

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2008**  
**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization CIVIL AIR PATROL GROUP RETURN	<b>D</b> Employer identification number 53-6016171
		Doing Business As	<b>E</b> Telephone number (334) 953-7748
		Number and street (or P O box if mail is not delivered to street address) Room/suite 105 S HANSELL STREET BLDG 714	<b>G</b> Gross receipts \$ 15,309,399
		City or town, state or country, and ZIP + 4 MAXWELL AFB, AL 36112	
<b>F</b> Name and address of Principal Officer DON ROWLAND 105 S HANSELL STREET MAXWELL AFB, AL 36112		<b>H(a)</b> Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions ) <b>H(c)</b> Group Exemption Number ▶ 1001	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Web site: ▶ WWW.GOCIVILAIRPATROL.COM			
<b>K</b> Type 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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities See Additional Data Table		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its 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 employees (Part V, line 2a) . . . . .	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	58,660
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b> 10,333,310	<b>Current Year</b> 9,252,815
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	3,321,801	4,209,081
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	243,196	146,077
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,621,031	1,324,238
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,519,338	14,932,211
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	651,117	697,295
	<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 <sup>0</sup> )		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	15,140,958	14,180,563
	<b>18</b> Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	15,792,075	14,877,858
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	-272,737	54,353
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b> 18,249,644	<b>End of Year</b> 18,249,166
	<b>21</b> Total liabilities (Part X, line 26)	1,234,158	1,181,271
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	17,015,486	17,067,895

**Part II Signature Block**

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

<b>Please Sign Here</b>	Signature of officer	Date 2010-08-16		
	DON ROWLAND EXECUTIVE DIRECTOR Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date 2010-08-16	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
	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** (See the instructions.)

**1** Briefly describe the organization's mission

See Additional Data Table

**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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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 \$ 7,168,347 including grants of \$ ) (Revenue \$ )  
 EMERGENCY SERVICES IN 2009 CAP SAVED 72 LIVES IN SEARCH AND RESCUE MISSIONS TASKED BY THE AIR FORCE RESCUE COORDINATION CENTER CAP FLEW 112,022 HOURS, PARTICIPATING IN HOMELAND SECURITY EFFORTS SUCH AS AIRCRAFT INTERCEPT TRAINING AND DRUG FLIGHT INTERDICTIONS, TOOK AERIAL PHOTOGRAPHS OF NATURAL DISASTERS FOR USE BY OFFICIALS IN ALLOCATING THEIR OWN FUNDS AND RESOURCES, FLEW FIRE WATCH AND BEACH PATROL MISSIONS, SANDBAGGED AGAINST FLOODING, AND DELIVERED BASIC DISASTER RELIEF SERVICES TO FELLOW CITIZENS WITH VOLUNTEER MEMBERS FROM VARIOUS BACKGROUNDS AND CAP'S EXTENSIVE PROFESSIONAL DEVELOPMENT, CAP DELIVERS QUALITY AND RELIABLE SERVICES THAT ARE ALSO COST-EFFECTIVE

**4b** (Code ) (Expenses \$ 3,479,226 including grants of \$ ) (Revenue \$ )  
 CADET PROGRAM CAP'S CADET PROGRAM, TURNS OUT FUTURE LEADERS WHO ARE SAVVY ABOUT TECHNOLOGY, SKILLED AT SEARCH AND RESCUE, DISCIPLINED TO LEAD HEALTHY LIVES, RESPECTFUL OF AMERICA AND MOTIVATED TO SERVE MEETING OUTSIDE SCHOOL HOURS, CADETS, AGES 12-20, ARE GIVEN MULTIPLE OPPORTUNITIES TO FLY WHETHER IN POWERED AIRCRAFT, HOT AIR BALLOONS OR GLIDERS IN 2009, CADETS FLEW 10,885 HOURS HELPING SOME EARN THEIR PILOTS' LICENSES AS CADETS CADETS OFTEN PARTICIPATE IN CAP'S EMERGENCY SERVICES MISSIONS, SERVING ON GROUND TEAMS, DELIVERING FIRST AID AND OTHER ESSENTIAL SERVICES TO CRASH AND NATURAL DISASTER VICTIMS USING MODEL AIRPLANES AND ROCKETS, THEY EXPERIENCE THE FUN OF AEROSPACE EDUCATION, WHILE CAP'S DEFINED ADVANCEMENT PROCEDURES ALLOW THEM TO DEVELOP LEADERSHIP SKILLS
















**4c** (Code ) (Expenses \$ 1,406,031 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 2009 BY 7,000 STUDENTS AND 300 TEACHERS NATIONWIDE CAP OFFERS EDUCATORS MEMBERSHIP AND PROVIDES ORIENTATION FLIGHTS AND PROFESSIONAL DEVELOPMENT PROGRAMS FOR FIRSTHAND KNOWLEDGE OF AVIATION, WHICH THEY CAN INCORPORATE INTO THEIR OWN CLASSROOMS TEACHERS FLEW 358 HOURS IN ORIENTATION RIDES LEARNING THE EXPERIENCE OF FLIGHT HANDS ON FOUR OF THESE CAP AEMS ARE AMONG THE SEVEN TEACHERS NAMED TO THE NATIONAL TEACHERS IN SPACE PROGRAM AND RECEIVING TRAINING FROM NASA IN ADVANCE OF FLIGHTS INTO SPACE

