				orted organizations describe						Section 5	09(a)(3). Check	
				type of supporting organiza		omplete li - Functioi			_		III - Other	
_	_		• •	rtify that the organization is			-		d na ar mai			
е	,	•		agers and other than one or			•			•	•	
		section 50		- -		,	3				(,(-,	
f		_		d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organizatio <u>n,</u>	
		check this			J		6					
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any or the				
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) bel	low, the governi	ng body of the the supported	d organiza	ition?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) a	bove?				11g(iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	ganızatıon	supports				<u> </u>	
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did)	ou notify	(vi) I	s the	(vii) A mount of	
		orted		(described on lines 1 - 9		ation in		nization		ation in	support?	
	O rgan	nization		above or IRC section (See Instructions))		listed in verning		i) of your port?		rganized US?		
				(See Instructions))		ment?	347	3011	"" ""	0 0		
					Yes	No	Yes	No	Yes	No	1	
				i	 	t	t	t	l .	t		

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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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 Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

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

	(Complete only if you check	ed the box or	n line 9 of Part	t I.)				
Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	37,144,795	43,077,682	49,560,238	36,821,304	4	1,637,845	208,241,864
	ınclude any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services performed,							
	or facilities furnished in any activity that	152,773	223,620	1,228,319	691,498		692,299	2,988,509
	ıs related to the organızatıon's tax-							
	exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business under							
	section 513							
4	Tax revenues levied for the							
	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	888,165	896,439	838,486	1,009,584		615,107	4,247,781
	organization without charge							
6	Total Add lines 1-5	38,185,733	44,197,741	51,627,043	38,522,386	4	2,945,251	215,478,154
7a	A mounts included on lines 1, 2, and 3							
	received from disqualified persons							
ь	A mounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of 1% of			707,462	300,721		258,050	1,266,233
	the total of lines 9, 10c, 11, and 12 for							
	the year or \$5,000							
c	Total of lines 7a and 7b			707,462	300,721		258,050	1,266,233
8	Public Support (Substract line 7c from							214,211,921
	line 6)							214,211,921
To	tal Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
9	A mounts from line 6	38,185,733	44,197,741	51,627,043	38,522,386	4	2,945,251	215,478,154
10a	Gross income from interest, dividends,							
LUG	payments received on securities loans,	447.740	224 222	250 275	242.477		262.450	4 240 545
	rents, royalties and income from similar	147,743	221,899	269,276	348,177		262,450	1,249,545
	sources							
ь	Unrelated business taxable income (less							_
_	section 511 taxes) from businesses							
	acquired after 30 June, 1975							
c	Add lines 10a and 10b	147,743	221,899	269,276	348,177		262,450	1,249,545
11	Net income from unrelated business	·		·			· ·	
	activities not included in line 10b,							
	whether or not the business is regularly							
	carried on							
12	Other income Do not include gain or loss							
	from the sale of capital assets			189,360	207,116		217,172	613,648
	(Explain in Part IV)							
13	Total Support (Add lines 9, 10c, 11 and							217,341,347
	12)							217,341,347
14	First Five Years If the Form 990 is for the o	rganızatıon's fır	st, second, third	l, fourth, or fifth	tax year as a 50)1(c)(3	3) organiz	ation,
	check this box and stop here				•			▶□
Co	mputation of Public Support Perce	ntage						
15	Public Support Percentage for 2008 (line 8		led by line 13 co	olumn (f))		15		98 560 %
	•	• •		,,,,,		15		
16	Public Support Percentage for 2007 Schedi	lie A, Part IV - A	, iine 2/g			16		99 468 %
Co	mputation of Investment Income	Percentage	<u> </u>	<u> </u>	•			
17	Investment Income Percentage for 2008 (III		(f) divided by lin	e 13 column (f))	1	17		0 574 %
18	Investment Income Percentage from 2007 9					18		3 3 7 1 70
	Investment income i elcentage nom 2007 3	Juneaule A, rai	v - A , IIII			I IX		

19a 33 1/3% Tests - 2008. 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 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and

►V

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

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

- ◆ 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 990EZ, Part VI, line 47 (Lobbying Activities)

