

Short Form 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)

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year The organization may have to use a copy of this return to satisfy state reporting requirements

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

C Name of organization: ASSOCIATION FOR CIVIL AIR PATROL
Number and street (or P O box if mail is not delivered to street address): 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: [X] Cash [] Accrual Other (specify)

I Website:

H Check [X] 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

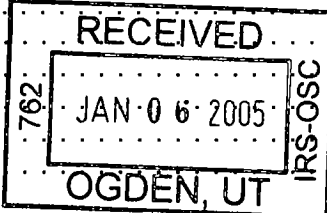
K Check [X] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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)

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Table with 21 rows for revenue and expenses. Line 9 Total revenue: 3,103. Line 17 Total expenses: 0. Line 18 Excess or (deficit): 3,103. Line 21 Net assets or fund balances at end of year: 3,103.



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

Table with 7 rows for balance sheets. Line 25 Total assets: 3,103. Line 26 Total liabilities: 0. Line 27 Net assets or fund balances: 3,103.

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) |
|---|--|
| 28 <u>NO DISTRIBUTION. FIRST YEAR OF EXISTANCE</u> | |
| (Grants \$) | 28a |
| 29 | |
| (Grants \$) | 29a |
| 30 | |
| (Grants \$) | 30a |
| 31 Other program services (attach schedule) (Grants \$) | 31a |
| 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)

| (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 |
|------------------------|--|--|---|--|
| See attached statement | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| | Yes | No |
|---|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others) but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement) | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | |
| b Did the organization file Form 1120-POL for this year? | | |
| 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? | | X |
| b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b | | |
| 39 501(c)(7) organizations Enter 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 | | |
| 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 ▶ | | |
| 41 List the states with which a copy of this return is filed ▶ | | |
| 42 The books are in care of ▶ LORETTA NEILSEN Telephone no ▶ 309-797-1588 | | |
| Located at ▶ 2200 69TH AVE MOLINE IL | | |
| 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 | | |

Under penalties of perjury, I declare that I have examined this return, in its entirety, and the accompanying schedules and information, and believe that it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

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 | | 36-4555812 | | |
| 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 |