(Code ) (Expenses \$ 998,837 including grants of \$ ) (Revenue \$ )  
 DDR, (144,822) CAP HAS A FULL-BLOWN ANTI-DRUG CAMPAIGN 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 IN SUMMER ACTIVITIES WHERE CADETS PRODUCE THEIR OWN VIDEO MESSAGES ABOUT SUBSTANCE ABUSE, AS WELL AS IN ROUTINE SQUADRON MEETINGS CAP DDR PROGRAM DISTRIBUTED 220,000 RED RIBBONS TO 265 SCHOOLS AND NUMEROUS COMMUNITIES ACROSS THE COUNTRY WITH THE HELP OF 7,950 CADETS AND 4,968 SENIOR MEMBERS THAT PARTICIPATED COUNTER DRUG, (532,029) IN REGARD OF HOMELAND SECURITY AND THE WAR ON DRUGS, CAP AIRCREWS ARE USED TO SPOT MARIJUANA FIELDS AND HELP MILITARY, FEDERAL AND STATE AGENCIES PRACTICE AERIAL DRUG INTERCEPT MISSIONS THIS WORK SERVES TO PROTECT AMERICA FROM BOTH DOMESTIC DRUG OPERATIONS AND DRUG TRAFFICKING ACROSS ITS BORDERS COUNTERDRUG MISSIONS LOGGED 10,862 FLYING HOURS TO KEEP DRUGS OFF OF AMERICA'S STREETS COMMUNICATION, (321,986) CAP MAINTAINS AN EXTENSIVE EMERGENCY COMMUNICATIONS NETWORK, INCLUDING 4,750 MOBILE RADIOS AND 2,000 FIXED LAND RADIOS, THAT IS NOT DEPENDENT ON THE POWER GRID YET INTEROPERABLE WITH OTHER AGENCIES, THEREBY INSURING MESSAGES CAN BE SUCCESSFULLY RELAYED EVEN DURING CRISIS SITUATIONS SOME CAP PLANES ARE EQUIPPED WITH SPEAKER SYSTEMS, CAPABLE OF BROADCASTING WARNINGS FROM AIR TO GROUND ALL CAP PLANES HAVE BEEN UPGRADED SO THEY NOW CARRY THE NEW STANDARD OF 406 MHZ ELECTRONIC LOCATOR TRANSMITTERS









**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 998,837 including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 13,052,441 Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? 	Yes	
<b>3</b> 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 		No
<b>4</b> Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	Yes	
<b>5</b> Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	Yes	
<b>7</b> 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 		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
<b>9</b> 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 		No
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 		No
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	Yes	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	Yes	
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U S ?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		No
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 		No
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 		No
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		No
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		No
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		No

**Part IV Checklist of Required Schedules** *(Continued)*

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . 		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . . 		No
<b>32</b>	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> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 		No
<b>34</b>	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> . . . . . 	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>36</b>	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>37</b>	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . . 		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	the governing body? . . . . .	Yes	
<b>8b</b>	each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	Yes	
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	Yes	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	Yes	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	Yes	

**Section B. Policies**

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

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 own website  another's website  upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 SUSAN EASTER  
 105 S HANSELL ST BLDG 714  
 MAXWELL AFB, AL 36112  
 (334) 953-7748

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

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

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

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

\* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

\* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

\* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(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			

**Part VII** Continued

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

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

	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>	3 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>	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	5	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **▶**



**Part VIII Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b> 4,400,608					
	<b>e</b>	Government grants (contributions) <b>1e</b> 3,578,666					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 1,273,541					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 31,366					
	<b>h</b>	<b>Total (Add lines 1a-1f)</b> . . . . . 9,252,815					
<b>Program Service Revenue</b>		<b>2a</b> CADET ACTIVITIES	1,245,003	1,245,003			
		<b>b</b> FLIGHT ACTIVITIES	1,223,673			1,223,673	
		<b>c</b> MEMBERSHIP DUES	989,087	989,087			
		<b>d</b> GOVERNMENT MISSIONS	570,508			570,508	
		<b>e</b> SENIOR ACTIVITIES	119,630			119,630	
		<b>f</b> All other program service revenue	61,180			61,180	
		<b>g Total. Add lines 2a-2f</b> . . . . . \$ 4,209,081					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest other similar amounts) . . . . .	158,584			158,584	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>		(i) Real				
			(ii) Personal				
		<b>b</b>	Gross Rents				
		<b>c</b>	Less rental expenses				
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>		(i) Securities				
			(ii) Other				
		<b>b</b>	Gross amount from sales of assets other than inventory	1,200			
		<b>c</b>	Less cost or other basis and sales expenses	4,505	9,202		
<b>d</b>	Net gain or (loss) . . . . .	-4,505	-8,002				
<b>8a</b>	Gross income from fundraising events (not including \$ 948,059 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b> 226,499						
<b>c</b>	Net income or (loss) from fundraising events . . . . .	721,560	721,560				
<b>9a</b>	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . . <b>a</b> 121,083					
	<b>b</b>	Less cost of goods sold . . . . . <b>b</b> 136,982					
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .	-15,899	-15,899			
<b>11a</b>		Miscellaneous Revenue					
		<b>MISCELLANEOUS</b>	618,577			618,577	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
<b>e</b>	<b>Total. Add lines 11a-11d</b> . . . . . \$ 618,577						
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .	14,932,211	2,927,244		2,752,152		

