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| | | |
|---|--|----------------------------------|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements | OMB No 1545-0047 |
| | | 2010 |
| | | Open to Public Inspection |



| | | |
|--|---|--|
| A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011 | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization CIVIL AIR PATROL | D Employer identification number 75-6037853 |
| | Doing Business As | |
| | Number and street (or P O box if mail is not delivered to street address) 105 S HANSELL STREET | Room/suite |
| | City or town, state or country, and ZIP + 4 MAXWELL AFB, AL 36112 | |
| | F Name and address of principal officer DON ROWLAND 105 S HANSELL STREET MAXWELL AFB,AL 36112 | |
| | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) |
| | | H(c) Group exemption number ▶ |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.GOCIVILAIRPATROL.COM | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation 1941 |
| | | M State of legal domicile AL |

| | |
|---------------|----------------|
| Part I | Summary |
|---------------|----------------|

| | |
|---|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities CIVIL AIR PATROL IS THE OFFICIAL AUXILIARY OF THE U S AIR FORCE CAP ASSISTS VARIOUS FEDERAL, STATE AND LOCAL AGENCIES WITH AERIAL IMAGING SERVICES, DRUG INTERDICTION AND TRANSPORT ASSISTANCE, AND PARTICIPATES IN TRAINING PROGRAMS FOR THE US AIR FORCE CAP'S TRAINED VOLUNTEER MEMBERS SUPPORT AMERICA'S COMMUNITIES WITH EMERGENCY RESPONSE, DIVERSE AVIATION AND GROUND SERVICES, YOUTH DEVELOPMENT AND THE PROMOTION OF AIR, CYBER AND SPACE POWER CAP'S MORE THAN 61,000 MEMBERS, INCLUDING NEARLY 27,000 CADETS BETWEEN THE AGES OF 12-20, UTILIZE 550 SINGLE-ENGINE AIRCRAFT, AN EXTENSIVE COMMUNICIATIONS NETWORK AND MODERNIZED VEHICLES TO SUPPORT AMERICA'S COMMUNITIES CAP HAS DEVELOPED COMPREHENSIVE AEROSPACE EDUCATIONAL PROGRAMS WHICH PROMOTE THE USE OF "STEM" SUBJECTS-- SCIENCE, TECHNOLOGY, ENGINEERING AND MATH |
| | |
| | |
| | |
| | 2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |
| | 3 Number of voting members of the governing body (Part VI, line 1a) |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) |
| | 6 Total number of volunteers (estimate if necessary) |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 |
| b Net unrelated business taxable income from Form 990-T, line 34 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) |
| | 9 Program service revenue (Part VIII, line 2g) |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶351,221 | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | |
| 19 Revenue less expenses Subtract line 18 from line 12 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) |
| | 21 Total liabilities (Part X, line 26) |
| | 22 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.

| | | | | | |
|-------------------------------|---|----------------------|-----------------|---|--------------|
| Sign Here |  ***** Signature of officer | 2012-08-07 Date | | | |
| |  DON ROWLAND EXECUTIVE DIRECTOR Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date 2012-08-07 | Check if self-employed <input type="checkbox"/> | PTIN |
| | Firm's name ▶ CIVIL AIR PATROL | | | | Firm's EIN ▶ |
| | Firm's address ▶ 105 S HANSELL ST MONTGOMERY, AL 36112 | | | | Phone no ▶ |

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

Yes

No

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

Yes

No

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 20,872,963 including grants of \$) (Revenue \$)

EMERGENCY SERVICES IN 2011 CAP FLEW 102,565 HOURS ACROSS ALL MISSIONS CAP SAVED 57 LIVES ON SEARCH AND RESCUE MISSIONS TASKED BY THE AIR FORCE RESCUE COORDINATION CENTER AND JOINT RESCUE COORDINATION CENTERS PERSONNEL SUPPORTED HOMELAND SECURITY EFFORTS BY FLYING CAP AIRCRAFT IN INTERCEPT TRAINING FOR THE AIR FORCE AND THE DEPARTMENT OF HOMELAND SECURITY CAP ALSO FLEW OVER 8,400 HOURS ON DRUG INTERDICTION MISSIONS ALONG THE BORDERS, OVER FEDERAL PROPERTY, AND IN SUPPORT OF COMBINED FEDERAL, STATE AND LOCAL TASK FORCES CAP ALSO RESPONDED TO NUMEROUS NATURAL DISASTERS, PRIMARILY TAKING AERIAL PHOTOGRAPHS FOR USE BY LOCAL OFFICIALS AND RESPONDERS TO ASSESS DAMAGE ALLOCATING THEIR OWN FUNDS AND RESOURCES EFFECTIVELY WITH VOLUNTEER MEMBERS FROM VARIOUS BACKGROUNDS AND CAP'S EXTENSIVE PROFESSIONAL DEVELOPMENT AND TRAINING, CAP DELIVERS QUALITY AND RELIABLE SERVICES THAT ARE ALSO COST-EFFECTIVE

4b

(Code) (Expenses \$ 5,868,339 including grants of \$ 81,667) (Revenue \$)

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

4c

(Code) (Expenses \$ 2,672,708 including grants of \$) (Revenue \$)

AEROSPACE EDUCATION AND TRAINING CAP'S AEROSPACE EDUCATION PROGRAMS AND RESOURCE MATERIALS - EMPHASIZING THE STEM SUBJECTS OF SCIENCE, TECHNOLOGY, ENGINEERING AND MATH - WERE USED IN 2011 BY MORE THAN 120,000 STUDENTS AND ABOUT 2,000 TEACHERS NATIONWIDE NEW AEROSPACE PRODUCTS, TO INCLUDE ROBOTICS, REMOTE-CONTROLLED AIRCRAFT, AND ADVANCED AEROSPACE MATH WERE DEVELOPED TO EXPAND THE AE PRODUCT OFFERINGS FOR CAP MEMBERS CAP OFFERS EDUCATORS A SPECIAL AEROSPACE EDUCATION MEMBERSHIP (AEM) THAT INCLUDES NO- COST ACCESS TO OVER 40 EDUCATIONAL PRODUCTS, ORIENTATION FLIGHTS, GRANTS, AWARDS, AND PROFESSIONAL DEVELOPMENT PROGRAMS CAP AEMS FLEW OVER 250 HOURS IN ORIENTATION FLIGHTS TO LEARN, FIRST-HAND, ABOUT FLIGHT PRINCIPLES AND CAREER OPPORTUNITIES TO SHARE WITH STUDENTS IN THEIR CLASSROOMS AND YOUTH DEVELOPMENT PROGRAMS FOUR OF THESE CAP AEMS ARE AMONG THE SEVEN TEACHERS NAMED TO THE NATIONAL TEACHERS IN SPACE PROGRAM, CURRENTLY RECEIVING NASA TRAINING IN PREPARATION FOR SPACEFLIGHTS THE UNIQUE "AEROSPACE CONNECTIONS IN EDUCATION" (ACE) PROGRAM FOR GRADES K-6 IMPACTED OVER 18,000 STUDENTS IN 27 STATES AND IS DEMONSTRATING A 26% INCREASE IN SCIENCE CRITICAL THINKING SKILLS WHICH ARE IMPORTANT IN PREPARING TOMORROW'S WORKFORCE ADDITIONALLY, OVER 25,000 CAP CADETS AND OVER 35,000 CAP ADULT MEMBERS UTILIZE CAP'S MANY STEM-RELATED AEROSPACE PROGRAMS AND PRODUCTS TO LEARN MORE ABOUT AEROSPACE, AEROSPACE CAREERS, AND THE IMPORTANCE OF AEROSPACE TO OUR NATIONAL SECURITY AND ECONOMIC STRENGTH