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

	, ,, ,	t have NOT filed Form 5768 (election t s," to Form 990, Part IV, Line 5 (Pr	,	(h)) Complete Part II-B Don	ot complete Part II-A
	ection 501(c)(4), (5), or (6) organi	•	Oxy Tax)		
N a	ame of the organization	zations complete rare iii		Employer iden	tification number
CIV	VIL AIR PATROL (NATIONAL HQS)			75-6037853	
Par		y all organizations exempt e the instructions for Schedule (527
1	Provide a description of the org	ganızatıon's dırect and ındırect politi	cal campaign act	ıvıtıes ın Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Pai	rt I-B To be completed be for Schedule C for de	y all organizations exempt etails.)	under sectior	501(c)(3). (See the i	nstructions
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under section	n 4955	\$
3	If the organization incurred in a	a section 4955 tax, did it file Form 4	720 for this year	?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
Ь	If "Yes," describe in Part IV				
Pai		y all organizations exempt for Schedule C for details.)	under sectior	1 501(c), except sect	ion 501(c)(3).
1	•	ended by the filing organization for se	ection 527 exemp	ot function activities	\$
2	Enter the amount of the filing o	rganızatıon's ınternal funds contribu	•		
3	527 exempt funtion activities Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes No
5	were made Enter the amount p political contributions received	nd Employer Identification Number (local) and indicate if the amount was poly and promptly and directly delivered in the committee (PAC). If additional	aid from the filing I to a separate po	organization's own internal ditical organization, such as	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

Ą	Check	~	ıf the filing organization belongs to an affiliated group
В	Check	Г	if the filing organization checked box A and "limited control" provisions apply

		bbying Expenditures— es" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
 1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	41,377	53,377
c	Total lobbying expenditures (add line	es 1a and 1b)	41,377	53,377
d	Other exempt purpose expenditures		38,607,300	53,473,158
e	Total exempt purpose expenditures	(add lines 1c and 1d)	38,648,677	53,526,535
f	Lobbying nontaxable amount Enter t columns— If the amount on line 1e, column (a)	he amount from the following table in both	1,000,000	1,000,000
	or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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		
	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	250,000
h	Subtract line 1g from line 1a Enter -	0- If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organization file Forn	n 4720 reporting	_ Ves _ 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 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
<u>2a</u>	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000			
_c	Total lobbying expenditures	70,072	91,624	59,791	53,377	274,864			
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000			
е 	Grassroots ceiling amount (150% of line d, column (e))					1,500,000			
f	Grassroots lobbying expenditures								

5768 (election under section 501(h)). (See the instructions for Schedule			d Form			
	(a	(a)			(a) (b	
	Yes	No	A moun			
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				
Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo				
Media advertisements?		Νo				
d Mailings to members, legislators, or the public?		Νo				
Publications, or published or broadcast statements?		Νo				
Grants to other organizations for lobbying purposes?		Νo				
p Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo				
n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo				
Other activities If "Yes," describe in Part IV		Νo				
Total lines 1c through						
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No				
If "Yes" enter the amount of any tax incurred under section 4912						
If "Yes" enter the amount of any tax incurred by organization managers under section 4912		Ī				
f If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No				

section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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).	
а	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 \$

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

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 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
ADDITIONAL INFORMATION	,	LOBBYING ACTIVITIES INCLUDE CONGRESSIONAL FUNDING RESTORATIONS, SPECIAL FUNDING FOR PROCUREMENT OF AIRCRAFT, VEHICLES, EQUIPMENT AND OTHER NEEDS

5 \$

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization

CIVIL AIR PATROL (NATIONAL HQS) 75-6037853 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 1 Aggregate Contributions to (during year) 8,325 39,723,656 3 Aggregate Grants from (during year) 8,634 99,001 Aggregate value at end of year 5,324 5,324 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ✓ No funds are the organization's property, subject to the organization's exclusive legal control? 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 other ✓ No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and √ No enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section ┌ Yes √ No 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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. 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 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 (i) Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

