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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012</b>		<b>D Employer identification number</b>	
<b>B</b> Check if applicable	<b>C</b> Name of organization CIVIL AIR PATROL		75-6037853
<input type="checkbox"/> Address change	Doing Business As		<b>E Telephone number</b>
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite 105 S HANSELL STREET		(334) 953-7748
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 MAXWELL AFB, AL 36112		<b>G</b> Gross receipts \$ 56,928,783
<input type="checkbox"/> Terminated	<b>F</b> Name and address of principal officer DON ROWLAND 105 S HANSELL STREET MAXWELL AFB, AL 36112		
<input type="checkbox"/> Amended return			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending			<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number ▶
<b>J Website:</b> ▶ WWW.GOCIVILAIRPATROL.COM			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1941	<b>M</b> State of legal domicile AL

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

<b>Part II</b>	<b>Signature Block</b>
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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.

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

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

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

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?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 22,130,095 including grants of \$ ) (Revenue \$ )

EMERGENCY SERVICES IN 2012 CAP FLEW 100,466 HOURS ACROSS ALL MISSIONS CAP SAVED 32 LIVES ON SEARCH AND RESCUE MISSIONS TASKED BY THE AIR FORCE RESCUE COORDINATION CENTER AND JOINT RESCUE COORDINATION CENTERS PERSONNEL SUPPORTED HOMELAND SECURITY EFFORTS BY FLYING CAP AIRCRAFT IN INTERCEPT TRAINING FOR THE AIR FORCE AND THE DEPARTMENT OF HOMELAND SECURITY CAP ALSO FLEW OVER 8,370 HOURS ON DRUG INTERDICTION MISSIONS ALONG THE BORDERS, OVER FEDERAL PROPERTY, AND IN SUPPORT OF COMBINED FEDERAL, STATE AND LOCAL TASK FORCES CAP ALSO RESPONDED TO NUMEROUS NATURAL DISASTERS, PRIMARILY TAKING AERIAL PHOTOGRAPHS FOR USE BY LOCAL OFFICIALS AND RESPONDERS TO ASSESS DAMAGE ALLOCATING THEIR OWN FUNDS AND RESOURCES EFFECTIVELY WITH VOLUNTEER MEMBERS FROM VARIOUS BACKGROUNDS AND CAP'S EXTENSIVE PROFESSIONAL DEVELOPMENT AND TRAINING, CAP DELIVERS QUALITY AND RELIABLE SERVICES THAT ARE ALSO COST-EFFECTIVE

4b

(Code ) (Expenses \$ 5,920,115 including grants of \$ 53,000 ) (Revenue \$ )

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

4c

(Code ) (Expenses \$ 2,538,009 including grants of \$ ) (Revenue \$ )

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

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

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

4d

Other program services (Describe in Schedule O )

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

4e

Total program service expenses

\$ 32,180,069

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	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? If "Yes," complete Schedule C, Part III.	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	Yes
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	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? If "Yes," complete Schedule D, Part IV.	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	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? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.	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? If "Yes," complete Schedule D, Part VIII.	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? If "Yes," complete Schedule D, Part IX.	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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)? If "Yes," complete Schedule D, Part X.	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II and IV.	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? If "Yes," complete Schedule F, Part III and IV.	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II.	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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	349		
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, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return . . . . .			2a	182		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes		
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 or securities 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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13b			
c	Enter the aggregate 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 . . . . .		
1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	11
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	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	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	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	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	Yes
11a	Has the organization provided a complete 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 the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> SUSAN EASTER 105 S HANSELL STREET MAXWELL AFB, AL 36112 (334) 953-7748

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

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

Form **990** (2011)

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	1,054,382		80,048

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 25

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	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> . . . . .	<b>4</b> Yes	
<b>5</b>	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> . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