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 1,502,839 including grants of \$) (Revenue \$)

4e






















Total program service expenses

\$ 30,916,849

Form 990 (2010)

Part IV

Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>  | 1 | Yes |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?  | 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? <i>If "Yes," complete Schedule C, Part I.</i>  | 3 | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>  | 4 | Yes |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>  | 5 | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>  | 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? <i>If "Yes," complete Schedule D, Part II.</i>  | 7 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>  | 8 | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>  | 9 | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>  | 10 | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>  | 11a | Yes |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>  | 11b | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>  | 11c | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>  | 11d | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>  | 11e | Yes |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>  | 11f | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>  | 12a | Yes |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>  | 12b | Yes |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | 13 | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | 14b | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | 15 | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | 16 | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>  | 17 | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>  | 18 | Yes |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>  | 19 | No |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> | 20a | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | |

Part IV

Checklist of Required Schedules (continued)

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

| | | | |
|---|--|------------|-----------|
| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> | | | |
| | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a | 262 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. | 2a | 191 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | 3b | Yes |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | Yes |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | No |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 Section 501(c)(7) organizations. Enter | | | |
| a | 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 | | | |
| a | 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 lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | |
| c | Enter the amount of reserves on hand. | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | |

Part VI

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

Section A. Governing Body and Management

| | | | | |
|----|---|------|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a11 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b11 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | Yes | |

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

| | | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | Yes | |
| 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? | 10b | Yes | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | No |
| 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? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 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▶ |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 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

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

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

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

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

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

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

[illegible]

Part VII

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization: 22

| | |
|----------|---|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> |

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 |
| BP AIR INCORPORATED 70 STACY HAINES ROAD LUMBERTON, NJ 08048 | AIRCRAFT MAINT | 415,234 |
| SOUTHERN AVIONICS & COMMUNICATIONS PO BOX 50009 MOBILE, AL 36605 | AIRCRAFT MAINT | 301,409 |
| WILSON PRICE PO BOX 3295 MONTGOMERY, AL 36193 | AUDITING | 216,600 |
| DAVIS DIRECT 1241 NEWELL PARKWAY MONTGOMERY, AL 36110 | PRINTING SERV | 205,155 |
| BOSHART ENTERPRISES & AIRCRAFT 4701 EAST SAILE DRIVE BATAVIA, NY 14020 | AIRCRAFT MAINT | 200,116 |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 9 | | |

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|---|---|---|----------------------|---|---|--|-----------|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 37,820,496 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,529,458 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | 208,010 | | | | |
| | h | Total. Add lines 1a-1f | | 39,349,954 | | | | |
| | Program Service Revenue | | | Business Code | | | | |
| 2a | | OTHER PROGRAM REVENUE | | 3,548,248 | | | 3,548,248 | |
| b | | MEMBERSHIP DUES | | 3,076,925 | | | 3,076,925 | |
| c | | CONFERENCE REGISTRATION | | 828,273 | | | 828,273 | |
| d | | THE VOLUNTEER MAGAZINE | 541800 | 30,793 | 87 | 30,706 | | |
| e | | AK WING PUBLICATION | 541800 | 8,254 | | 8,254 | | |
| f | | All other program service revenue | | 57,862 | | 57,862 | | |
| g | | Total. Add lines 2a-2f | | 7,550,355 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | | 271,121 | | 271,121 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross Rents | (i) Real | (ii) Personal | | | | |
| | | b | Less rental expenses | | | | | |
| | | c | Rental income or (loss) | | | | | |
| | | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b | Less cost or other basis and sales expenses | | | | | |
| | | c | Gain or (loss) | | | | | |
| | | d | Net gain or (loss) | | | 6,797 | 6,797 | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | | b | Less direct expenses | b | | | | |
| | | c | Net income or (loss) from fundraising events . . | | 1,169,035 | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . | a | | | | | |
| | | b | Less direct expenses | b | | | | |
| | | c | Net income or (loss) from gaming activities . . | | | 1,169,035 | | 1,169,035 |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | | | |
| | | b | Less cost of goods sold | b | | | | |
| | | c | Net income or (loss) from sales of inventory . . | | | 8,813 | | 8,813 |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | MISCELLANEOUS | | 848,404 | | | 848,404 | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | | 848,404 | | | | |
| 12 | Total revenue. See Instructions | | | 49,204,479 | 6,884 | 96,822 | 9,750,819 | |

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 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 | 81,667 | 81,667 | | |
| 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 | 32,707 | 32,707 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 297,608 | | 297,608 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 132,303 | 132,303 | | |
| 7 | Other salaries and wages | 9,277,662 | 2,680,901 | 6,553,482 | 43,279 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 374,751 | 100,469 | 272,205 | 2,077 |
| 9 | Other employee benefits | 1,083,276 | 241,639 | 833,541 | 8,096 |
| 10 | Payroll taxes | 775,518 | 237,864 | 534,487 | 3,167 |
| a | Fees for services (non-employees) | | | | |
| | Management | | | | |
| b | Legal | 43,376 | 9,975 | 33,401 | |
| c | Accounting | 268,100 | | 268,100 | |
| d | Lobbying | 6,928 | | | 6,928 |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | 42,970 | 6,843 | 36,127 | |
| 13 | Office expenses | 2,237,083 | 1,720,149 | 516,934 | |
| 14 | Information technology | 557,369 | | 557,369 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,523,518 | 1,046,768 | 476,750 | |
| 17 | Travel | 1,867,126 | 1,085,548 | 781,578 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 1,091,250 | 578,780 | 512,470 | |
| 20 | Interest | 2,447 | | 2,447 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 9,773,089 | 6,974,076 | 2,799,013 | |
| 23 | Insurance | 1,711,097 | 41,974 | 1,669,123 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | MISSION SUPPORT | 5,480,606 | 5,479,318 | 1,288 | |
| b | AIRCRAFT MAINTENANCE | 4,995,882 | 4,995,375 | 507 | |
| c | CADET ACTIVITIES | 2,796,132 | 2,796,132 | | |
| d | EQUIPMENT MAINTENANCE | 1,105,812 | 874,343 | 231,469 | |
| e | PROFESSIONAL SERVICES | 1,011,559 | 406,707 | 604,852 | |
| f | All other expenses | 2,998,962 | 1,393,311 | 1,317,977 | 287,674 |
| 25 | Total functional expenses. Add lines 1 through 24f | 49,568,798 | 30,916,849 | 18,300,728 | 351,221 |
| 26 | Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X