► \$

a Public exhibition d Loan or exchange programs a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV D Uring the year, did the organization's solicition reseave donations of art, instoncial treasures or other similar part XIV D Uring the year, did the organization's solicition reseave donations of art, instoncial treasures or other similar part XIV D Uring the year, did the organization solicit or reseave donations of art, instoncial treasures or other similar part XIV D Uring the year, did the organization and exhain how they further the organization answered "Yes" to Form 990, Part XV, line 21. I the organization is a gent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part XV, line 21. I the organization is a gent, trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990, Part XV, line 21. I the organization is a gent in Part XIV D If "Yes," explain why in Part XIV and complete the following table A Additions during the year D Is a part XIV, line 10. B Beginning balance Int D If "Yes," explain the arrangement in Part XIV D If "Yes," explain the arrangement in Part XIV D If "Yes," explain the arrangement in Part XIV D If "Yes," explain the arrangement in Part XIV D If "Yes," explain the arrangement in Part XIV D If "Yes," explain the arrangement in Part XIV D If "Yes," explain the arrangement in Part XIV D If "Yes," explain the arrangement in Part XIV D If "Yes," explain the arrangement in Part XIV D If "Yes," explain the arrangement in Part XIV D If "Yes," explain the arrangement in Part XIV D If "Yes," explain the arrangement in Part XIV D If "Yes," explain the arrangement in Part XIV D If "Yes," explain the arrangement in Part XIV D I	Part	Organizations Maintaining Collections of	Art, His	tori	cal Treası	ires, or Othe	r Similaı	· Asse	ts (cc	ontinued)
Preventation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV Dump 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 answered "Yes" to Form 990. Part XIV, line 9, or reported an amount on Form 990, Part X, line 21. In 1st the organization and a agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in Part XIV If "Yes," explain why in Part XIV and complete the following table Beginning balance Beginning balance If "Yes," explain why in Part XIV and complete the following table Beginning balance Distributions during the year Distributions during the year in the organization answered "Yes" to Form 990, Part IV, line 10. 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. Tyes IV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Tyes IV Endowment Funds not in the possession of the organization that are held and administered for the organization of fractions and programs. Tyes IV Index expenditures for facilities and programs. Description of investment Funds are the organization shed as required on Schedule R? Tyes IV Index expenditures for facilities and programs. Description of investment Funds and Equipment See Form 990, Part X, line 10. Description of investm	3		k any of th	ie fol	lowing that ai	re a sıgnıfıcant u	se of its co	llection		
to Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 Using the year, did the organization's collection and explain how they further the organization's exempt purpose in Part XIV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part XIV, 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 XIV and complete the following table 1a is the organization why in Part XIV and complete the following table 2b Beginning balance 4 Additions during the year 5 Ending balance 2c Distributions during the year 6 If "Yes," explain the arrangement in Part XIV Prev." 7 Ending balance 2a Distributions. 2b If "Yes," explain the arrangement in Part XIV Prev." 7 Ending balance. 2c Distributions. 2d Beginning of year balance. 2d Distributions. 2d Beginning of year balance. 2 Investment earnings or losses. 3d Grants or scholarships. 4 Administrative expenses. 5 Contributions. 5 Contributions. 6 Contributions. 7 Administrative expenses. 9 Previous the estimated percentage of the year and balance held as an adaptograms. 9 Provide the estimated percentage of the year and balance held as an adaptograms. 1 Administrative expenses. 9 Provide the estimated percentage of the year and balance held as an adaptograms. 1 Administrative expenses. 9 Provide the estimated percentage of the year and balance held as an adaptograms. 1 Administrative expenses. 1 Administrative expenses. 2 Provide the estimated percentage of the year and balance held as a sequired on Schedule R? 1 Administrative expenses. 2 Provide the estimated percentage of the year and balance held as a required on Schedule R? 1 Administrative expenses. 2 Provide the estimated percentage of the year and balance held as sequired on Schedule R?	а	Public exhibition	d	Γ	Loan or exc	hange programs				
Part XIV Part XIV Part XIV During the year, did the organization solicit or receive donations of art, historical treasures or other similar savets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization and fursted an amount on Form 990, Part X, line 21. Is the organization and fursted an amount on Form 990, Part X, line 21. If "Yes," explain why in Part XIV and complete the following table Beginning balance Additions during the year Distributions during the year Distributions during the year Distributions during the year Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions Contrib	b	Scholarly research	e	Γ	Other					
Part XIV Suppose the year, did the organization solicit or receive donations of art, instorical treasures or other similar sesses to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its be organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Porm 990, Part X? If "Yes," explain why in Part XIV and complete the following table Beginning balance Comparison during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21. If "Yes," explain the arrangement in Part XIV Part V Endowment Funds, Complete if the organization is less than a significant or the stimulation of	c	Preservation for future generations								
sests to be sold to raise funds rather than to be maintained as part of the organizations collection? Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part X/, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X? If "Yes," explain why in Part XIV and complete the following table	4		xplaın hov	v the	y further the	organızatıon's ex	empt purp	ose in		
Part IV Inst, 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X? Ves No.							ıılar	Γ,	Yes	√ No
Value Valu		t IV Trust, Escrow and Custodial Arrangemen	nts. Com	plet	e if the orga		ered "Yes	" to Fo	rm 9	90,
A control A co			ermediary	for c	ontributions	or other assets r	not	Γ,	Yes	▽ No
C Seginning balance	b	If "Yes," explain why in Part XIV and complete the following	g table							
Mathematic Mat								A mou	nt	
The contributions during the year 10 10 10 10 10 10 10 1	С	Beginning balance				1c				
This Section	d	Additions during the year				1d				
Did the organization include an amount on Form 990, Part X, line 21? 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 (e)	e	Distributions during the year				1e				
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)Twe Years Back (e)Four Years Pack Years Back (e)Four Years Pack Years Back (e)Four Years Pack	f	Ending balance				1f				
Rank Segment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Ca)Current Year Cb)Prior Year Cc)Two Years Back Cd)Three Years Back Ce)Four Years Ce)Four Years Ce)Four Ye	2a	Did the organization include an amount on Form 990, Part X	(, line 21?					Γ,	Yes	✓ No
Agrining of year balance Agrining of year ba	b	If "Yes," explain the arrangement in Part XIV								
Beginning of year balance	Par									DI-
to Investment earnings or losses	1_		ii (D	FIIOI	rear (c)	vo rears back (u)	Tillee Tears I	back (e)	Tour 10	Edis Dack
c Investment earnings or losses	_									
d Grants or scholarships	_									
the other expenditures for facilities and programs										
and programs		•								
f Administrative expenses	e	·								
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment ▶ Creme endowment ▶ Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f									
Board designated or quasi-endowment ► Permanent endowment ► Term endowment ► Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	g	End of year balance								
Board designated or quasi-endowment ► Permanent endowment ► Term endowment ► Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	2	Provide the estimated percentage of the year end balance h	 ield as							
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 (i) unrelated organizations	а									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations B If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment Description of investmen	_	•								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations . 3a(i) No. (ii) related organizations . 3a(ii) No. (iii) related organizations . 3ab No. (iv) r										
Vest No. No			anization :	thata	are held and a	administered for	the			
(ii) related organizations									Yes	No
to 3a(ii), are the related organizations listed as required on Schedule R? 3b No Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Ca) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value)		(i) unrelated organizations						3a(i)		Νο
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment a Land b Buildings c Leasehold improvements d Equipment c Other Othe		• •								No
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value 1a Land 593,285 174,035 419,2 b Buildings 593,285 174,035 419,2 c Leasehold improvements 22,221,782 7,662,947 14,558,8 e Other 133,744,726 72,355,132 61,389,5		· · · · · · · · · · · · · · · · · · ·						3Ь		N o
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value 1a Land		-				t V 1 10				
b Buildings C Leasehold improvements Equipment 22,221,782 7,662,947 14,558,8 e Other 133,744,726 72,355,132 61,389,5	Раг	investments—Land, Buildings, and Equip	ment. S			•				
b Buildings		Description of investment					(c) Depred	ation	(d) Bo	ok value
c Leasehold improvements	1 a L	and					1	L		
d Equipment 22,221,782 7,662,947 14,558,8 e Other 133,744,726 72,355,132 61,389,5	b B	uildings				593,285	1	74,035		419,250
e Other	c L	easehold improvements								
	d E	quipment				22,221,782	7,6	62,947	1	4,558,835
「 otal. A dd lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).).........						133,744,726		55,132		1,389,594
	Total	. Add lines 1a-1e (Column (d) should equal Form 990, Part X,	column (B)	, line	10(c).)		•		7	6,367,679