**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).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	611,056	458,293		
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .				
<b>10</b>	Payroll taxes . . . . .	86,239	64,679	21,560	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	15,696	11,772	3,924	
<b>d</b>	Lobbying . . . . .	12,000		12,000	
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .				
<b>12</b>	Advertising and promotion . . . . .	14,909	11,182	3,727	
<b>13</b>	Office expenses . . . . .	706,543	529,908	176,635	
<b>14</b>	Information technology . . . . .	125,784	94,339	31,445	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	1,331,963	998,972	332,991	
<b>17</b>	Travel . . . . .	398,080	298,561	99,519	
<b>18</b>	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
<b>19</b>	Conferences, conventions and meetings . . . . .	661,112	495,834	165,278	
<b>20</b>	Interest . . . . .	3,157		3,157	
<b>21</b>	Payments to affiliates . . . . .	1,076,775	807,582	269,193	
<b>22</b>	Depreciation, depletion, and amortization . . . . .	347,154	281,507	65,647	
<b>23</b>	Insurance . . . . .	59,728	44,796	14,932	
<b>24</b>	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	MISSION EXPENSE	4,399,351	4,399,351		
<b>b</b>	CADET ACTIVITIES	1,723,462	1,723,462		
<b>c</b>	AIRCRAFT MAINTENANCE	1,263,722	1,263,722		
<b>d</b>	VEHICLE MAINTENANCE	544,792	408,594	136,198	
<b>e</b>	EQUIPMENT PUR, LEASE, MX	515,139	414,914	100,225	
<b>f</b>	All other expenses	981,196	744,973	236,223	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	14,877,858	13,052,441	1,825,417	0
<b>26</b>	<b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

				(A)		(B)	
				Beginning of year		End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		313	<b>1</b>	466	
	<b>2</b>	Savings and temporary cash investments . . . . .		9,923,810	<b>2</b>	10,424,657	
	<b>3</b>	Pledges and grants receivable, net . . . . .		978,328	<b>3</b>	652,772	
	<b>4</b>	Accounts receivable, net . . . . .		531,589	<b>4</b>	564,004	
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .			<b>5</b>		
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		79,624	<b>9</b>	68,654	
	<b>10a</b>	Land, buildings, and equipment cost basis	<b>10a</b>	8,226,941			
	<b>b</b>	Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<b>10b</b>	4,021,085	4,179,419	<b>10c</b>	4,205,856
	<b>11</b>	Investments—publicly traded securities . . . . .		685,503	<b>11</b>	745,058	
	<b>12</b>	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .		1,871,058	<b>15</b>	1,587,699	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		18,249,644	<b>16</b>	18,249,166		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		1,164,439	<b>17</b>	1,109,455	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		31,572	<b>19</b>	33,343	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .			<b>21</b>		
	<b>22</b>	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable . . . . .			<b>24</b>		
	<b>25</b>	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .		38,147	<b>25</b>	38,473	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		1,234,158	<b>26</b>	1,181,271	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .		14,195,878	<b>27</b>	14,556,525	
	<b>28</b>	Temporarily restricted net assets . . . . .		2,503,441	<b>28</b>	2,180,936	
	<b>29</b>	Permanently restricted net assets . . . . .		316,167	<b>29</b>	330,434	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		17,015,486	<b>33</b>	17,067,895		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		18,249,644	<b>34</b>	18,249,166		

**Part XI Financial Statements and Reporting**

		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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	Yes	
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	Yes	
<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? . . . . .	Yes	

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**Name of the organization**  
CIVIL AIR PATROL GROUP RETURN

**Employer identification number**

53-6016171

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

- 1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )
- 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?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

- (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 organizations the organization supports

(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	
<b>Total</b>									

**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.)

**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3						
<b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	
<b>13 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>						<input type="checkbox"/>

**Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</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		<input type="checkbox"/>
<b>b 33 1/3% Test - 2007.</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		<input type="checkbox"/>
<b>17a 10% Facts and Circumstances Test - 2008.</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		<input type="checkbox"/>
<b>b 10% Facts and Circumstances Test - 2007.</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		<input type="checkbox"/>
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9, of, Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	14,169,988	14,962,857	12,034,845	11,245,488	10,241,902	62,655,080
<b>2</b> 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	22,837	3,396,151	1,632,521	740,181	1,069,142	6,860,832
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5	14,192,825	18,359,008	13,667,366	11,985,669	11,311,044	69,515,912
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000		3,210,248	1,493,254	617,892	954,446	6,275,840
<b>c</b> Total of lines 7a and 7b		3,210,248	1,493,254	617,892	954,446	6,275,840
<b>8 Public Support</b> (Subtract line 7c from line 6)						63,240,072

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	14,192,825	18,359,008	13,667,366	11,985,669	11,311,044	69,515,912
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	154,172	231,321	259,322	243,196	158,584	1,046,595
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b	154,172	231,321	259,322	243,196	158,584	1,046,595
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						70,562,507
<b>14 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> <input type="checkbox"/>						

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	89.622 %
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	96.150 %

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	1.483 %
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

<b>Facts and Circumstances Test</b>

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 53-6016171

**Name:** CIVIL AIR PATROL GROUP RETURN

**Form 990, Part VII - Section Aaa**

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



**Form 990, Part VII - Section Aaa**

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

**Form 990, Part VII - Section Aaa**

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

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

	<b>Business Code</b>	<b>(A) Total Revenue</b>	<b>(B) Related or Exempt Function Revenue</b>	<b>(C) Unrelated Business Revenue</b>	<b>(D) Revenue Excluded from Tax under IRC 512, 513, or 514</b>
<b>a</b> CADET ACTIVITIES		1,245,003	1,245,003		
<b>b</b> FLIGHT ACTIVITIES		1,223,673			1,223,673
<b>c</b> MEMBERSHIP DUES		989,087	989,087		
<b>d</b> GOVERNMENT MISSIONS		570,508			570,508
<b>e</b> SENIOR ACTIVITIES		119,630			119,630

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

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

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

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Name of the organization CIVIL AIR PATROL GROUP RETURN

Employer identification number

53-6016171

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

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

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 in a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). See the instructions for Schedule C for details.

- 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 internal funds contributed to other organizations for section 527 exempt function activities \$
3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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

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

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

- A** Check  if the filing organization belongs to an affiliated group
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures—</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>	<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	12,000	53,377
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	12,000	53,377
<b>d</b> Other exempt purpose expenditures	14,875,885	53,473,158
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	14,887,885	53,526,535
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns—	894,394	1,000,000
<b>If the amount on line 1e, column (a) or (b) is:</b>		
Not over \$500,000	<b>The lobbying nontaxable amount is:</b> 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	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	223,599	250,000
<b>h</b> Subtract line 1g from line 1a Enter -0- if line g is more than line a		
<b>i</b> Subtract line 1f from line 1c Enter -0- if line f is more than line c		
<b>j</b> 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 1a through 1f of the instructions.)**

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

**Part II-A To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

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

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

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

<b>1</b> Dues, assessments and similar amounts from members	1 \$
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures <i>(do not include amounts of political expenses for which the section 527(f) tax was paid).</i>	
<b>a</b> Current Year	2a \$
<b>b</b> Carryover from last year	2b \$
<b>c</b> Total	2c \$
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
<b>4</b> 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 \$
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	LOBBYING ACTIVITIES INCLUDE PAYMENT MADE TO A PROFESSIONAL ORGANIZATION TO PROCURE GOVERNMENT FUNDING FROM THE STATE GOVERNMENT. STATE FUNDING PROVIDES A CONSISTENCY IN TRAINING, CADET AND AEROSPACE PROGRAMS, AND EMERGENCY SERVICES MISSIONS.

**Part IV Supplemental Information**

Identifier	Return Reference	Explanation



SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization CIVIL AIR PATROL GROUP RETURN

Employer identification number 53-6016171

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

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

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

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

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

Table titled 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

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

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

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

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

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

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

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

Part IV Trust, 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 why in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows 1a-1e and Total.

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 ) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
RESTRICTED CASH	1,587,699
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	1,587,699

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
MINNESOTA NOTE	38,473
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	38,473

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	14,932,211
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	14,877,858
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	54,353
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	1,945
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	5,939,727
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	5,941,672
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	5,996,025

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	60,282,283
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	1,945
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	5,363,785
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	39,984,342
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	45,350,072
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	14,932,211
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	14,932,211

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	54,286,258
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	5,363,785
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Losses reported on Form 990, Part IX, line 25 . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	34,044,615
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	39,408,400
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	14,877,858
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	14,877,858

