

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2003

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

A For the 2003 calendar year, or tax year beginning 10-01, 2003, and ending 09-30, 2004

B Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

ASSOCIATION FOR CIVIL AIR PATROL

Number and street (or P O box if mail is not delivered to street address) Room/suite

PO BOX 9028 QUAD CITY AIRPORT

City or town state or country and ZIP + 4

MOLINE, IL 61265

D Employer identification number

36-4555812

E Telephone number

(309) 797-1588

F Group Exemption

Number . . . ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶

H Check if the organization is **not** required to attach Schedule B (Form 990 990-EZ, or 990-PF)

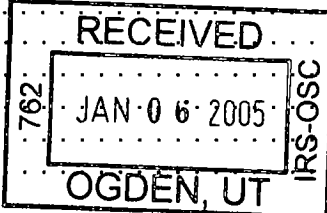
J Organization type (check only one) - 501(c)3 () ◀ (insert no) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 3,103

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	3,103
6b	b Less direct expenses other than fundraising expenses	6b	
6c	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	3,103
7a	7a Gross sales of inventory, less returns and allowances	7a	
7b	b Less cost of goods sold	7b	
7c	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	8 Other revenue (describe ▶ _____)	8	
9	9 Total revenue (add lines 1 2 3 4 5c 6c 7c and 8) ▶	9	3,103
10	10 Grants and similar amounts paid (attach schedule)	10	
11	11 Benefits paid to or for members	11	
12	12 Salaries, other compensation, and employee benefits	12	
13	13 Professional fees and other payments to independent contractors	13	
14	14 Occupancy rent, utilities, and maintenance	14	
15	15 Printing, publications, postage, and shipping	15	
16	16 Other expenses (describe ▶ 0)	16	
17	17 Total expenses (add lines 10 through 16) ▶	17	
18	18 Excess or (deficit) for the year (line 9 less line 17)	18	3,103
19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
20	20 Other changes in net assets or fund balances (attach explanation)	20	
21	21 Net assets or fund balances at end of year (combine lines 18 through 20) ▶	21	3,103



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Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 40 of the instructions)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22 3,103
23	Land and buildings	23
24	Other assets (describe ▶ _____)	24
25	25 Total assets	25 3,103
26	26 Total liabilities (describe ▶ _____)	26
27	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 3,103

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2003)

Handwritten marks: a large 'P' and a signature '8'.

Part III Statement of Program Service Accomplishments (See page 41 of the instructions)

What is the organization's primary exempt purpose? SUPPORT AND ASSIST YOUTH PROG

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

Table with 2 columns: Program Title and Expenses. Rows 28-32. Row 28: NO DISTRIBUTION. FIRST YEAR OF EXISTANCE. Row 29: (Grants \$) 29a. Row 30: (Grants \$) 30a. Row 31: Other program services (attach schedule) (Grants \$) 31a. Row 32: Total program service expenses (add lines 28a through 31a) 32.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Row 1: See attached statement.

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)

Table with 3 columns: Question, Yes, No. Rows 33-43. Row 33: Did the organization engage in any activity not previously reported to the IRS? No X. Row 34: Were any changes made to the organizing or governing documents but not reported to the IRS? No X. Row 35: If the organization had income from business activities... but not reported on Form 990-T... a: Did the organization have unrelated business gross income...? No X. b: If "Yes," has it filed a tax return on Form 990-T for this year? No. Row 36: Was there a liquidation, dissolution, termination, or substantial contraction during the year? No X. Row 37a: Enter amount of political expenditures... 37a. b: Did the organization file Form 1120-POL for this year? No. Row 38a: Did the organization borrow from or make any loans to any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? No X. b: If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved... 38b. Row 39: 501(c)(7) organizations. a: Initiation fees and capital contributions included on line 9... 39a. b: Gross receipts, included on line 9, for public use of club facilities... 39b. Row 40a: 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911... section 4912... section 4955. b: 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. c: Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958. d: Enter Amount of tax on line 40c, above, reimbursed by the organization. Row 41: List the states with which a copy of this return is filed. Row 42: The books are in care of LORETTA NEILSEN Telephone no 309-797-1588. Located at 2200 69TH AVE MOLINE IL. Row 43: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in and enter the amount of tax-exempt interest received or accrued during the year.

Please Sign Here

Signature of officer: Thomas J Nielsen. Type or print name and title: THOMAS J. NIELSEN

Paid Preparer's Use Only

Preparer's signature: [Signature]. Firm's name (or yours if self-employed) address and ZIP + 4: B & C INCOME TAX S, 1308 6TH AVE, MOLINE IL

Statement Summary

2003

Form 990-EZ - Part IV

List of Officers, Directors, Trustees, and Key Employees

Name(s) shown on return		Identifying Number		
(A)	Title and	(C)	(D)	(E)
Name and address	Average Hrs	Compensation	Contrib.	Expense
ASSOCIATION FOR CIVIL AIR PATROL				
THOMAS J NEILSEN 11912 141ST AVE W TAYLOR RIDGE	PRESIDENT 2	0	0	0
JOHN T CLAEYS PO BOX 9028 MOLINE IL 61265	VICE PRESIDEN 2	0	0	0
ROBERTA C CLARK PO BOX 9028 MOLINE IL 61265	SECRETARY 2	0	0	0
LORETTA A NEILSEN 11912 141ST AVE W TAYLOR RIDGE	TREASURER 2	0	0	0