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	44,259,733
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	38,648,677
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,611,056
4	Net unrealized gains (losses) on investments	4	230,228
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	154,741
9	Total adjustments (net) Add lines 4 - 8	9	384,969
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	5,996,025
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	60,282,283
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 615,107		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	16,022,550
3	Subtract line 2e from line 1	3	44,259,733
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
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	44,259,733
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	54,286,258
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	15,637,581
3	Subtract line 2e from line 1	3	38,648,677
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Ť	30,040,077
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	38,648,677
	. The expenses was most barrens should equal to the soon are the transfer of t		1 30,040,077

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 XIV, 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

Ident if ier	Return Reference	Explanat ion
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CIVIL AIR PATROL GROUP RETURN INCOME 14,932,211 CIVIL AIR PATROL GROUP RETURN CONTRIBUTED FACILITIES -5,363,785 CIVIL AIR PATROL GROUP RETURN UNREALIZED LOSS -1,945 AUDIT ELIMINATIONS WITH CIVIL AIR PATROL GROUP 5,610,734 CIVIL AIR PATROL GROUP RETURN EXPENSES -14,877,858 CIVIL AIR PATROL GROUP RETURN CONTRIBUTED FACILITIES 5,363,785 AUDIT ELIMINATIONS WITH GROUP RETURN -5,508,401
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CIVIL AIR PATROL GROUP RETURN INCOME 14,932,211 CIVIL AIR PATROL GROUP RETURN CONTRIBUTED FACILITIES -5,363,785 CIVIL AIR PATROL GROUP RETURN UNREALIZED LOSS -1,945 AUDIT ELIMINATIONS WITH CIVIL AIR PATROL GROUP 5,610,734
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	CIVIL AIR PATROL GROUP RETURN EXPENSES 14,877,858 CIVIL AIR PATROL GROUP RETURN CONTRIBUTED FACILITIES -5,363,785 AUDIT ELIMINATIONS WITH GROUP RETURN 5,508,401

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493228021470

Department of the Treasury Internal Revenue Service Name of the organization

CIVIL AIR PATROL (NATIONAL HQS)