Balance Sheet

| | | | | | (A) | | (B) |
|-----------------------------|---|--|-----|-------------|-------------------|-------------|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 300 | 1 | 538 |
| | 2 | Savings and temporary cash investments | | | 1,739,039 | 2 | 12,835,905 |
| | 3 | Pledges and grants receivable, net | | | 7,882,753 | 3 | 4,739,968 |
| | 4 | Accounts receivable, net | | | 3,858,593 | 4 | 4,335,923 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | 205,560 | 8 | 159,992 |
| | 9 | Prepaid expenses and deferred charges | | | 257,978 | 9 | 351,481 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. | 10a | 179,455,050 | | | |
| | b | Less: accumulated depreciation | 10b | 96,302,265 | 77,261,077 | 10c | 83,152,785 |
| | 11 | Investments—publicly traded securities | | | 3,685,625 | 11 | 4,688,424 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 495,017 | 12 | 520,622 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 551,069 | 15 | 1,983,680 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 95,937,011 | 16 | 112,769,318 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 3,262,862 | 17 | 2,958,769 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 256,252 | 19 | 308,278 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | | 25 | 21,082 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 3,519,114 | 26 | 3,288,129 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 26,090,315 | 27 | 25,390,440 |
| | 28 | Temporarily restricted net assets | | | 66,318,949 | 28 | 83,996,037 |
| | 29 | Permanently restricted net assets | | | 8,633 | 29 | 94,712 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 92,417,897 | 33 | 109,481,189 |
| 34 | Total liabilities and net assets/fund balances | | | 95,937,011 | 34 | 112,769,318 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 49,204,479 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 49,568,798 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -364,319 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 92,417,897 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 17,427,611 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 109,481,189 |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CIVIL AIR PATROL

Employer identification number
75-6037853

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

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


| Section A. Public Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | |



| Section B. Total Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss 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 instructions) | | | | | 12 | |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | | | | | |
|--|--|--|--|--|----|--|
| 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) | | | | | 14 | |
| 15 Public Support Percentage for 2009 Schedule A, Part II, line 14 | | | | | 15 | |
| 16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | | | | | |
| b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | | | | | |
| 17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶ | | | | | | |
| b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶ | | | | | | |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶ | | | | | | |




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

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

| Section A. Public Support | | | | | | |
|---|------------|------------|------------|------------|------------|-------------|
| Calendar year (or fiscal year beginning in)  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 49,560,238 | 36,821,304 | 41,637,845 | 38,862,047 | 39,349,954 | 206,231,388 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 1,228,319 | 691,498 | 692,299 | 3,225,072 | 87 | 5,837,275 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | 8,776,129 | 8,776,129 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | 838,486 | 1,009,584 | 615,107 | 605,078 | | 3,068,255 |
| 6 Total. Add lines 1 through 5 | 51,627,043 | 38,522,386 | 42,945,251 | 42,692,197 | 48,126,170 | 223,913,047 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | 709,356 | 302,792 | 260,222 | | | 1,272,370 |
| c Add lines 7a and 7b | 709,356 | 302,792 | 260,222 | | | 1,272,370 |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | 222,640,677 |

| Section B. Total Support | | | | | | |
|--|------------|------------|------------|------------|------------|-------------|
| Calendar year (or fiscal year beginning in)  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 Amounts from line 6 | 51,627,043 | 38,522,386 | 42,945,251 | 42,692,197 | 48,126,170 | 223,913,047 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 269,276 | 348,177 | 262,450 | 253,106 | 271,121 | 1,404,130 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 269,276 | 348,177 | 262,450 | 253,106 | 271,121 | 1,404,130 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | 785,446 | 785,446 |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12) | 51,896,319 | 38,870,563 | 43,207,701 | 42,945,303 | 49,182,737 | 226,102,623 |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here  | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|--|-----------|----------|--|
| 15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 15 | 98 470 % | |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | 98 540 % | |

| Section D. Computation of Investment Income Percentage | | | |
|--|---|----|---------|
| 17 | Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f)) | 17 | 1 000 % |
| 18 | Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | 1 000 % |
| 19a | 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization  | | |
| b | 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization  | | |
| 20 | Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions  | | |