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CIVIL AIR PATROL NHQS INCOME REPORTED ON RETURN 44,259,733 CIVIL AIR PATROL NHQS CONTRIB FACILITIES 615,107 CIVIL AIR PATROL UNREALIZED GAIN 230,228 AUDIT ELIMINATIONS WITH CIVIL AIR PATROL NHQS -5,120,726 CIVIL AIR PATROL NHQS EXPENSES REPORTED ON RETURN -38,648,677 CIVIL AIR PATROL NHQS CONTRIB FACILITIES -615,107 AUDIT ELIMINATIONS WITH CIVIL AIR PATROL NHQS 5,219,169
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CIVIL AIR PATROL NHQS INCOME REPORTED ON RETURN 44,259,733 CIVIL AIR PATROL NHQS CONTRIB FACILITIES 615,107 CIVIL AIR PATROL UNREALIZED GAIN 230,228 AUDIT ELIMINATIONS WITH CIVIL AIR PATROL NHQS -5,120,726
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	CIVIL AIR PATROL NHQS EXPENSES REPORTED ON RETURN 38,648,677 CIVIL AIR PATROL NHQS CONTRIB FACILITIES 615,107 AUDIT ELIMINATIONS WITH CIVIL AIR PATROL NHQS -5,219,169

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization CIVIL AIR PATROL GROUP RETURN

Employer identification number 53-6016171

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 Email 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... b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name 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. Includes a Total row at the bottom.

- 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.

**Part III 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
		<b>FUNDRAISING EVE</b> (event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	948,059			948,059
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	948,059			948,059
<b>Direct Expenses</b>	<b>4</b> Cash Prizes . . . . .				
	<b>5</b> Non-cash Prizes . . . . .				
	<b>6</b> Rent/Facility costs . . . . .				
	<b>7</b> Other direct expenses . . . . .	226,499			226,499
	<b>8</b> Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶				226,499
	<b>9</b> Net income summary Combine lines 3 and 8 in column (d) . . . . . ▶				721,560

**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))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

		Yes	No
<b>9</b>	Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b>	Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b>	If "No," Explain _____ _____		
<b>10a</b>	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b>	If "Yes," Explain _____ _____		
<b>11</b>	Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b>	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? . . . . .	<b>12</b>	

**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? . . . . .

- 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? . . . . .

- 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 ▶ \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>16</b>		
<b>17a</b>		

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CIVIL AIR PATROL GROUP RETURN

Employer identification number  
53-6016171

**Part I Questions Regarding Compensation**

	Yes	No
--	-----	----

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

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

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

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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

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

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

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

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

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

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

**a** The organization?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No



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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
DON ROWLAND	(i)							
	(ii)	148,534	8,000	7,881		1,270	165,685	
LARRY KAUFFMAN	(i)							
	(ii)	121,286	6,052				127,338	
MARK RICHARDSON	(i)							
	(ii)	83,016	4,114	48,126		2,771	138,027	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Department of the Treasury Internal Revenue Service

Name of the organization CIVIL AIR PATROL GROUP RETURN

Employer identification number 53-6016171

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Row 25 includes 'AIRCRAFT FUEL' with 'X' in column (a), '2' in column (b), '31,366' in column (c), and 'COST PER GALLON AT DATE' in column (d).

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

29

Table with 3 columns: Question, Yes, No. Row 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...' with 'No' in the No column. Row 31: 'Does the organization have a gift acceptance policy...' with 'Yes' in the Yes column. Row 32a: 'Does the organization hire or use third parties...' with 'No' in the No column. Row 33: 'If the organization did not report revenues in Column (c) for a type of property...' with empty cells.

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

Identifier

ReturnReference

Explanation

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**  
CIVIL AIR PATROL GROUP RETURN

**Employer identification number**  
53-6016171

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	FORCE CAP CURRENTLY HAS A MEMBERSHIP OF 58,660, INCLUDING 23,775 CADETS, AGES 12-20 CAP HAS, AT 550, THE WORLD LARGEST FLEET OF SINGLE-ENGINE AIRCRAFT BEST KNOWN FOR PARTICIPATION IN UP TO 90 % OF THE COUNTRY'S INLAND SEARCH AND RESCUE MISSIONS, CAP HAS THREE CORE MISSIONS EMERGENCY SERVICES, AEROSPACE EDUCATION AND CADET PROGRAMS

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	CIVIL AIR PATROL HAS 58,660 TOTAL MEMBERS INCLUDING 23,775 CADETS AND 34,885 SENIOR MEMBERS

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

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	USING MODEL AIRPLANES AND ROCKETS, THEY EXPERIENCE THE FUN OF AEROSPACE EDUCATION, WHILE CAP'S DEFINED ADVANCEMENT PROCEDURES ALLOW THEM TO DEVELOP LEADERSHIP SKILLS

