

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2010

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

For calendar year 2010 or other tax year beginning 10/01/10, and ending 09/30/11. See separate instructions.

A Check box if address changed

B Exempt under section
 501(c)(3) 408(e) 220(e)
 408A 530(a)
 529(a)

Name of organization (Check box if name changed and see instructions)
CIVIL AIR PATROL

Number, street, and room or suite no. If a P.O. box, see instructions
105 S HANSELL STREET

City or town, state, and ZIP code
MAXWELL AFB AL 36112

D Employer identification number
(Employees' trust, see instructions)
75-6037853

E Unrelated business activity codes
(See instructions)
541800 541800

C Book value of all assets at end of year
112,769,318

F Group exemption number (See instructions) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity ▶

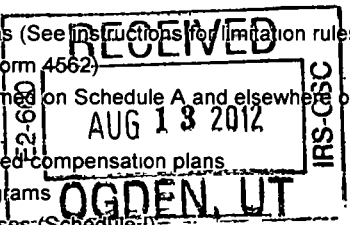
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ **SUSAN EASTER** Telephone number ▶ **334-953-7748**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11	96,822	96,822
12	Other income (See instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13	96,822	96,822

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	30,706
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	30,706
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	66,116
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	66,116
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	65,116



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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000)	\$ _____ \$ _____	
c Income tax on the amount on line 34		35c 11,279
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39 11,279

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d		40e	
41 Subtract line 40e from line 39		41	11,279
42 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other		42	
43 Total tax. Add lines 41 and 42		43	11,279
44a Payments. A 2009 overpayment credited to 2010	44a	4,327	
b 2010 estimated tax payments	44b	6,953	
c Tax deposited with Form 8868	44c		
d Foreign organizations. Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44f		
g Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g		
45 Total payments. Add lines 44a through 44g			45 11,280
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed			47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			48 1
49 Enter the amount of line 48 you want credited to 2011 estimated tax 1 Refunded			49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year	\$	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec 263A costs (attach sch)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: *[Signature]* Date: **8/7/12** Title: **EXECUTIVE DIRECTOR**

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

Paid Preparer Use Only	Print/Type preparer's name	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Preparer's signature	08/07/12		
	Firm's name CIVIL AIR PATROL	Firm's EIN		
	Firm's address 105 S HANSELL ST MONTGOMERY, AL 36112	Phone no		

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) **N/A**

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)

(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(1)

(2)

(3)

(4)

Total

Total

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property

2. Gross income from or allocable to debt-financed property

3. Deductions directly connected with or allocable to debt-financed property

(a) Straight line depreciation (attach schedule)

(b) Other deductions (attach schedule)

(1) **N/A**

(2)

(3)

(4)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))

(1)

(2)

(3)

(4)

Enter here and on page 1, Part I, line 7, column (A) ▶

Enter here and on page 1, Part I, line 7, column (B) ▶

Totals

Total dividends-received deductions included in column 8 ▶

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization

2. Employer identification number

Exempt Controlled Organizations

3. Net unrelated income (loss) (see instructions)

4. Total of specified payments made

5. Part of column 4 that is included in the controlling organization's gross inc

6. Deductions directly connected with income in column 5

(1) **N/A**

(2)

(3)

(4)

Nonexempt Controlled Organizations

7. Taxable Income

8. Net unrelated income (loss) (see instructions)

9. Total of specified payments made

10. Part of column 9 that is included in the controlling organization's gross income

11. Deductions directly connected with income in column 10

(1)

(2)

(3)

(4)

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) ▶

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) ▶

Totals

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) SEE STATEMENT 1						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	66,116		66,116			

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) THE VOLUNTEER MA	30,706		30,706	87	158,780	30,706
(2)						
(3)						
(4)						
(5) Totals from Part I	66,116					
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 96,822	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27 30,706

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

75-6037853

Federal Statements**Statement 1 - Form 990-T, Schedule J, Part I - Income from Periodicals-Consolidated Basis**

<u>Name of Periodical</u>	<u>Advertising Income</u>	<u>Direct Costs</u>	<u>Circulation Income</u>	<u>Readership Costs</u>
AZ WING PUBLICAT	\$ 3,084	\$	\$	\$
CA WING PUBLICAT	7,859			
CO WING PUBLICAT	4,116			
ID WING PUBLICAT	6,360			
MN WING PUBLICAT	3,384			
NE WING PUBLICAT	3,953			
NV WING PUBLICAT	4,141			
TX WING PUBLICAT	6,604			
UT WING PUBLICAT	2,913			
WA WING PUBLICAT	5,073			
WY WING PUBLICAT	4,010			
AK WING PUBLICAT	8,254			
OR WING PUBLICAT	3,033			
SD WING PUBLICAT	3,332			
TOTAL	\$ <u>66,116</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

75-6037853 FORM 990-T ESTIMATES

CIVIL AIR PATROL

Form **990-W**
 (WORKSHEET)
 Department of the Treasury
 Internal Revenue Service

**Estimated Tax on Unrelated Business Taxable
 Income for Tax-Exempt Organizations**
 (and on Investment Income for Private Foundations)
 (Keep for your records. Do not send to the Internal Revenue Service.)

OMB No 1545-0976

2011

1	Unrelated business taxable income expected in the tax year	1	65,116
2	Tax on the amount on line 1. See instructions for tax computation	2	11,279
3	Alternative minimum tax (see instructions)	3	
4	Total Add lines 2 and 3	4	11,279
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	11,279
7	Other taxes (see instructions)	7	
8	Total Add lines 6 and 7	8	11,279
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8 Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	11,279
b	Enter the tax shown on the 2010 return (see instructions) Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	11,279
c	2011 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	11,279

		(a)	(b)	(c)	(d)	
11	Installment due dates (see instructions)	11	01/17/12	03/15/12	06/15/12	09/17/12
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12	2,820	2,820	2,820	2,821
13	2010 Overpayment (see instructions)	13				1
14	Payment due. (Subtract line 13 from line 12)	14	2,819	2,820	2,820	2,820

For Paperwork Reduction Act Notice, see the instructions on page 8.

Form 990-W (2011)

75-6037853

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 48,907		14			
TOTAL	\$ <u>48,907</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT INCOME	\$ 222,214		14			
TOTAL	\$ <u>222,214</u>					

Federal Statements

75-6037853

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
TELEPHONE	\$ 934,551	\$ 362,960	\$ 571,591	\$
VEHICLE MAINTENANCE	587,547	428,993	158,554	
FUNDRAISING EXPENSES	279,674			279,674
POSTAGE	271,662	149,573	122,089	
SENIOR ACTIVITIES	200,759	176,825	23,934	
PROFESSIONAL DEVELOPMENT	187,714	94,831	92,883	
MISCELLANEOUS	168,245	12,410	155,835	
READERSHIP COSTS	158,780		158,780	
AWARDS	149,943	136,549	13,394	
PRINTING & PUBLICATIONS	52,087	31,170	20,917	
AWARDS	8,000			8,000
TOTAL	\$ 2,998,962	\$ 1,393,311	\$ 1,317,977	\$ 287,674