Part IV

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

Additional Data

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

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|---|-----------------------|---------|--------------|---------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| RICHARD ANDERSON CHAIR, BOARD | 15 00 | X | | | | | | 0 | 0 | 0 |
| CHARLES CARR JR CAP/CC | 40 00 | X | | X | | | | 0 | 0 | 0 |
| AMELIA COURTER CAP/CC (F) | 60 00 | X | | X | | | | 0 | 0 | 0 |
| GARRY DEAN BOARD OF GOV | 2 00 | X | | | | | | 0 | 0 | 0 |
| PAUL GRAZIANI BOARD OF GOV | 2 00 | X | | | | | | 0 | 0 | 0 |
| JOHN HOPPER JR BOARD OF GOV | 1 00 | X | | | | | | 0 | 0 | 0 |
| NICHOLAS KEHOE BOARD OF GOV | 5 00 | X | | | | | | 0 | 0 | 0 |
| NED LEE BOARD OF GOV | 25 00 | X | | | | | | 0 | 0 | 0 |
| SUSAN PAMERLEAU BOARD OF GOV | 2 00 | X | | | | | | 0 | 0 | 0 |
| SANFORD SCHLITT BOARD OF GOV | 5 00 | X | | | | | | 0 | 0 | 0 |
| JOHN SPEIGEL BOARD OF GOV | 4 00 | X | | | | | | 0 | 0 | 0 |
| DON ROWLAND NHQ/EX | 70 00 | | | X | | | | 169,297 | 0 | 9,862 |
| SUSAN EASTER NHQ/FM | 60 00 | | | X | | | | 127,715 | 0 | 12,690 |
| LEWIS ALEXANDER AR/CC | 30 00 | | | X | | | | 0 | 0 | 0 |
| REGENA AYE KS/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| DENNIS BARRON WV/CC | 30 00 | | | X | | | | 0 | 0 | 0 |
| ALVIN BEDGOOD SER/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| THOMAS BENCKERT JR VT/CC (F) | 20 00 | | | X | | | | 0 | 0 | 0 |
| WILLIAM BERNFIELD DE/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| BRIAN BISHOP OR/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| TONYA BOYLAN GA/CC | 35 00 | | | X | | | | 0 | 0 | 0 |
| ROBERT BRITTON AR/CC (F) | 25 00 | | | X | | | | 0 | 0 | 0 |
| FRANK BUETHE SWR/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| LEO BURKE MI/CC | 24 00 | | | X | | | | 0 | 0 | 0 |
| HERBERT CAHALEN MT/CC | 30 00 | | | X | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------|--|---|--------------------------|---------|--------------|---------------------------------|--------|---|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | | |
| ROGER CAIRES HI/CC | 24 00 | | | X | | | | 0 | 0 | 0 | |
| TILLMAN CARROLL MS/CC (F) | 30 00 | | | X | | | | 0 | 0 | 0 | |
| DAVID CARTER VA/CC | 43 00 | | | X | | | | 0 | 0 | 0 | |
| ROBERT CASTLE OK/CC (F) | 10 00 | | | X | | | | 0 | 0 | 0 | |
| JOE CAVETT OK/CC | 15 00 | | | X | | | | 0 | 0 | 0 | |
| WILLIAM CHARLES II CAP/NC | 20 00 | | | X | | | | 0 | 0 | 0 | |
| RUSSELL CHAZELL CAP/CS | 20 00 | | | X | | | | 0 | 0 | 0 | |
| BROOKS CIMA TX/CC | 80 00 | | | X | | | | 0 | 0 | 0 | |
| MICHAEL COOK FL/CC | 36 00 | | | X | | | | 0 | 0 | 0 | |
| BRYAN COOPER RI/CC (F) | 20 00 | | | X | | | | 0 | 0 | 0 | |
| RICHARD COOPER NATCAP/CC | 40 00 | | | X | | | | 0 | 0 | 0 | |
| GREG CORTUM RMR/CC | 40 00 | | | X | | | | 0 | 0 | 0 | |
| MICHAEL DAVIDSON VT/CC | 15 00 | | | X | | | | 0 | 0 | 0 | |
| DONALD DAVIDSON NH/CC (F) | 30 00 | | | X | | | | 0 | 0 | 0 | |
| ROY DOUGLASS NC/CC | 65 00 | | | X | | | | 0 | 0 | 0 | |
| JOHN EGGEN AZ/CC | 80 00 | | | X | | | | 0 | 0 | 0 | |
| EUGENE EGRY DE/CC (F) | 40 00 | | | X | | | | 0 | 0 | 0 | |
| J DELANO ELLIS CAP/HC | 20 00 | | | X | | | | 0 | 0 | 0 | |
| BENJAMIN EMERICK RI/CC | 40 00 | | | X | | | | 0 | 0 | 0 | |
| SEAN FAGAN NCR/CC | 30 00 | | | X | | | | 0 | 0 | 0 | |
| RICHARD GRIFFITH IN/CC | 30 00 | | | X | | | | 0 | 0 | 0 | |
| DAVID GUZMAN ID/CC (F) | 60 00 | | | X | | | | 0 | 0 | 0 | |
| CHRISTOPHER HAYDEN NER/CC | 25 00 | | | X | | | | 0 | 0 | 0 | |
| BARRY HERRIN CAP/NLO | 2 00 | | | X | | | | 0 | 0 | 0 | |
| RICHARD HIMEBROOK NM/CC(F) | 63 00 | | | X | | | | 0 | 0 | 0 | |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CASSANDRA HUCHKO CT/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| JOSEPH JENSEN SWR/CC (F) | 10 00 | | | X | | | | 0 | 0 | 0 |
| ROBERT KARTON GLR/CC | 10 00 | | | X | | | | 0 | 0 | 0 |
| BILL KAY ND/CC | 20 00 | | | X | | | | 0 | 0 | 0 |
| JOHN KNOWLES MD/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| ROBERT KOOB KY/CC | 70 00 | | | X | | | | 0 | 0 | 0 |
| STEVEN KUDDER NCR/CC (F) | 60 00 | | | X | | | | 0 | 0 | 0 |
| BILL LANE TN/CC | 50 00 | | | X | | | | 0 | 0 | 0 |
| GORDON LARSON IL/CC | 15 00 | | | X | | | | 0 | 0 | 0 |
| DANIEL LECLAIR ME/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| MARK LEE PA/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| DAVID LEHMAN WA/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| HUBBARD LINDLER JR SC/CC | 30 00 | | | X | | | | 0 | 0 | 0 |
| JOHN MAIS MO/CC (F) | 20 00 | | | X | | | | 0 | 0 | 0 |
| GREGORY MATHEWS OH/CC | 25 00 | | | X | | | | 0 | 0 | 0 |
| BARRY MELTON TN/CC (F) | 12 00 | | | X | | | | 0 | 0 | 0 |
| WILLIAM MESKILL MA/CC | 20 00 | | | X | | | | 0 | 0 | 0 |
| RALPH MILLER NV/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| JOHN MITCHELL WY/CC | 30 00 | | | X | | | | 0 | 0 | 0 |
| CHRISTIAN MOERSCH FL/CC (F) | 20 00 | | | X | | | | 0 | 0 | 0 |
| WILLIAM MORAN JR NH/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| DAVID MULL NJ/CC | 20 00 | | | X | | | | 0 | 0 | 0 |
| LARRY MYRICK PCR/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| JACK OZER NY/CC | 40 00 | | | X | | | | 0 | 0 | 0 |
| CHARLES PALMER AK/CC | 35 00 | | | X | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | | |
| KENNETH PARRIS CA/CC (F) | 20 00 | | | X | | | | | 0 | 0 | 0 |
| CLARENCE PETERS WI/CC | 30 00 | | | X | | | | | 0 | 0 | 0 |
| EDWARD PHELKA CO/CC (F) | 20 00 | | | X | | | | | 0 | 0 | 0 |
| DAVID PLUM NE/CC | 30 00 | | | X | | | | | 0 | 0 | 0 |
| LARRY RAGLAND MER/CC | 25 00 | | | X | | | | | 0 | 0 | 0 |
| DEAN REITER ND/CC (F) | 40 00 | | | X | | | | | 0 | 0 | 0 |
| LISA ROBINSON AL/CC | 10 00 | | | X | | | | | 0 | 0 | 0 |
| RAFAEL ROMAN PR/CC (F) | 40 00 | | | X | | | | | 0 | 0 | 0 |
| GERALD ROSENDAHL MN/CC | 12 00 | | | X | | | | | 0 | 0 | 0 |
| JAMES RUSHING SER/CC (F) | 50 00 | | | X | | | | | 0 | 0 | 0 |
| CECIL SCARBROUGH LA/CC | 45 00 | | | X | | | | | 0 | 0 | 0 |
| RONALD SCHEITZACH IA/CC | 56 00 | | | X | | | | | 0 | 0 | 0 |
| TERESA SCHIMELFENING SD/CC | 80 00 | | | X | | | | | 0 | 0 | 0 |
| EARL SHERWIN CO/CC | 35 00 | | | X | | | | | 0 | 0 | 0 |
| STANLEY SKRABUT WY/CC (F) | 20 00 | | | X | | | | | 0 | 0 | 0 |
| MARK SMITH NM/CC | 40 00 | | | X | | | | | 0 | 0 | 0 |
| JOE SMITH TX/CC (F) | 40 00 | | | X | | | | | 0 | 0 | 0 |
| MERLE STARR CAP/IG | 55 00 | | | X | | | | | 0 | 0 | 0 |
| JON STOKES CA/CC | 40 00 | | | X | | | | | 0 | 0 | 0 |
| CARLTON SUMNER JR MS/CC | 25 00 | | | X | | | | | 0 | 0 | 0 |
| THOMAS THEIS MN/CC (F) | 80 00 | | | X | | | | | 0 | 0 | 0 |
| FREDERICK THOMPSON ID/CC | 40 00 | | | X | | | | | 0 | 0 | 0 |
| JOSEPH VAZQUEZ CAP/CV | 35 00 | | | X | | | | | 0 | 0 | 0 |
| WARREN VEST CAP/NFO | 6 00 | | | X | | | | | 0 | 0 | 0 |
| JERRY WELLMAN UT/CC | 25 00 | | | X | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ERICA WILLIAMS MO/CC | 55 00 | | | X | | | | 0 | 0 | 0 |
| DAVID WINTERS OH/CC (F) | 15 00 | | | X | | | | 0 | 0 | 0 |
| WHITSON WOODARD CAP/HC (F) | 35 00 | | | X | | | | 0 | 0 | 0 |
| JOHN SALVADOR ASST EXECUTI | 50 00 | | | | | X | | 131,680 | 0 | 10,588 |
| JOHN DEAN JR NHQ/DO | 50 00 | | | | | X | | 123,531 | 0 | 7,736 |
| RAPHAEL ROBLES NHQ GENERAL | 60 00 | | | | | X | | 115,783 | 0 | 14,093 |
| JAMES MALLETT NHQ/ED | 40 00 | | | | | X | | 115,673 | 0 | 7,181 |
| GARY SCHNEIDER NHQ/LG | 40 00 | | | | | X | | 113,462 | 0 | 5,673 |
| LARRY KAUFFMAN FORMER OFFIC | 50 00 | | | X | | | X | 132,303 | 0 | 0 |