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

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

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

Part VIII

Statement of Revenue

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

Part IX

Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	53,000	53,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	11,940	11,940		
5	Compensation of current officers, directors, trustees, and key employees	495,989		495,989	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,083,213	2,631,768	6,451,445	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	358,257	101,232	257,025	
9	Other employee benefits	1,047,147	229,287	817,860	
10	Payroll taxes	753,417	227,102	526,315	
11	Fees for services (non-employees)				
a	Management				
b	Legal	45,450		45,450	
c	Accounting	242,350		242,350	
d	Lobbying	6,810			6,810
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	47,690	8,312	39,378	
13	Office expenses	2,795,645	2,550,074	245,571	
14	Information technology	1,532,663	6,927	1,525,736	
15	Royalties				
16	Occupancy	1,513,188	1,057,264	455,924	
17	Travel	1,895,593	1,090,907	804,686	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,087,715	580,506	507,209	
20	Interest	2,428		2,428	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,802,649	7,286,309	2,516,340	
23	Insurance	1,765,917	49,857	1,716,060	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	AIRCRAFT MAINTENANCE	5,495,506	5,495,506		
b	MISSION SUPPORT	5,376,072	5,375,790	282	
c	CADET ACTIVITIES	2,941,395	2,920,264	21,131	
d	PROFESSIONAL SERVICES	983,320	442,112	541,208	
e					
f	All other expenses	2,953,679	2,061,912	891,767	
25	Total functional expenses. Add lines 1 through 24f	50,291,033	32,180,069	18,104,154	6,810
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

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

**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	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	
<b>d</b>	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		
<b>3a</b>	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>b</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

2011

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 **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 Se**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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

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

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization 	
b	<b>33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization 	
17a	<b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 	
b	<b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 	
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 	




Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	36,821,304	41,637,845	38,862,047	39,349,954	45,022,606	201,693,756
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	691,498	692,299	3,225,072	87	100	4,609,056
3 Gross receipts from activities that are not an unrelated trade or business under section 513				8,776,129	8,054,088	16,830,217
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge	1,009,584	615,107	605,078	6,154,343	6,246,683	14,630,795
6 Total. Add lines 1 through 5	38,522,386	42,945,251	42,692,197	54,280,513	59,323,477	237,763,824
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	302,792	260,222				563,014
c Add lines 7a and 7b	302,792	260,222				563,014
8 Public Support (Subtract line 7c from line 6 )						237,200,810

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

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

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	17	1 000 %
18	Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	18	1 000 %
19a	<b>33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b	<b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
20	<b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

**Part IV**

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

Facts And Circumstances Test

Explanation

SCHEDULE C  
(Form 990 or 990-EZ)

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

2011

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, line 35c (Proxy Tax), then

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

Name of the organization CIVIL AIR PATROL	Employer identification number 75-6037853
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<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 function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file <b>Form 1120-POL</b> 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		66,691													
c Total lobbying expenditures (add lines 1a and 1b)		66,691													
d Other exempt purpose expenditures		50,936,845													
e Total exempt purpose expenditures (add lines 1c and 1d)		51,003,536													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	53,377	79,843	67,908	66,691	267,819
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B

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

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

2011

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

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)	8,837	45,013,919
3 Aggregate grants from (during year)	6,350	46,650
4 Aggregate value at end of year	5,570	
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 0

4 Number of states where property subject to conservation easement is located 0

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 0

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
\$ 0

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

\$ 0

(ii) Assets included in Form 990, Part X

\$ 0

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

\$ 0

b Assets included in Form 990, Part X

\$ 0

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

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



Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
CIVIL AIR PATROL

Employer identification number  
75-6037853

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

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

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

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

3

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

-----

All States

-----

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events.

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

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

Part III Gaming.

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

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

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

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

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a

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

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

17

Mandatory distributions

a

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

☐ Yes ☐ No

b

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

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

Identifier	ReturnReference	Explanation
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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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

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

2

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

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

**Part III**

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

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

**Part IV**

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

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

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
CIVIL AIR PATROL

Employer identification number  
75-6037853

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>1b</div> <div>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.</div>		
<div>2</div> <div>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?</div>		
<div>3</div> <div>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.</div> <div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>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:</div>		
<div>4a</div> <div>Receive a severance payment or change-of-control payment?</div>		No
<div>4b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>		No
<div>4c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>		No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>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:</div>		
<div>5a</div> <div>The organization?</div>		No
<div>5b</div> <div>Any related organization?</div>		No
<div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>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:</div>		
<div>6a</div> <div>The organization?</div>		No
<div>6b</div> <div>Any related organization?</div>		No
<div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>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.</div>		No
<div>8</div> <div>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.</div>		No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>		

Part II

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

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

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

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

**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
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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  
**2011**  
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	113,074	EMPLOYEE COMP		No

Part V

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

Identifier	Return Reference	Explanation
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SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	15,000	FMV AT TIME OF DONATION
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	1	15,035	FMV OR COST OF ITEM
AIRCRAFT				
26 Other ► ( FUEL )	X	1	5,198	FUEL COST AT DATE OF DON
27 Other ► ( )				
28 Other ► ( )				

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? . . . . .