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

	TEAIRTAINOE (NATION	ALIIQ5)					75-6037853	
P	art I General Infor	mation on Gra	nts and Assistanc	e				
1 2	Does the organization ma the selection criteria use Describe in Part IV the o	ed to award the gra	ants or assistance?					✓ Yes ✓
Pa	Form 990, Part Part IV and Sch	IV, line 21 for a ledule I-1 if add	iny recipient that rec litional space is	eived more than \$5,0	00. Check this box	tes. Complete if the confirmation one recipient rec	ceived more than \$5,	d "Yes" on 000. Use
1	.(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 seconganizations					•		
3 For	Enter total number of oth Paperwork Reduction Act Not			<u> </u>	Cat No 50055			
	•	,						,

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
AFA GRANT WINNER	64	16,000			
CADET ACADEMIC SCHOLARSHI	37	72,601			
CAP CARES - GENERAL FUND	1	4,000			
DAEDALIAN SCHLARSHIP	10	8,634			
ED LEWIS SCHOLARSHIP AWAR	1	1,000			
SENIOR SCHOLARSHIPS	20	5,000			
USAF ACADEMY OUTSTANDING	1	400			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	LINE 2	CIVIL AIR PATROL AWARDS ACADEMIC AND FLIGHT SCHOLARSHIPS RECIPIENTS ARE SELECTED THROUGH AN APPLICATION PROCESS THE CRITERIA INCLUDE ACADEMIC ACHIEVEMENT, EDUCATIONAL IMPACT, AND/OR LEVEL OF PARTICIPATION IN CAP RECIPIENTS MAY RECIEVE MONEY DIRECTLY OR CAP WILL PROCURE PROGRAMS, PRODUCTS OR SERVICES FOR RECIPIENTS AS APPROPRIATE

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DLN: 93493228021470

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Internal Revenue Service	that answered "Yes" to Form 990, Part IV, line 23.		Inspection
Name of the organizatio CIVIL AIR PATROL (NATIONAL		Employer identifica	tion number
		75-6037853	
Parity Ouestions	Regarding Compensation		

				Yes	IN O
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to				
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writte provision of all the expenses described above? If "No,"		1b		
2	Did the organization require substantiation prior to reim		10		
_	officers, directors, trustees, and the CEO/Executive Dir	• • • • • • • • • • • • • • • • • • • •	2		
3	Indicate which, if any, of the following the organization to organization's CEO/Executive Director Check all that a				
	Compensation committee	Written employment contract			
	☐ Independent compensation consultant	▼ Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part	t VII, Section A, line 1a			
а	Receive a severance payment or change of control payr	ment?	4a		Νo
b	Participate in, or receive payment from, a supplemental	nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	d compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provid	de the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must compl	ete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
Ь	Any related organization?		5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
ь	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," desc		7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III	or accured pursuant to a contract that was	8		No

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DON ROWLAND	(I) (II)	148,534	8,000	7,881		1,270	165,685	
LARRY KAUFFMAN	(I) (II)	121,286	6,052				127,338	
MARK RICHARDSON	(I)	83,016	4,114	48,126		2,771	138,027	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Ident if ier	Return Reference	Explanation		
-				
	·			

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Return Reference

Return

Reference

SCHEDULE O

(Form 990)

Department of the Treasury

Supplemental Information to Form 990

DLN: 93493228021470
OMB No 1545-0047

2002

Open to Public

Name of the organization

CIVIL AIR PATROL (NATIONAL HQS)

Identifier

Identifier

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Inspection
Employer identification number

75-6037853

Explanation

Explanation

Identifier Return Reference Explanation

ORGANIZATION'S MISSION

FORM 990 - ORGANIZATION'S MISSION

ORGANIZATION'S MISSION

EXPLANATION

ldentifier	Return Reference	Explanation
FIRST A CHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	QUALITY AND RELIABLE SERVICES THAT ARE ALSO COST- EFFECTIVE

ldentifier	Return Reference	Explanation
SECOND A CHIEV EMENT DESCRIPTION	PART III LINE 4B	USING MODEL AIRPLANES AND ROCKETS, THEY EXPERIENCE THE FUN OF AEROSPACE EDUCATION, WHILE CAP'S DEFINED ADVANCEMENT PROCEDURES ALLOW THEM TO DEVELOP LEADERSHIP SKILLS

ldentifier	Return Reference	Explanation
THIRD A CHIEV EMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	SEVEN TEACHERS NAMED TO THE NATIONAL TEACHERS IN SPACE PROGRAM AND RECEIVED TRAINING FROM NASA IN ADVANCE OF FLIGHTS INTO SPACE

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	CIVIL AIR PATROL HAS 58,660 TOTAL MEMBERS, INCLUDING 23,775 CADETS AND 34,885 SENIOR MEMBERS

ldentifier	Return Reference	Explanation
POLICIES AND PROCEDURES GOVERNING CHAPTERS	FORM 990, PAGE 6, PART VI, LINE 9B	CIVIL AIR PATROL HAS REGULATIONS THAT ALL SUBORDINATE UNITS ARE REQUIRED TO FOLLOW THESE REGULATIONS COVER ALL ISSUES IN CIVIL AIR PATROL AND CAN BE FOUND ON OUR WEBSITE AT WWW GOCIVILAIRPATROL COM