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

| | | | |
|---|----------------|-----------|--|
| 4d. Other program services | | | |
| (Code |) (Expenses \$ | 1,502,839 | including grants of \$) (Revenue \$) |
| COMMUNICATIONS (859,677) CAP MAINTAINS AN EXTENSIVE EMERGENCY COMMUNICATIONS NETWORK, INCLUDING 4,575 MOBILE RADIOS AND 3,100 PORTABLE RADIOS, AND 2,000 FIXED LAND RADIOS, THAT ARE INFRASTRUCTURE INDEPENDENT, YET INTEROPERABLE WITH OTHER AGENCIES, THEREBY ENSURING MESSAGES CAN BE SUCCESSFULLY RELAYED EVEN DURING CRISIS SITUATIONS CAP HAS MADE A STRONG EFFORT TO FIELD PORTABLE HF RADIO RESOURCES RECENTLY WITH ITS INCIDENT COMMAND POSTS AND GROUND TEAMS SO THAT THEY WOULD NOT BE LIMITED DURING NATURAL DISASTERS WHERE CELL PHONES AND SOME LOCAL NETWORKS ARE OFTEN DAMAGED COUNTERDRUG (341,314) IN REGARDS TO HOMELAND SECURITY AND THE WAR ON DRUGS, CAP AIRCREWS ARE USED TO SPOT ILLEGAL MARIJUANA GROW SITES AS WELL AS OTHER CLANDESTINE ACTIVITIES LIKE SUSPICIOUS ACTIVITY ALONG THE BORDER CAP ASSISTS MILITARY, FEDERAL AND STATE AGENCIES AND TASK FORCES RESPONSIBLE FOR LAW ENFORCEMENT CAP ALSO SUPPORTS PRACTICE AERIAL DRUG INTERCEPT MISSIONS SIMILAR TO THOSE CONDUCTED FOR THE AIR FORCE THIS WORK SERVES TO PROTECT AMERICA FROM BOTH DOMESTIC DRUG OPERATIONS AND DRUG TRAFFICKING ACROSS ITS BORDERS COUNTERDRUG MISSIONS LOGGED 8,393 FLYING HOURS TO KEEP DRUGS OFF OF AMERICA'S STREETS DRUG DEMAND REDUCTION (528,506) CAP HAS A FULL-BLOWN ANTI-DRUG CAMPAIGN THE CIVIL AIR PATROL DRUG DEMAND REDUCTION (DDR) PROGRAM HAS ASSISTED REGIONS, WINGS, GROUPS, AND SQUADRONS IN INSTILLING AN AGGRESSIVE, POSITIVE, DRUG-FREE ATTITUDE IN CAP MEMBERS, AIR FORCE FAMILIES, DEPARTMENT OF DEFENSE CIVILIANS, AND SCHOOL-AGED CHILDREN TO THAT END, CAP'S DDR PROGRAM PROVIDES LEADERSHIP, EDUCATIONAL MATERIALS, AND PARTNERSHIPS WITH INSTITUTIONS AND ORGANIZATIONS TO REACH THOUSANDS OF CHILDREN AND ADULTS WITH A DRUG-FREE MESSAGE ITS NATIONAL RED RIBBON WEEK EACH OCTOBER IS THE COUNTRY'S OLDEST AND LARGEST COMMUNITY AWARENESS EVENT IN SUPPORT OF HEALTHY, DRUG-FREE LIFESTYLES IN THE CADET PROGRAM, THE ANTI-DRUG MESSAGE IS REINFORCED DURING SUMMER ACTIVITIES WHERE CADETS PRODUCE THEIR OWN VIDEO MESSAGES ABOUT SUBSTANCE ABUSE, AS WELL AS IN ROUTINE SQUADRON MEETINGS FOR FISCAL YEAR 2011, CAP'S DDR PROGRAM DISTRIBUTED 265,000 RED RIBBONS TO SCHOOLS AND NUMEROUS COMMUNITIES ACROSS THE COUNTRY WITH THE HELP OF 19,122 CADETS AND 14,913 SENIOR MEMBERS WHO PARTICIPATED IN THIS AND OTHER DDR ACTIVITIES | | | |

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
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

| | |
|--|--|
| Name of the organization CIVIL AIR PATROL | Employer identification number 75-6037853 |
|--|--|

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

| | | |
|---|--|------------|
| 1 | Provide a description of the organization’s direct and indirect political campaign activities in Part IV | |
| 2 | Political expenditures | ▶ \$ _____ |
| 3 | Volunteer hours | _____ |

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

| | | |
|----|---|---|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | ▶ \$ _____ |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ _____ |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b | If “Yes,” describe in Part IV | |

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

| | | |
|---|---|---|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | ▶ \$ _____ |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities | ▶ \$ _____ |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | ▶ \$ _____ |
| 4 | Did the filing organization file Form 1120-POL for this year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV | |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing Organization's Totals | (b) Affiliated Group Totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 67,908 | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 67,908 | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 49,706,705 | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 49,774,613 | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | 1,000,000 | | | | | | | | | | | | | |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 250,000 | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| 2a Lobbying non-taxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 59,791 | 53,377 | 79,843 | 67,908 | 260,919 |
| d Grassroots non-taxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | | | | | |

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
Attach to Form 990. See separate instructions.

Name of the organization
CIVIL AIR PATROL

Employer identification number
75-6037853

Part I

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|---|
| 1 Total number at end of year | 1 | 1 |
| 2 Aggregate contributions to (during year) | 2,617 | 39,347,337 |
| 3 Aggregate grants from (during year) | 5,717 | 75,950 |
| 4 Aggregate value at end of year | 3,082 | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

| | Held at the End of the Year |
|----|-----------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☒ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☒ No

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

Part III

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

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

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐ Yes

☒ No
- b

If "Yes," explain the arrangement in Part XIV and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?
- ☐ Yes

☒ No
- b


If "Yes," explain the arrangement in Part XIV


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


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

- 2

Provide the estimated percentage of the year end balance held as
- a

Board designated or quasi-endowment 
- b

Permanent endowment 
- c

Term endowment 
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

3a(i)

No

3a(ii)


No
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 3b

No
- 4

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

Part VI 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) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 90,400 | | 90,400 |
| b Buildings | | 7,721,169 | 3,374,105 | 4,347,064 |
| c Leasehold improvements | | | | |
| d Equipment | | 22,554,110 | 11,596,807 | 10,957,303 |
| e Other | | 149,089,371 | 81,331,353 | 67,758,018 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)  | | | | 83,152,785 |

Part XI

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

| | | | |
|----|---|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 49,204,479 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 49,568,798 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -364,319 |
| 4 | Net unrealized gains (losses) on investments | 4 | -38,909 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -38,909 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -403,228 |

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 55,319,912 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | -38,909 |
| b | Donated services and use of facilities | 2b | 6,154,342 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 6,115,433 |
| 3 | Subtract line 2e from line 1 | 3 | 49,204,479 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 49,204,479 |

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 55,723,140 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 6,154,342 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 6,154,342 |
| 3 | Subtract line 2e from line 1 | 3 | 49,568,798 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 49,568,798 |

Part XIV

Supplemental Information

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

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

Part II Fundraising Events.