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

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

Yes

No

No

No

No

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

Cat No 51227J

Schedule M (Form 990) 2011

Part II

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

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
CIVIL AIR PATROL**Employer identification number**

75-6037853

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

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

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

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

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	<p>COMMUNICATIONS (739,386) CAP MAINTAINS AN EXTENSIVE EMERGENCY COMMUNICATIONS NETWORK, INCLUDING 4,575 MOBILE RADIOS AND 3,100 PORTABLE RADIOS, AND 2,000 FIXED LAND RADIOS, THAT ARE INFRASTRUCTURE INDEPENDENT, YET INTEROPERABLE WITH OTHER AGENCIES, THEREBY ENSURING MESSAGES CAN BE SUCCESSFULLY RELAYED EVEN DURING CRISIS SITUATIONS CAP HAS MADE A STRONG EFFORT TO FIELD PORTABLE HF RADIO RESOURCES RECENTLY WITH ITS INCIDENT COMMAND POSTS AND GROUND TEAMS SO THAT THEY WOULD NOT BE LIMITED DURING NATURAL DISASTERS WHERE CELL PHONES AND SOME LOCAL NETWORKS ARE OFTEN DAMAGED COUNTERDRUG (326,920) IN REGARDS TO HOMELAND SECURITY AND THE WAR ON DRUGS, CAP AIRCREWS ARE USED TO SPOT ILLEGAL MARIJUANA GROW SITES AS WELL AS OTHER CLANDESTINE ACTIVITIES LIKE SUSPICIOUS ACTIVITY ALONG THE BORDER CAP ASSISTS MILITARY, FEDERAL AND STATE AGENCIES AND TASK FORCES RESPONSIBLE FOR LAW ENFORCEMENT CAP ALSO SUPPORTS PRACTICE AERIAL DRUG INTERCEPT MISSIONS SIMILAR TO THOSE CONDUCTED FOR THE AIR FORCE THIS WORK SERVES TO PROTECT AMERICA FROM BOTH DOMESTIC DRUG OPERATIONS AND DRUG TRAFFICKING ACROSS ITS BORDERS COUNTERDRUG MISSIONS LOGGED 8,370 FLYING HOURS TO KEEP DRUGS OFF OF AMERICA'S STREETS DRUG DEMAND REDUCTION (525,544) CAP HAS A FULL-BLOWN ANTI-DRUG CAMPAIGN THE CIVIL AIR PATROL DRUG DEMAND REDUCTION (DDR) PROGRAM HAS ASSISTED REGIONS, WINGS, GROUPS, AND SQUADRONS IN INSTILLING AN AGGRESSIVE, POSITIVE, DRUG-FREE ATTITUDE IN CAP MEMBERS, AIR FORCE FAMILIES, DEPARTMENT OF DEFENSE CIVILIANS, AND SCHOOL-AGED CHILDREN TO THAT END, CAP'S DDR PROGRAM PROVIDES LEADERSHIP, EDUCATIONAL MATERIALS, AND PARTNERSHIPS WITH INSTITUTIONS AND ORGANIZATIONS TO REACH THOUSANDS OF CHILDREN AND ADULTS WITH A DRUG-FREE MESSAGE ITS NATIONAL RED RIBBON WEEK EACH OCTOBER IS THE COUNTRY'S OLDEST AND LARGEST COMMUNITY AWARENESS EVENT IN SUPPORT OF HEALTHY, DRUG-FREE LIFESTYLES IN THE CADET PROGRAM, THE ANTI-DRUG MESSAGE IS REINFORCED DURING SUMMER ACTIVITIES WHERE CADETS PRODUCE THEIR OWN VIDEO MESSAGES ABOUT SUBSTANCE ABUSE, AS WELL AS IN ROUTINE SQUADRON MEETINGS</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 ROBERT BO ST 1867 E INDIAN HILLS