

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

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, and ending

B Check if applicable. C Name of organization ASSOCIATION TO PRESERVE CAPE COD, INC. D Employer ID number 04-2462788 E Telephone number 508-362-4226 F Accounting method: X Accrual

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

G Website: N/A J Organization type (check only one) X 501(c) (3) K Check here if the organization's gross receipts are normally not more than \$25,000 L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 883,091

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 3 columns: Description, Amount, and Total. Rows include Contributions, Program service revenue, Membership dues, Gross rents, Net rental income, Other investment income, Gross amount from sales of assets other, Special events and activities, Gross sales of inventory, Other revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or deficit, Net assets at beginning, Other changes, Net assets at end of year.

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913-18

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc	25			
26 Other salaries and wages	26 244,041	219,637	17,083	7,321
27 Pension plan contributions	27			
28 Other employee benefits	28 16,894	16,894		
29 Payroll taxes	29 19,524	17,572	1,367	585
30 Professional fundraising fees	30			
31 Accounting fees	31 5,750		5,750	
32 Legal fees	32			
33 Supplies	33 4,317	3,324	432	561
34 Telephone	34 4,683	3,746	468	469
35 Postage and shipping	35 21,899	18,395	675	2,829
36 Occupancy	36 24,908	20,175	3,487	1,246
37 Equipment rental and maintenance	37 4,066	3,659	407	
38 Printing and publications	38 27,181	24,957	631	1,593
39 Travel	39 2,325	2,325		
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 6,976	6,976		
43 Other expenses not covered above (itemize): a	43a			
b See Statement 3	43b 150,898	134,432	10,406	6,060
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 533,462	472,092	40,706	20,664

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

▶ ENVIRONMENTAL ADVOCACY AND EDUCATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs, & 4947(a)(1) trusts, but optional for others)

a ENVIRONMENTAL ADVOCACY - INFLUENCE MEMBERSHIP AND THE PUBLIC ON SPECIFIC ISSUES RELATING TO THE ENVIRONMENT OF CAPE COD. PROVIDE PUBLIC EDUCATION FOR SAME. (Grants and allocations \$ _____)	472,092
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	472,092

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	45,268	45	47,233
46	Savings and temporary cash investments	246,179	46	332,465
47a	Accounts receivable	1,880		
b	Less: allowance for doubtful accounts		47c	1,880
48a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use	8,292	52	8,418
53	Prepaid expenses and deferred charges	1,906	53	4,948
54	Investments-securities See Stmt 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	454,075	54	427,388
55a	Investments-land, buildings, and equipment, basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment basis	110,920		
b	Less: accumulated depreciation (attach schedule) See Stmt 5	51,431	57c	59,489
58	Other assets (describe See Stmt 6)	1,050	58	1,050
59	Total assets (add lines 45 through 58) (must equal line 74)	823,235	59	882,871
60	Accounts payable and accrued expenses	5,147	60	6,462
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe See Stmt 7)	6,322	65	7,530
66	Total liabilities (add lines 60 through 65)	11,469	66	13,992
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	644,295	67	584,655
68	Temporarily restricted	46,335	68	79,240
69	Permanently restricted	121,136	69	204,984
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	811,766	73	868,879
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	823,235	74	882,871

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) See Stmt 8	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0</u> ; section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed MA	90b	9
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)		
91	The books are in care of Charles Thomsen Located at 3010 Main Street Barnstable, MA	Telephone no	508-362-4226
		ZIP + 4	02630
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income, Gain or (loss) from sales of assets, and Total 202,392.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

11/3/04
Date

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2a-2d. Lending of money or other extension of credit? 2e. Transfer of any part of its income or assets? 3a. Do you make grants for scholarships... 3b. Do you have a section 403(b) annuity plan... 4. Did you maintain any separate account for participating donors...

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 [] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
8 [] A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi)
11b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)
12 [] 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 charitable, etc., 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
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2)

Provide the following information about the supported organizations (See page 5 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above

- 14 [] An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2002, (b) 2001, (c) 2000, (d) 1999, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add Amounts from column (e) for lines 18, 22; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person"; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000; c Add Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)	31		
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to.			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	If the amount on line 40 is-		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is-		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

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 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount			1,805	2,824	4,629
46 Lobbying ceiling amount (150% of line 45(e))					6,944
47 Total lobbying expenditures			9,026	14,121	23,147
48 Grassroots nontaxable amount			451	706	1,157
49 Grassroots ceiling amount (150% of line 48(e))					1,736
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 3 columns: Question, Yes, No. Rows include 51a(i), 51a(ii), 51b(i) through 51b(vi), 51c, and 51d.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.