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THIS IRS FORM 990 WAS PROVIDED TO OUR BOARD OF GOVERNORS AND WAS APPROVED BY THE BOARD OF GOVERNORS AUDIT COMMITTEE PRIOR TO FILING

	FORIVI 990	TO FILING
ldentifier	Return Reference	Explanation
OFFICERS WHO CANNOT BE REACHED	FORM 990, PAGE 6, PART VI, LINE 11	AMY COURTER 9081 SLVERSIDE DR SOUTH LYON, MI 48178-9321 ANTHONY GAGLIARDI 101 HILLSIDE DR NORTH PROVIDENCE, RI 02911 AUREL, SMITH 3315 CANNON ST COLUMBIA, SC 29205 BARRY HERRIN 1180 W PEACHTREE STREET, SUITE 2300 ATLANTA, GA 30309 BARRY MELTON 4689 NAVAN DT TRAIL, MY CLEVELAND, TN 37312 BRAN BISHOP 5070 NM MILLSTONE WAY PORTLAND, OR 97229 BRUCE WHITMAN FLICHT SAFETY INTL. MARNE ARE TERMIN FLUSHING, IN 11371 CARL, BROWN 3224 LINDED NA ANCHORAGE, RA 95620 CECL SCARBROUGH 9355 WOODBING ST BA TON ROUGE, LA 70815 CHARLES CARR, JR 900 BEECHWOOD RO CULMBUS, OH 43227 CHARLES SEAROCK, II 3317 CROSSTIMBER DR ERMOND, OK 73034 CHRISTIAN MOERSCH 2115 SPRINGWATER LANE PORT ORANGE, FL 32128-7404 CHRISTOPHER HAY DEN 2 PURPODDOCK DR CAPE FLIZABETH ME 04107 DANIEL LECLAR 377 CENTER MINOT HILL FOR MONT, MC 40256 DAVID GUZMAN 763 EAST WERCHASE WAY EAGE, IS 983616 DAVID BEICHER 220 SHAW AVE ABINSTON, MA 02351-1626 DAVID CARTER TO AND MENTER SAFE SAFE TO AND

48178

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	CIVIL AIR PATROL REQUIRES ALL INDIVIDUALS INVOLVED IN PROCUREMENT ACTION TO COMPLETE A CONFLICT OF INTEREST STATEMENT AT THE TIME OF THE PROCUREMENT ACTION ALL DIRECTORS AND DEPUTY DIRECTORS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY

ldentifier	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 EXECUTIVE DIRECTOR, INCLUDING COMPENSATION AFTER HAVING REVIEWED THE COMPENSATION SURVEY FROM GUIDESTAR

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	ALL OTHER OFFICERS AND EMPLOYEES ARE PAID WITHIN THE GUIDLINES OF OUR PAY SCALE AND COST OF LIVING INCREASES ARE APPROVED BY OUR BOARD OF GOVERNORS

ldentifier	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

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

DLN: 93493228021470

2008

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Related Organizations and Unrelated Partnerships

CIVIL AIR PATROL (NATIONAL HQS)				75-6037853	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions		_		
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CIVIL AIR PATROL HIST FNDTN INC 228 W PATRICK STREET FREDERICK, MD21701 52-2073208					N/A
CIVIL AIR PATROL GROUP RETURN 105 S HANSELL STREET MAXWELL AFB, AL36112 53-6016171				7	N/A
CIVIL AIR PATROL FOUNDATION INC 105 S HANSELL STREET MAXWELL AFB, AL36112 38-3736823					N/A

Cat No 50135Y

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
--------	---

Pel	τν	Transactions with Related Organizations						
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No		
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	·IV?				
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ıty	Ī	1a	No		
b	Gıft, g	rant, or capital contribution to other organization(s)		1	1b	No		
c	Gıft, g	rant, or capital contribution from other organization(s)		1	1c	No		
d	Loans or loan guarantees to or for other organization(s)							
e	Loans	or loan guarantees by other organization(s)		[1	1e	No		
f	Sale o	fassets to other organization(s)		1	1f	No		
g	Purch	ase of assets from other organization(s)		ا	1g	No		
h	Excha	inge of assets		1	1h	No		
i 1	Lease	of facilities, equipment, or other assets to other organization(s)		<u>[</u>	1i	No		
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No		
k	Perfor	mance of services or membership or fundraising solicitations for other org	ganization(s)	_1	1k	No		
1 1	Perforr	mance of services or membership or fundraising solicitations by other orga	anızatıon(s)	<u>[</u> :	11	No		
m	Sharın	g of facilities, equipment, mailing lists, or other assets		<u>[1</u>	1m	No		
n	Sharır	ng of paɪd employees		_1	1n	No		
o	Reımb	oursement paid to other organization for expenses		1	10	No		
р	Reımb	oursement paid by other organization for expenses		_1	1p	No		
q	Other	transfer of cash or property to other organization(s)		_1	1q	No		
r	O ther	transfer of cash or property from other organization(s)		Ŀ	1r	No		
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	hips and transaction thresholds				
		(A)	(B) Transaction	(C)				
		Name of other organization(s)	type(a-r)	Amount Involved				
(1)								
(2)								
<u> </u>								
(3)								
(4)								
(+)								
(5)								
(6)								