LANE LAYTON, UT 84040 WILLIAM BERNFIELD 221 SORRELL CIRCLE SMYRNA, DE 19977 BRIAN BISHOP 5070 NW MILLSTONE WAY PORTLAND, OR 97229 TONYA BOYLAN 3974 OLD ROCK MART RD SE SILVER CREEK, GA 30173 SANDRA BRANDON 342 STONELEDGE DRIVE PITTSBURG, PA 15235 FRANK BUETHE 48 DESERT MOUNTAIN RD PLACITAS, NM 87043 LEO BURKE 35539 HATHERLY PLACE STERL ING HEIGHTS, MI 48310 HERBERT CAHALEN 11579 NOR RAY CIRCLE IJAMSVILLE, MD 21754 ROGER CAIR ES 4487 IKENA PLACE KALAHEO, HI 96741 CHARLES CARR, JR 397 CONNORS GROVE COLUMBUS, OH 4321 3 STANLEY CLARKE, III 4418 RAPTOR CIRCLE TYNDALL AFB, FL 32403 DAVID CARTER 20 LAKE CAROLIN E DR RUTHER GLEN, VA 22546 LUIS CUBANO PO BOX 1073 CAMUY, PR 00627 JOE CAVETT 19417 E 48T H ST BROKEN ARROW, OK 74014 WILLIAM A DAVIDSON 8111 QUIET COVE ROAD GLEN BURNIE, MD 21060 RUSSELL CHAZELL 75 DINWIDDIE WAY KEARNEYSVILLE, WV 25430 BROOKS CIMA 22907 RED RIVER ROAD KATY, TX 77450 MICHAEL COOK 10329 SHELBY CREEK ROAD N JACKSONVILLE, FL 32221 RICK FRANZ 30 24 ARNOLD AVE ROOM 107 SALINA, KS 67401 RICHARD COOPER 200 MCCHORD ST SW, SUITE 111 WASHI NGTON, DC 20032 GREG CORTUM 3820 ZURICH DR COLORADO SPRINGS, CO 80920 DAVID E CRAWFORD 56 17 GROOMSBRIDGE COURT RALEIGH, NC 27612 MICHAEL DAVIDSON 41 ROUTE 4A EAST CASTELTON, VT 05 735 TIMOTHY HAHN 2255 OLD VICTORY HWY LOVELOCK, NV 89419 GARRY DEAN PSC 813 BOX 136 FPO, A E 09620 ROY DOUGLASS 8505 HOPKINS ROAD ROUGEMONT, NC 27572 JOHN EGGEN 13809 N 62ND STREET SCOTTSDALE, AZ 85254 JOHN P KAY 4212 APPLETON WAY WILMINGTON, NC 28412 J DELANO ELLIS 116 55 REGENT PARK DR MUNSON TOWNSHIP, OH 44024 BENJAMIN EMERICK 35 BURCHARD AVE LITTLE COMPTO N, RI 02837 SEAN FAGAN 237 SAVOY DR LAKE SAINT LOUIS, MO 63367 PAUL GRAZIANI 1255 WEMBLEY DRIVE WAYNE, PA 19087 RICHARD GRIFFITH 2810 E 66TH STREET INDIANAPOLIS, IN 46220 DALE HOIU M 321 BUSH STREET RED WING, MN 55066 CHRISTOPHER HAYDEN 2 PURPOODOCK DR CAPE ELIZABETH, ME 04107 BARRY HERRIN 1180 W PEACHTREE ST, STE 2300 ATLANTA, GA 30309 DAVID ODETTE 301 MAPLE AVENUE NORTH THIEF RIVER FALLS, MN 56701 JOHN HOPPER, JR 6361 BRAMPTON CT ALEXANDRIA, VA 22304 CASSANDRA HUCHKO PO BOX 1233 MIDDLETOWN, CT 06457 LEON JOHNSON 7120 SUGAR MAPLE DRIV E IRVING, TX 75063 ROBERT KARTON 1440 N LAKE SHORE DR, APT 21A CHICAGO, IL 60610 LARRY KAU FFMAN 11 N DEER PLACE HAINESPORT, NJ 08036 BILL KAY 1300 15TH ST SE MINOT, ND 58701 NICHOLAS KEHOE 7622 SHREVE ROAD FALLS CHURCH, VA 22043 JOHN KNOWLES 105 CRYSTAL SPRING DRIVE AS HTON, MD 20861 ROBERT KOOB 135 WILLIAMSBURG DR FORT MITCHELL, KY 41017 RICKEY OETH 9628 WINCHESTER STREET MASCOUTAH, IL 62258 BILL LANE 772 LIBERTY DR KINGSPORT, TN 37663 GORDON LARSON 1513 TULANE DRIVE NAPERVILLE, IL 60565 DANIEL LECLAIR 377 CENTER MINOT HILL RD MINOT, ME 04258 NED LEE 191 NORTH FIRST ST SAN JOSE, CA 95113 MARK LEE 12014 SALINA PLACE PHILADELPHIA, PA 19154 DAVID LEHMAN 17621 SE 297TH PL KENT, WA 