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

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|--|--|--------------|------------------|-------------------------------|
| | | FUNDRAISING EVE | | | (Add col (a) through col (c)) |
| | | (event type) | (event type) | (total number) | |
| | | | | | |
| 1 | Gross receipts | 1,169,035 | | | 1,169,035 |
| 2 | Less Charitable contributions | | | | |
| 3 | Gross income (line 1 minus line 2) | 1,169,035 | | | 1,169,035 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Non-cash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | | | |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | |
| | 11 | Net income summary Combine lines 3 and 10 in column (d). ▶ | | | |
| | | | | | 1,169,035 |

Part III Gaming.

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

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|---|-------------------------|---------------------------------|---|------------------|-------------------------------|
| | | | | | (Add col (a) through col (c)) |
| 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | | | |
| | | | | | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | | |
| 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | | |

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

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

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CIVIL AIR PATROL

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
75-6037853

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| | | | | | | | |
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| | | | | | | | |

2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

Part III

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

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV

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

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

Software ID:

Software Version:

EIN: 75-6037853

Name: CIVIL AIR PATROL

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV , appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|---|---------------------------------------|
| AFA GRANT WINNER | 94 | 23,900 | | | |
| CADET ACADEMIC SCHOLARSHI | 22 | 32,200 | | | |
| DAEDALIAN SCHLARSHIP | 11 | 5,717 | | | |
| SENIOR SCHOLARSHIPS | 12 | 12,000 | | | |
| ACE SCHOLARSHIPS | 6 | 700 | | | |
| LIVINGSTON SCHOLARSHIP | 2 | 4,000 | | | |
| ED LEWIS SCHOLARSHIP | 2 | 2,000 | | | |
| OUTSTANDING CADET | 1 | 650 | | | |
| REILLY AWARD | 1 | 500 | | | |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

| | |
|--|--|
| Name of the organization CIVIL AIR PATROL | Employer identification number 75-6037853 |
|--|--|

Part I

Questions Regarding Compensation

| | Yes | No |
|--|-----|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | |
| <input type="checkbox"/> First-class or charter travel | | |
| <input type="checkbox"/> Travel for companions | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | | |
| <input type="checkbox"/> Discretionary spending account | | |
| <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | |
| 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | |
| <input type="checkbox"/> Compensation committee | | |
| <input type="checkbox"/> Independent compensation consultant | | |
| <input type="checkbox"/> Form 990 of other organizations | | |
| <input type="checkbox"/> Written employment contract | | |
| <input type="checkbox"/> Compensation survey or study | | |
| <input type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | |
| a Receive a severance payment or change-of-control payment from the organization or a related organization? | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | No |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | |
| Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | |
| 5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | |
| a The organization? | 5a | No |
| b Any related organization? | 5b | No |
| If "Yes," to line 5a or 5b, describe in Part III | | |
| 6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | |
| a The organization? | 6a | No |
| b Any related organization? | 6b | No |
| If "Yes," to line 6a or 6b, describe in Part III | | |
| 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | No |
| 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | No |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | |

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

For each individual whose compensation must be reported 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-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) DON ROWLAND | (i) (ii) | 157,007 | | 12,290 | 8,465 | 1,397 | 179,159 | |
| (2) LARRY KAUFFMAN | (i) (ii) | 128,235 | 4,068 | | | | 132,303 | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

Part III **Supplemental Information**

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

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
CIVIL AIR PATROL

Employer identification number
75-6037853

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

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

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|-------------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c)Original principal amount | (d)Balance due | (e) In default? | | (f) Approved by board or committee? | | (g)Written agreement? | |
|---|---------------------------------------|------|------------------------------|----------------|-----------------|----|-------------------------------------|----|-----------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total ▶ \$ _____ | | | | | | | | | | |

Part III Grants or Assistance Benefitting Interested Persons.

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

| (a) Name of interested person | (b)Relationship between interested person and the organization | (c)Amount of grant or type of assistance |
|-------------------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Part IV

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) ROBIN VEST | OFFICER SPOUSE | 110,391 | EMPLOYEE COMP | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V

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

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CIVIL AIR PATROL

Employer identification number
75-6037853

Part I

Types of Property

| | (a) Check if applicable | (b) Number of Contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining oncash contribution amounts |
|---|----------------------------|---|--|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles . . | X | 1 | 2,400 | NADA VALUE |
| 7 Boats and planes | | | | |
| 8 Intellectual property . . . | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests . | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other . . | | | | |
| 15 Real estate—Residential . | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other . . . | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts . . . | | | | |
| 23 Scientific specimens . . . | | | | |
| 24 Archeological artifacts . | | | | |
| VARIOUS | | | | |
| 25 Other ► (ITEMS) | X | 8 | 22,046 | FMV OR COST OF ITEM |
| MOD | | | | |
| 26 Other ► (BUILDING) | X | 1 | 5,000 | FMV |
| FACILITY | | | | |
| 27 Other ► (REPAIR) | X | 4 | 145,758 | INVOICE COST |
| AIRCRAFT | | | | |
| 28 Other ► (FUEL) | X | 2 | 32,806 | FUEL COST AT DATE OF DON |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | | | 29 | |
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | | | Yes No |
| b If "Yes," describe the arrangement in Part II | | | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | | | Yes No |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | | | | Yes No |
| b If "Yes," describe in Part II | | | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II | | | | |

Part III

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

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

| | | |
|---|---|---------------------------|
| <div><div>SCHEDULE O</div><div>(Form 990 or 990-EZ)</div><div>Department of the Treasury</div><div>Internal Revenue Service</div></div> | <div>Supplemental Information to Form 990 or 990-EZ</div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</div> <div>▶ Attach to Form 990 or 990-EZ.</div> | OMB No 1545-0047 |
| | | 2010 |
| | | Open to Public Inspection |
| <div>Name of the organization</div> <div>CIVIL AIR PATROL</div> | <div>Employer identification number</div> <div>75-6037853</div> | |