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization:	s?	(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	

Software ID: Software Version:

EIN: 75-6037853

Name: CIVIL AIR PATROL (NATIONAL HQS)

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C tion (d hat a	chec		I		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former				
JOHN HOPPER , BOARD OF GOV	2	Х						0	0	0	
AMY COURTER , CAP/CC	50	Х		Χ				0	0	0	
PAUL GRAZIANI , BOARD OF GOV	3	Х						0	0	0	
JOHN SPEIGEL , BOARD OF GOV	1	Х						0	0	0	
CHARLES SEAROCK II , BOARD OF GOV	2	Х						0	0	0	
GARY DEAN , BOARD OF GOV	2	Х						0	0	0	
BRUCE WHITMAN , BOARD OF GOV	1	Х						0	0	0	
JOHN TILTON , BOARD OF GOV	2	Х						0	0	0	
NICHOLAS KEHOE , BOARD OF GOV	2	Χ						0	0	0	
REGGIE CHITWOOD , CAP/CV	20	Х		Х				0	0	0	
RICHARD ANDERSON , BOARD OF GOV	15	Х						0	0	0	
DON ROWLAND , CAP/EX	50			Χ				164,415	0	1,270	
BARRY MELTON , TN/CC	25			Χ				0	0	0	
BRIAN BISHOP , OR/CC	20			Χ				0	0	0	
CARL BROWN , AK/CC	20			Χ				0	0	0	
CECIL SCARBROUGH , LA/CC	45			Χ				0	0	0	
CHARLES CARR JR , GLR/CC	40			Χ				0	0	0	
CHRISTIAN MOERSCH , FL/CC	30			Χ				0	0	0	
CHRISTOPHER HAYDEN , NER/CC	65			Х				0	0	0	
DANIEL LECLAIR , ME/CC	32			Х				0	0	0	
DAVID GUZMAN , ID/CC	45			Х				0	0	0	
DAVID BELCHER , MA/CC	20			Х				0	0	0	
DAVID CARTER , VA/CC	34			Х				0			
DAVID MAXWELL, WA/CC	50			Х				0		0	
DAVID MULL , NJ/CC	30			Х			_	0		0	
DAVID WINTERS , OH/CC	10			Х				0	0	0	
DEAN REITER , ND/CC	35			Х			_	0			
DONALD DAVIDSON , NH/CC	30			Х				0			
DONALD HAFFNER , WI/CC	30			Х				0		0	
EDWARD PHELKA , CO/CC	30			Χ				0	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C tion (hat a	chec		I			(-)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
EUGENE EGRY , DE/CC	25			Х				0	C	0	
GERARD WEISS , MD/CC	32			Х				0	C	0	
GORDON LARSON , IL/CC	20			Х				0	O	0	
GREG CORTUM , RMR/CC	40			Х				0	O	0	
HERBERT CAHALEN , MT/CC	40			Х				0	C	0	
JAMES RUSHING , SER/CC	50			Х				0	C	0	
JOE SMITH , TX/CC	50			Х				0	0	0	
JOHN EGGEN , AZ/CC	42			Х				0	0	0	
JOHN MAIS , MO/CC	60			Х				0	0	0	
JOSEPH JENSEN , SWR/CC	15			Х				0	0	0	
JOSEPH VAZQUEZ , MER/CC	20			Х				0	O	0	
KENNETH ANDREU , NY/CC	30			Х				0	C	0	
JAMES HUGHES , GA/CC	30			Х				0	С	0	
LARRY MYRICK , PCR/CC	20			Х				0	C	0	
MARK LEE , PA/CC	30			Х				0	С	0	
MERLE STARR , CAP/IG	65			Х				0	C	0	
MICHAEL BEASON , SD/CC	50			Х				0	O	0	
MICHAEL OAKMAN , AL/CC	48			Х				0	O	0	
MICHAEL SAILE , MI/CC	60			Х				0	0	0	
ANTHONY GAGLIARDI , RI/CC	15			Х				0	0	0	
KENNETH PARRIS , CA/CC	20			Х				0	0	0	
PETER JENSEN , CT/CC	20			Х				0	C	0	
RAFAEL ROMAN , PR/CC	45			Х				0	C	0	
RALPH MILLER , NV/CC	30			Х				0	C	0	
REGENA AYE , KS/CC	30			Х				0	C	0	
AUREL SMITH , SC/CC	20			Х				0	0	0	
BARRY HERRIN , CAP/NLO	10			Х				0	0	0	
RICHARD COOPER , NATCAP/CC	15			Х				0	C	0	
RICHARD HIMEBROOK , NM/CC	60			Х				0	C	0	
ROBERT BOST , UT/CC	38			Х				0	C	0	