98042 HUBBARD LINDLER, JR 132 BRIDGEWOOD CT GILBERT, SC 29054 BRADFORD LYNN 810 WILLOW STREET MAXWELL AFB, AL 36112 GREGORY MATHEWS 10062 OXFORD DRIVE NW PICKERINGTON, OH 43147 JOHN SETEN 2708 S AVONDALE COURT S IOUX FALLS, SD 57110 WILLIAM MESKILL 11 LAWRENCE ST NORTH BILLERICA, MA 01862 RALPH MILLER PO BOX 11735 ZEPHYR COVE, NV 89448 JOHN MITCHELL 2112 KIRKWOOD COURT FORT COLLINS, CO 805 25 MICHAEL BEASON 5172 RIDGEVIEW ROAD RAPID CITY, SD 57701 WILLIAM MORAN, JR 30 BEACON HILL RD GILFORD, NH 03249 DAVID MULL 204 E MIAMI AVE CHERRY HILL, NJ 08034 LARRY MYRICK 3930 HOLLYHOCK WAY SAN LUIS OBISPO, CA 93401 JACK OZER 5 OAK PLACE SELDEN, NY 11784 CHARLES PALMER 1352 S CENTURY CIR, APT 103 WASILLA, AK 99654 SUSAN PAMERLEAU 230 DWYER AVENUE, 1102 SAN ANTONIO, TX 78204 KENNETH PARRIS 7717 BONNIEWOOD COURT DUBLIN, CA 94568 CLARENCE PETE RS 772 PLEASANT OAK DR OREGON, WI 53575 EDWARD PHELKA 25837 HUNTERS LANE SOUTH LYON, MI 48 178 DAVID PLUM 9227 COUNTY ROAD 151 SAVANNAH, MO 64485 LARRY RAGLAND 1500 FRIENDSHIP DR SANFORD, NC 27330 BRIAN READY 7383 NORTH LITCHFIELD ROAD LUKE AFB, AZ 85309 LISA ROBINSON 810 WILLOW ST MAXWELL AFB, AL 36112 GERALD ROSENDAHL 555 MARMIK CIRCLE HASTINGS, MN 55033 CECIL SCARBROUGH 9355 WOODBINE ST BATON ROUGE, LA 70815 RONALD SCHEITZACH 665 CESSNA DR DUBUQUE, IA 52001 TERESA SCHIMELFENING 3610 5TH STREET, APT 114 RAPID CITY, SD 57701 SANFORD SCHLITT 491 MEADOW LARK DR SARASOTA, FL 34236 EARL SHERWIN 7230 MEDICINE BOW AVE FOUNTAIN, CO 80817 MARK SMITH 7916 WOODLEAF DRIVE NE ALBUQUERQUE, NM 87109 JOHN SPEIGEL 10601 CHAMBERLAIN DR VIENNA, VA 22182 MERLE STARR 6611 SIERRA DR, SELACEY, WA 98503 JON STOKES 208 S JUANITA STREET, UNIT A REDONDO BEACH, CA 90277 CARLTON SUMNER, JR 501 ELLIE PLACE COLLIERVILLE, TN 38017 ROBERT TODD 23511 HARRISON STREET GRETNA, NE 68028 FREDERICK THOMPSON 2245 NE SUMMERWIND DR MOUNTAIN HOME, ID 83647 JOSEPH VA

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

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

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

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

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

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

Additional Data

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

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

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

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

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

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

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

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

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

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

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