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

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	DDR, (144,822) CAP HAS A FULL-BLOWN ANTI-DRUG CAMPAIGN 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 IN SUMMER ACTIVITIES WHERE CADETS PRODUCE THEIR OWN VIDEO MESSAGES ABOUT SUBSTANCE ABUSE, AS WELL AS IN ROUTINE SQUADRON MEETINGS CAP DDR PROGRAM DISTRIBUTED 220,000 RED RIBBONS TO 265 SCHOOLS AND NUMEROUS COMMUNITIES ACROSS THE COUNTRY WITH THE HELP OF 7,950 CADETS AND 4,968 SENIOR MEMBERS THAT PARTICIPATED COUNTER DRUG, (532,029) IN REGARD OF HOMELAND SECURITY AND THE WAR ON DRUGS, CAP AIRCREWS ARE USED TO SPOT MARIJUANA FIELDS AND HELP MILITARY, FEDERAL AND STATE AGENCIES PRACTICE AERIAL DRUG INTERCEPT MISSIONS THIS WORK SERVES TO PROTECT AMERICA FROM BOTH DOMESTIC DRUG OPERATIONS AND DRUG TRAFFICKING ACROSS ITS BORDERS COUNTERDRUG MISSIONS LOGGED 10,862 FLYING HOURS TO KEEP DRUGS OFF OF AMERICA'S STREETS COMMUNICATION, (321,986) CAP MAINTAINS AN EXTENSIVE EMERGENCY COMMUNICATIONS NETWORK, INCLUDING 4,750 MOBILE RADIOS AND 2,000 FIXED LAND RADIOS, THAT IS NOT DEPENDENT ON THE POWER GRID YET INTEROPERABLE WITH OTHER AGENCIES, THEREBY INSURING MESSAGES CAN BE SUCCESSFULLY RELAYED EVEN DURING CRISIS SITUATIONS SOME CAP PLANES ARE EQUIPPED WITH SPEAKER SYSTEMS, CAPABLE OF BROADCASTING WARNINGS FROM AIR TO GROUND ALL CAP PLANES HAVE BEEN UPGRADED SO THEY NOW CARRY THE NEW STANDARD OF 406 MHZ ELECTRONIC LOCATOR TRANSMITTERS