Form 990, Part VII - Section Aaa

		Posit t	(C tion (hat a	chec					(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
ROBERT KOOB, KY/CC	60			Х				0	0	0	
ROBERT BRITTON , AR/CC	25			Х				0	0	0	
ROBERT CASTLE , OK/CC	40			Х				0	0	0	
ROBERT TODD , NE/CC	50			Х				0	0	0	
RODNEY MOORE, WV/CC	30			Х				0	0	0	
ROGER CAIRES , HI/CC	24			Х				0	0	0	
RONALD SCHEITZACH , IA/CC	50			Х				0	0	0	
ROY DOUGLASS , NC/CC	55			Х				0	0	0	
RUSSELL CHAZELL , CAP/CS	15			Х				0	0	0	
STANLEY SKRABUT , WY/CC	35			Х				0	0	0	
STEVEN KUDDES , NCR/CC	60			Х				0	0	0	
THOMAS BENCKERT JR , VT/CC	25			Х				0	0	0	
THOMAS THEIS , MN/CC	40			Х				0	0	0	
TILLMAN CARROLL , MS/CC	30			Х				0	0	0	
WARREN REEVES , IN/CC	25			Х				0	0	0	
WARREN VEST , CAP/NFO	8			Х				0	0	0	
WHITSON WOODARD , CAP/HC	47			Х				0	0	0	
WILLIAM CHARLES II , CAP/NC	20			Χ				0	0	0	
JOHN SALVADOR , INTERIM EXA	50					Х		129,355	0	4,077	
SUSAN EASTER , CFO	50					Х		120,848	0	5,577	
JOHNNY DEAN , DIR XP	50					Х		116,115	0	1,000	
JIM MALLETT , DIR ED	50					Х		108,579	0	220	
LARRY KAUFFMAN , EXM	50			Χ			Х	127,338	0	0	
MARK RICHARDSON , FORMER EXA	50					Х	Х	135,256	0	2,771	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a MEMBERSHIP DUES		1,905,864	1,905,864		
b PROGRAM INCOME		1,116,179	1,116,179		
c SPECIAL ACTIVITY REGISTRATION		541,552	541,552		
d CONFERENCE REGISTRATION		150,747	150,747		
e OTHER PROGRAM REVENUE		79,183	79,183		

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

WHAT BEGAN AT THE BEGINNING OF WORLD WAR II AS A GROUP OF CITIZEN VOLUNTEERS PROTECTING AMERICA'S COAST FROM ENEMY INCURSIONS HAS EVOLVED INTO TODAY'S CIVIL AIR PATROL, THE OFFICIAL AUXILIARY OF THE U.S. AIR FORCE. CAP CURRENTLY HAS A MEMBERSHIP OF 58,660, INCLUDING 23,775 CADETS, AGES 12-20. CAP HAS, AT 550, THE WORLD LARGEST FLEET OF SINGLE-ENGINE AIRCRAFT. BEST KNOWN FOR PARTICIPATION IN UP TO 90 % OF THE COUNTRY'S INLAND SEARCH AND RESCUE MISSIONS, CAP HAS THREE CORE MISSIONS: EMERGENCY SERVICES, AEROSPACE EDUCATION AND CADET PROGRAMS.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

WHAT BEGAN AT THE BEGINNING OF WORLD WAR II AS A GROUP OF CITIZEN VOLUNTEERS PROTECTING AMERICA'S COAST FROM ENEMY INCURSIONS HAS EVOLVED INTO TODAY'S CIVIL AIR PATROL, THE OFFICIAL AUXILIARY OF THE U.S. AIR FORCE. CAP CURRENTLY HAS A MEMBERSHIP OF 58,660, INCLUDING 23,775 CADETS, AGES 12-20. CAP HAS, AT 550, THE WORLD LARGEST FLEET OF SINGLE-ENGINE AIRCRAFT. BEST KNOWN FOR PARTICIPATION IN UP TO 90 % OF THE COUNTRY'S INLAND SEARCH AND RESCUE MISSIONS, CAP HAS THREE CORE MISSIONS: EMERGENCY SERVICES, AEROSPACE EDUCATION AND CADET PROGRAMS.