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

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

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

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

| Identifier | Return Reference | Explanation |
|------------------------------------|-------------------------------------|--|
| ALL OTHER ACHIEVEMENTS DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4D | <p>COMMUNICATIONS (859,677) CAP MAINTAINS AN EXTENSIVE EMERGENCY COMMUNICATIONS NETWORK, INCLUDING 4,575 MOBILE RADIOS AND 3,100 PORTABLE RADIOS, AND 2,000 FIXED LAND RADIOS, THAT ARE INFRASTRUCTURE INDEPENDENT, YET INTEROPERABLE WITH OTHER AGENCIES, THEREBY ENSURING MESSAGES CAN BE SUCCESSFULLY RELAYED EVEN DURING CRISIS SITUATIONS CAP HAS MADE A STRONG EFFORT TO FIELD PORTABLE HF RADIO RESOURCES RECENTLY WITH ITS INCIDENT COMMAND POSTS AND GROUND TEAMS SO THAT THEY WOULD NOT BE LIMITED DURING NATURAL DISASTERS WHERE CELL PHONES AND SOME LOCAL NETWORKS ARE OFTEN DAMAGED COUNTERDRUG (341,314) IN REGARDS TO HOMELAND SECURITY AND THE WAR ON DRUGS, CAP AIRCREWS ARE USED TO SPOT ILLEGAL MARIJUANA GROW SITES AS WELL AS OTHER CLANDESTINE ACTIVITIES LIKE SUSPICIOUS ACTIVITY ALONG THE BORDER CAP ASSISTS MILITARY, FEDERAL AND STATE AGENCIES AND TASK FORCES RESPONSIBLE FOR LAW ENFORCEMENT CAP ALSO SUPPORTS PRACTICE AERIAL DRUG INTERCEPT MISSIONS SIMILAR TO THOSE CONDUCTED FOR THE AIR FORCE THIS WORK SERVES TO PROTECT AMERICA FROM BOTH DOMESTIC DRUG OPERATIONS AND DRUG TRAFFICKING ACROSS ITS BORDERS COUNTERDRUG MISSIONS LOGGED 8,393 FLYING HOURS TO KEEP DRUGS OFF OF AMERICA'S STREETS DRUG DEMAND REDUCTION (528,506) CAP HAS A FULL-BLOWN ANTI-DRUG CAMPAIGN THE CIVIL AIR PATROL DRUG DEMAND REDUCTION (DDR) PROGRAM HAS ASSISTED REGIONS, WINGS, GROUPS, AND SQUADRONS IN INSTILLING AN AGGRESSIVE, POSITIVE, DRUG-FREE ATTITUDE IN CAP MEMBERS, AIR FORCE FAMILIES, DEPARTMENT OF DEFENSE CIVILIANS, AND SCHOOL-AGED CHILDREN TO THAT END, CAP'S DDR PROGRAM PROVIDES LEADERSHIP, EDUCATIONAL MATERIALS, AND PARTNERSHIPS WITH INSTITUTIONS AND ORGANIZATIONS TO REACH THOUSANDS OF CHILDREN AND ADULTS WITH A DRUG-FREE MESSAGE ITS NATIONAL RED RIBBON WEEK EACH OCTOBER IS THE COUNTRY'S OLDEST AND LARGEST COMMUNITY AWARENESS EVENT IN SUPPORT OF HEALTHY, DRUG-FREE LIFESTYLES IN THE CADET PROGRAM, THE ANTI-DRUG MESSAGE IS REINFORCED DURING SUMMER ACTIVITIES WHERE CADETS PRODUCE THEIR OWN VIDEO MESSAGES ABOUT SUBSTANCE ABUSE, AS WELL AS IN ROUTINE SQUADRON MEETINGS FOR FISCAL YEAR 2011, CAP'S DDR PROGRAM DISTRIBUTED 265,000 RED RIBBONS TO SCHOOLS AND NUMEROUS COMMUNITIES ACROSS THE COUNTRY WITH THE HELP OF 19,122 CADETS AND 14,913 SENIOR MEMBERS WHO PARTICIPATED IN THIS AND OTHER DDR ACTIVITIES</p> |