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

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

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

Identifier	Return Reference	Explanation
OFFICERS WHO CANNOT BE REACHED	FORM 990, PAGE 6, PART VI, LINE 11	AMY COURTER 9081 SILVERSIDE DR SOUTH LYON, MI 48178-9321 ANTHONY GAGLIARDI 101 HILLSIDE DR NORTH PROVIDENCE, RI 02911 AUREL SMITH 3315 CANNON ST COLUMBIA, SC 29205 BARRY HERRIN 1180 W PEACHTREE STREET, SUITE 2300 ATLANTA, GA 30309 BARRY MELTON 4689 NAVAHO TRAIL NW CLEVELAND 37312 BRIAN BISHOP 5070 NW MILLSTONE WAY PORTLAND, OR 97229 BRUCE WHITMAN FLIGHT SAFETY INTL MARINE AIR TERMIN FLUSHING, NY 11371 CARL BROWN 3224 LINDEN DR ANCHORAGE, AK 99502 CECIL SCARBROUGH 9355 WOODBINE ST BATON ROUGE, LA 70815 CHARLES CARR, JR 900 BEECHWOOD RD COLUMBUS, OH 43227 CHARLES SEAROCK, II 3317 CROSSTIMBER DR EDMOND, OK 73034 CHRISTIAN MOERSCH 2115 SPRINGWATER LANE PORT ORANGE, FL 32128-7404 CHRISTOPHER HAYDEN 2 PURPOODOCK DR CAPE ELIZABETH, ME 04107 DANIEL LECLAIR 377 CENTER MINOT HILL RD MINOT, ME 04258 DAVID GUZMAN 763 EAST RIVERCHASE WAY EAGLE, ID 83616 DAVID BELCHER 220 SHAW AVE ABINGTON, MA 02351-1626 DAVID CARTER 20 LAKE CAROLINE DR RUTHER GLEN, VA 22546 DAVID MAXWELL 4400 MERIDIAN RD NE OLYMPIA, WA 98516 DAVID MULL 204 EAST MIAMI AVE CHERRY HILL, NJ 08034-2050 DAVID WINTERS 8041 RAMEYS CROSSING DR BLACKLICK, OH 43004 DEAN REITER 126 IDA AVE BURLINGTON, ND 58722 DONALD DAVIDSON 71 BROWNING AVE NASHUA, NH 03062 DONALD HAFFNER 1314 W PARADISE CT GLENDALE, WI 53209 EDWARD PHELKA 1759 WESTON CIRCLE ERIE, CO 80516 ERIC R LITT 11702 LARIAT LANE OAKTON, VA 22124 ERNEST C PEARSON 425 W BONITA AVE 206 SAN DIMAS, CA 91773 EUGENE EGRY 2010 OAK LODGE ROAD CANTONSVILLE, MD 21228 FREDRIC K WEISS 1 LARCH CIRCLE HOLLAND, PA 18966 GARY DEAN 44 RAPTOR CIRCLE TYNDALL AFB, FL 32403 GERARD WEISS 200 CARTLAND WAY FOREST HILL, MD 21050 GORDON LARSON 1513 TULANE DR NAPERVILLE, IL 60565-1738 GREG CORTUM 3820 ZURICH DR COLORADO SPRINGS, CO 80920 HENRY L HEABERLIN 1320 MASTON ST CORBIN, KY 40701 HERBERT CAHALEN 11579 NOR-RAY CIR IAMSVILLE, MD 21754 HERMAN LIBOY PO BOX 3162 CAROLINA, PR 00984 JAMES F LINKER 13 BROOKLAWN AVE AUGUSTA, ME 04330 JAMES HUGHES 658 HIGHLAND AVE CORNELIA, GA 30531 JAMES RUSHING 2102 SOUTHWOOD DR MARYVILLE 37803 JANE E DAVIES 8629 GROVELAND DR SPRINGFIELD, VA 22153 JOE SMITH 5010 LAKELAND CIRCLE, SUITE B WACO, TX 76710 JOHN EGGEN 13809 NORTH 62ND ST SCOTTSDALE, AZ 85254-3201 JOHN HOPPER 6361 BRAMPTON CT ALEXANDRIA, VA 22304 JOHN MAIS 1154 NORTH EAST MULLBERRY ST LEES SUMMIT, MO 64086 JOHN SPEIGEL 10601 CHAMBERLIN DR VIENNA, VA 22182 JOHN TILTON 763 VERSAILLES DR RIDGELAND, MS 39157 JOSEPH JENSEN 6 HAYFIELD RD LITTLE ROCK, AR 72207 JOSEPH VAZQUEZ 3420 PUMP RD 108 RICHMOND, VA 23233 KARL ALTENBURG 709 9TH AVE, N FARGO, ND 58102 KENNETH ANDREU 13 BEECH ST VALHALLA, NY 10595-1803 KENNETH PARRIS 7717 BONNIEWOOD CT DUBLIN, CA 94568 LARRY J RAGLAND 1500 FRIENDSHIP DR SANFORD, NC 27330 LARRY MYRICK 3930 HOLLYHOCK WAY SAN LUIS OBISPO, CA 93401 MARK LEE 12014 SALINA PL PHILADELPHIA, PA 19154 MERLE STARR 6611 SIERRA DR LACEY, WA 98503 MICHAEL BEASON 5172 RIDGEVIEW RD RAPID CITY, SD 57701 MICHAEL H DUBOIS 11152 WESTHEIMER ROAD 451 HOUSTON, TX 77042 MICHAEL OAKMAN 1120 BEACON PKWY E 611 BIRMINGHAM, AL 35209 MICHAEL SAILE 320 DOVER WATERFORD, MI 48328-3534 NICHOLAS KEHOE 7622 SHREVE ROAD FALLS CHURCH, VA PAUL GRAZIANI 220 VALLEY CREEK BLVD EXTON, PA 19341 PAUL A TWEDEN 6496 US HIGHWAY 212 RED LODGE, MT 59068 PETER JENSEN 192 PARK ST, 5 NEW CANAAN, CT 06840 RAFAEL ROMAN CALLE 8 K-7, ESTANCIA DE CERRO GORDO BAYAMON, PR 00957 RALPH MILLER PO BOX 11735 ZEPHYR COVE, NV 89448 REGENA AYE 211 HOLLIDAY OSAGE CITY, KS 66523 REGGIE CHITWOOD 7395 OAK DRIVE FOLEY, AL 36535 RICHARD ANDERSON 11239 RAMROD ROAD WOODBRIDGE, VA 22192-5750 RICHARD COOPER 200 MCCHORD ST, SUITE 111 BOLLING AFB, DC 20032 RICHARD HIMEBROOK 602 SUNGLOW AVE ALAMA GORDO, NM 88310-4131 ROBERT BOST 412 NORTH 2000 WEST WEST POINT, UT 84015 ROBERT KOOB 135 WILLIAMSBURG DR FORT MITCHELL, KY 41017 ROBERT BRITTON 3407 WOLF CREEK DR BRYANT, AR 72022 ROBERT CASTLE 705 BRIARWOOD DR MIDWEST CITY, OK 73130-2522 ROBERT DIDUCH PO BOX 3036 MERCERVILLE, NJ 08619-0036 ROBERT J MCCABE 112 OLD CARRIAGE RD CHERRY HILL, NJ 08034 ROBERT TODD 23511 HARRISON ST GRETNA, NE 68028 RODNEY MOORE 8 SHADY GROVE VILLAGE MORGANTOWN, WV 26505 ROGER CAIRES 4487 IKENA PLACE KALAHEO, KAUAI, HI 96741 RONALD SCHEITZACH 665 CESSNA DR DUBUQUE 52001 ROY DOUGLASS 8505 HOPKINS RD ROUGEMONT, NC 27572 RUSSELL CHAZELL 603 VILLAGE GROVE DR 104 FREDERICK, MD 21703 STANLEY SKRABUT PO BOX 9507 CHEYENNE, WY 82003-9507 STEVEN KUDDES 1636 NORTH UNION ST FREMONT, NE 68025 THEODORE S KYLE 2465 RANDALL STREET WEST LINN, OR 97068 THOMAS BENCKERT, JR PO BOX 636 SWANTON, VT 05488 THOMAS THEIS 5737 35TH AVE SOUTH MINNEAPOLIS, MN 55417 TILLMAN CARROLL 546 ELLSWORTH ST MEMPHIS, TN 38111 WARREN REEVES 12117 MADRONE DR INDIANAPOLIS, IN 46236 WARREN VEST 3184 SOMERSET DR JEFFERSONTON, VA 22724 WHITSON WOODARD PO BOX 428 ROCKLIN, CA 95677 WILLIAM CHARLES, II 61957 TICONDEROGA DR SOUTH LYON, MI 48178