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

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

| Identifier | Return Reference | Explanation |
|--------------------------------|-----------------------------------|---|
| OFFICERS WHO CANNOT BE REACHED | FORM 990, PAGE 6, PART VI, LINE 9 | LEWIS ALEXANDER 8508 MEADOW OAKS LANE FORT SMITH, AR 72903 RICHARD ANDERSON 11239 RAMROD R OAD WOODBRIDGE, VA 22192 REGENA AYE 211 HOLLIDAY OSAGE CITY, KS 66523 DENNIS BARRON 217 DA RDEN COURT WEST MARTINSBURG, WV 25403 ALVIN BEDGOOD PO BOX 18264 TAMPA, FL 33679 THOMAS BE NCKERT, JR PO BOX 636 SWANTON, VT 05488 WILLIAM BERNFIELD 221 SORRELL CIRCLE SMYRNA, DE 19 977 BRIAN BISHOP 5070 NW MILLSTONE WAY PORTLAND, OR 97229 TONYA BOY LAN 4115 SOUTH AIRPORT RD NW ATLANTA, GA 30336 ROBERT BRITTON 3407 WOLF CREEK BRY ANT, AR 72022 FRANK BUETHE 48 DE SERT MOUNTAIN RD PLACITAS, NM 87043 LEO BURKE 35539 HEATHERLY PLACE STERLING HEIGHTS, MI 4 8310 HERBERT CAHALEN 11579 NOR RAY CIRCLE IJAMSVILLE, MD 21754 ROGER CAIRES 4487 IKENA PLA CE KALAHEO, HI 96741 CHARLES CARR, JR 397 CONNORS GROVE COLUMBUS, OH 43213 TILLMAN CARROLL 546 ELLSWORTH ST MEMPHIS, TN 38111 DAVID CARTER 20 LAKE CAROLINE DR RUTHER GLEN, VA 22546 ROBERT CASTLE 705 BRIARWOOD DR MIDWEST CITY, OK 73130 JOE CAVETT 19417 E 48TH ST BROKEN ARROW, OK 74014 WILLIAM CHARLES, II 61957 TICONDEROGA, UNIT 6 SOUTH LY ON, MI 48178 RUSSELL CHAZELL 603 VILLAGE GROVE DR, UNIT 104 FREDERICK, MD 21703 BROOKS CIMA 22907 RED RIVER RO AD KATY, TX 77450 MICHAEL COOK 10329 SHELBY CREEK ROAD N JACKSONVILLE, FL 32221 BRY AN COOP ER 35 TOWNSEND ST BARRINGTON, RI 02806 RICHARD COOPER 200 MCCHORD ST SW, SUITE 111 WASHING TON, DC 20032 GREG CORTUM 3820 ZURICH DR COLORADO SPRINGS, CO 80920 AMELIA COURTER 9081 SI LVERSIDE DR SOUTH LY ON, MI 48178 MICHAEL DAVIDSON 41 ROUTE 4A EAST CASTELTON, VT 05735 DON ALD DAVIDSON 71 BROWNING AVENUE NASHUA, NJ 03062 GARRY DEAN PSC 813 BOX 136 FPO, AE 09620 ROY DOUGLASS 8505 HOPKINS ROAD ROUGEMONT, NC 27572 JOHN EGGEN 13809 N 62ND STREET SCOTTSDA LE, AZ 85254 EUGENE EGRY PO BOX 11285 WILMINGTON, DE 19850 J DELANO ELLIS 11655 REGENT PA RK DR MUNSON TOWNSHIP, OH 44024 BENJAMIN EMERICK 35 BURCHARD AVE LITTLE COMPTON, RI 02837 SEAN FAGAN 237 SAVOY DR LAKE SAINT LOUIS, MO 63367 PAUL GRAZIANI 220 VALEY CREEK BLVD EXTO N, PA 19341 RICHARD GRIFFITH 2810 E 66TH STREET INDIANAPOLIS, IN 46220 DAVID GUZMAN 763 E RIVERCHASE WAY EAGLE, ID 83616 CHRISTOPHER HAYDEN 2 PURPOODOCK DR CAPE ELIZABETH, ME 0410 7 BARRY HERRIN 1180 W PEACHTREE ST, STE 2300 ATLANTA, GA 30309 RICHARD HIMEBROOK 1092 MART INGALE TRAIL BANDERA, TX 78003 JOHN HOPPER, JR 6361 BRAMPTON CT ALEXANDRIA, VA 22304 CASSA NDRA HUCHKO 15 HELEN ST PLAINVILLE, CT 06062 JOSEPH JENSEN 6 HAYFIELD ROAD LITTLE ROCK, AR 72207 ROBERT KARTON 1440 N LAKE SHORE DR, APT 21A CHICAGO, IL 60610 LARRY KAUFFMAN 11 N DEER PLACE HAINESPORT, NJ 08036 BILL KAY 1300 15TH ST SE MINOT, ND 58701 NICHOLAS KEHOE 76 22 SHREVE ROAD FALLS CHURCH, VA 22043 JOHN KNOWLES 105 CRYSTAL SPRING DRIVE ASHTON, MD 208 61 ROBERT KOOB 135 WILLIAMSBURG DR FORT MITCHELL, KY 41017 STEVEN KUDDER 1636 NORTH UNION FREMONT, NE 68025 BILL LANE 772 LIBERTY DR KINGSPORT, TN 37663 GORDON LARSON 1513 TULANE D RIVE NAPERVILLE, IL 60565 DANIEL LECLAIR 377 CENTER MINOT HILL RD MINOT, ME 04258 NED LEE 101 NORTH FIRST ST SAN JOSE, CA 95037 MARK LEE 12014 SALINA PLACE PHILADELPHIA, PA 19154 D AVID LEHMAN 17621 SE 297TH PL KENT, WA 98042 HUBBARD LINDLER, JR 132 BRIDGEWOOD CT GILBER T, SC 29054 JOHN MAIS 1154 NE MULBERRY ST LEE'S SUMMIT, MO 64086 GREGORY MATHEWS 10062 OXF ORD DRIVE NW PICKERINGTON, OH 43147 BARRY MELTON 4689 NAVAHO TRAIL, NW CLEVELAND, TN 37312 WILLIAM MESKILL 11 LAWRENCE ST NORTH BILLERICA, MA 01862 RALPH MILLER PO BOX 11735 ZEPHYR COVE, NV 89448 JOHN MITCHELL 2112 KIRKWOOD COURT FORT COLLINS, CO 80525 CHRISTIAN MOERSCH 2115 SPRINGWATER LANE PORT ORANGE, FL 32128 WILLIAM MORAN, JR 30 BEACON HILL RD GILFORD, NH 03249 DAVID MULL 204 E MIAMI AVE CHERRY HILL, NJ 08034 LARRY MYRICK 3930 HOLLYHOCK WAY SAN LUIS OBISPO, CA 93401 JACK OZER 5 OAK PLACE SELDEN, NY 11784 CHARLES PALMER 1352 S C ENTURY CIR, APT 103 WASILLA, AK 99654 SUSAN PAMERLEAU 230 DWYER AVENUE, 1102 SAN ANTONIO, TX 78204 KENNETH PARRIS 7717 BONNIEWOOD COURT DUBLIN, CA 94568 CLARENCE PETERS 772 PLEASAN T OAK DR OREGON, WI 53575 EDWARD PHELKA 38 E ROYAL ST GEORGE VERNON HILLS, IL 60061 DAVID PLUM 9227 COUNTY ROAD 151 SAVANNAH, MO 64485 LARRY RAGLAND 1500 FRIENDSHIP DR SANFORD, NC 27330 DEAN REITER 126 IDA AVE BURLINGTON, ND 58722 LISA ROBINSON 810 WILLOW ST MAXWELL AF B, AL 36112 RAFAEL ROMAN MM 20 STREET 22 JARDINES DE CAPARRA BAY AMON, PR 00959 GERALD ROSE NDAHL 555 MARMIK CIRCLE HASTINGS, MN 55033 DON ROWLAND 105 S HANSELL ST MAXWELL AFB, AL 36 112 JAMES RUSHING 2102 SOUTHWOOD DR MARYVILLE, TN 37803 CECIL SCARBROUGH 9355 WOODBINE ST BATON ROUGE, LA 70815 RONALD SCHEITZACH 665 CESSNA DR DUBUQUE, IA 52001 TERESA SCHIMELFENI NG 3610 5TH STREET, APT 114 RAPID CITY, SD 57701 SANFORD SCHLITT 491 MEADOW LARK DR SARASO TA, FL 34236 EARL SHERWIN 7230 MEDICINE BOW AVE FOUNTAIN, CO 80817 STANLEY SKRABUT 659 N 1 0TH STREET LARAMIE, WY 82072 MARK SMITH 7916 WOODLEAF DRIVE NE ALBUQUERQUE, NM 87109 JOE S MITH 2965 S SHEPERDS GLEN WICHITA FALLS, TX 76308 JOHN SPEIGEL 10601 CHAMBERLAIN DR VIENNA , VA 22182 MERLE STARR 6611 SIERRA DR, SE LACEY , W |

| Identifier | Return Reference | Explanation |
|--------------------------------|-----------------------------------|---|
| OFFICERS WHO CANNOT BE REACHED | FORM 990, PAGE 6, PART VI, LINE 9 | A 98503 JON STOKES 208 S JUANITA STREET, UNIT A REDONDO BEACH, CA 90277 CARLTON SUMNER, JR 501 ELLIE PLACE COLLIERVILLE, TN 38017 THOMAS THEIS 5737 35TH AVENUE SOUTH MINNEAPOLIS, M N 55417 FREDERICK THOMPSON 2245 NE SUMMERWIND DR MOUNTAIN HOME, ID 83647 JOSEPH VAZQUEZ 34 20 PUMP ROAD 108 HENRICO, VA 23233 WARREN VEST 3184 SOMERSET DR JEFFERSONTON, VA 22724 JER RY WELLMAN 4791 S TOWNSEND CIRCLE KEARNS, UT 84118 ERICA WILLIAMS 774 EAST YERBY MARSHALL, MO 65340 DAVID WINTERS 8041 RAMEY S CROSSING DRIVE BLACKLICK, OH 43004 WHITSON WOODARD 339 5 MEADOW WAY ROCKLIN, CA 95677 |

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

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

| Identifier | Return Reference | Explanation |
|---|--|--|
| COMPENSATION PROCESS FOR TOP OFFICIAL | FORM 990, PAGE 6, PART VI, LINE 15A | CIVIL AIR PATROL BOARD OF GOVERNORS CHAIRMAN REVIEWS AND APPROVES THE EMPLOYMENT CONTRACT OF OUR EXECUTIVE DIRECTOR, INCLUDING COMPENSATION AFTER HAVING REVIEWED THE COMPENSATION SURVEY FROM GUIDESTAR |

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

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

| Identifier | Return Reference | Explanation |
|---|---------------------------|---|
| OTHER CHANGES IN NET ASSETS EXPLANATION | FORM 990, PART XI, LINE 5 | CIVIL AIR PATROL HAS BEEN WORKING DILIGENTLY WITH THE IRS TO ELIMINATE THE EINS OF OUR 1400+ SUBORDINATE UNITS. IN THE PAST, CAP HAS FILED THIS RETURN AS THE PARENT ORGANIZATION, AND A GROUP RETURN FOR ALL OF THE SUBORDINATE UNITS. NOW THAT ALL SUBORDINATES HAVE MERGED INTO THE PARENT EIN, ONLY THIS RETURN IS REQUIRED. THE ENTRIES FOR OTHER CHANGES IN NET ASSETS REFLECT THE TRANSFER OF ASSETS FROM THE GROUP RETURN FOR FY 10. THIS LINE ALSO INCLUDES UNREALIZED GAIN/LOSS ON INVESTMENTS. |