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

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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	ALL OTHER OFFICERS AND EMPLOYEES ARE PAID WITHIN THE GUIDELINES OF OUR PAY SCALE AND COST OF LIVING INCREASES ARE APPROVED BY OUR 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 ARE LOCATED ON OUR PUBLIC WEBSITE, WWW.GOCIVILAIRPATROL.COM UNDER OTHER PUBLICATIONS

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
CIVIL AIR PATROL GROUP RETURN

**Employer identification number**

53-6016171

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership



**Part V Transactions with Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>	Yes	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
<b>(1)</b> BLACK SHEEP SQUADRON	C	2,400
<b>(2)</b> TX 802 SQUADRON BOOSTERS	R	5,389
<b>(3)</b> FIRE MOUNTAIN ASH	M	
<b>(4)</b> FRIENDS OF CARROLL COMPOSITE SQ	L	2,907
<b>(5)</b>		
<b>(6)</b>		

Part VI Unrelated Organizations Taxable as a Partnership

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

Table with 10 columns: (A) Name, address, and EIN of entity; (B) Primary activity; (C) Legal domicile (state or foreign country); (D) Are all partners section 501(c)(3) organizations? (Yes/No); (E) Share of end-of-year assets; (F) Disproportionate allocations? (Yes/No); (G) Code V—UBI amount on Box 20 of K-1; (H) General or managing partner? (Yes/No)

**Software ID:**  
**Software Version:**  
**EIN:** 53-6016171  
**Name:** CIVIL AIR PATROL GROUP RETURN

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	<b>(D)</b> Exempt Code section	<b>(E)</b> Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
CIVIL AIR PATROL NATIONAL HQS 105 S HANSELL STREET MAXWELL AFB, AL36112 75-6037853				7	N/A
CIVIL AIR PATROL HIST FNDTN INC 228 W PATRICK STREET FREDERICK, MD21701 52-2073208					N/A
CIVIL AIR PATROL FOUNDATION INC 105 S HANSELL STREET MAXWELL AFB, AL36112 38-3736823					N/A
AVCAP CORP 2906 FANTA ROAD LA CROSSE, WI54603 39-1975994					N/A
FRIENDS OF PILGRIM SQ 222 SOUTH MEADOW RD PLYMOUTH, MA02360 20-0005747					N/A
MAJOR JACK C KOONS FOUNDATION INC 2236 CAPITAL CIRCLE NE SUITE 106 TALLAHASSEE, FL32308 27-1657526					N/A
FRIENDS OF FERDINAND SENIOR SQ 1010 AIRPORT ROAD FERNANDINA BEACH, FL32034 26-4635004					N/A
BLACK SHEEP SQUADRON 170 KOONTS LANE CARSON CITY, NV89701 88-0509146					N/A
ASSOCIATION FOR CAP PO BOX 9028 MOLINE, IL61265 36-4555812					N/A
CAP PARENTS COMMITTEE 500-V EAST AIRPORT RD LITITZ, PA17543 33-1106033					N/A
CIVIL AIR PATROL 42293 LUBBOCK COMP 3019 34TH ST LUBBOCK, TX79410 23-7561421					N/A
BLUE WATER SUPPORT GROUP 7200 DREXLER RD ST CLAIR, MI48079 73-1716507					N/A
FRIENDS OF AIMS CAP 700 TERRACOTTA PL SW ALBUQUERQUE, NM87121 27-0577202					N/A
FRIENDS OF WEST OAH'U COMP SQ PO BOX 75606 KAPOLEI, HI96707 26-4792660					N/A
COLORADO WING CAP FOUNDATION 6855 S HAVANA ST 630 CENTENNIAL, CO80112 84-1363987					N/A
JAMES C STEVENS AEROSPACE ASSN INC 6462 HWY 126 N MIDWAY, AR72651 26-3098135					N/A
FRIENDS OF PANGBORN COMPOSITE PO BOX 492 WENATCHEE, WA98807 20-0143030					N/A
FRIENDS OF CARROLL COMPOSITE SQ INC 255 CLIFTON BLVD WESTMINSTER, MD21157 20-8516242					N/A
CONGRESSIONAL FLYING CLUB 7940 AIRPARK ROAD GAITHERSBURG, MD20879 52-0959081					N/A
FORT WAYNE COMP SQ BOOSTER CLUB IN 1208 KENSINGTON BLVD FORT WAYNE, IN46805 27-2594035					N/A
					N/A