Federal Statements

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
DUES AND MEMBERSHIP IS THE PRIMARY SOURCE OF REVENUE FOR THE ASSOCIATION'S GOAL OF FURTHERING ITS ENVIRONMENTAL ADVOCACY.	\$ <u>157,201</u>
Total	\$ <u><u>157,201</u></u>

APCC ASSOCIATION TO PRESERVE CAPE COD,
 04-2462788
 FYE: 12/31/2003

Federal Statements

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
75K shs	Federal Farm Cr Bks Cons	Purchase	4.0%	Various	3/05/03	\$ 75,000	\$ 75,000	\$	\$
50K shs	Federal Home Ln Bks Cons	Purchase	7.0%	4/10/02	4/10/03	50,000	50,000		
50K shs	Federal Home Ln Bks Cons	Purchase	3.0%	11/27/02	5/28/03	50,000	50,000		
50K shs	Federal Home Ln Bks Cons	Purchase	3.125%	3/27/03	6/27/03	50,000	50,000		
50K shs	Federal Home Ln Bks Cons	Purchase	4.5%	8/22/02	8/22/03	50,000	50,000		
100 shs	FleetBoston Finl Corp	Purchase		3/21/00	10/30/03	3,910	3,381		529
100 shs	Fleet Boston Finl Corp	Purchase		5/17/00	10/30/03	3,910	3,600		310
257 shs	Glaxo SmithKline PLC ADR	Purchase		9/02/03	10/02/03	10,995	10,031		964
9 shs	Florida Rock Industries	Purchase		12/22/03	12/31/03	472	504		-32
Total						\$ 294,287	\$ 292,516	\$ 0	\$ 1,771

APCC ASSOCIATION TO PRESERVE CAPE COD,
 04-2462788
 FYE: 12/31/2003

Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Other	12,937	10,315	1,448	1,174
Insurance	3,442	2,788	654	
Advertising- Other	500	250	250	
Special events expense	1,340	1,340		
Contract services	10,913	3,274	4,038	3,601
Donations	1,000	1,000		
Grant expenses	91,057	91,057		
Membership development	25,693	24,408		1,285
Investment fees	4,016		4,016	
Total	<u>\$ 150,898</u>	<u>\$ 134,432</u>	<u>\$ 10,406</u>	<u>\$ 6,060</u>

Federal Statements

Statement 4 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock			
Equity Securities	137,751	156,730	Market
Fixed Income Securities	226,985	170,434	Market
Mutual Funds - Balanced	89,339	100,224	Market
	<u>454,075</u>	<u>427,388</u>	

Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
EQUIPMENT				
Land	\$ 69,780	\$ 44,455	\$ 69,780	\$ 51,431
	<u>41,140</u>		<u>41,140</u>	
Total	<u>\$ 110,920</u>	<u>\$ 44,455</u>	<u>\$ 110,920</u>	<u>\$ 51,431</u>

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Rental Security Deposit	\$ 900	\$ 900
Utility Deposit	150	150
Total	<u>\$ 1,050</u>	<u>\$ 1,050</u>

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
Sales Tax Payable	\$ 5	\$ 1
Accrued Pension	1,331	384
Accrued Compensation	4,986	7,145
Total	<u>\$ 6,322</u>	<u>\$ 7,530</u>

Federal Statements

Statement 8 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
DUE TO VOLUNTEER WORK, THIS IS NOT FEASIBLE TO PREDICT	\$ _____
Total	\$ <u> 0</u>

Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

2003

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment Sequence No **67**

Name(s) shown on return **ASSOCIATION TO PRESERVE CAPE COD, INC.**

Identifying number
04-2462788

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	100,000
2 Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	400,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9 Tentative deduction. Enter the smaller of line 5 or line 8		9
10 Carryover of disallowed deduction from line 13 of your 2002 Form 4562		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12
13 Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified prop. (other than listed prop.) placed in service during the tax year (see pg 3 of the instr.)	14	
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	1,234

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2003	17	5,746
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see page 6 of the instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	6,980
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate Instructions.

Form **4562** (2003)

APCC ASSOCIATION TO PRESERVE CAPE COD,
 04-2462788
 FYE: 12/31/2003
Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
1	Equipment	7/15/87	495				495	7	HY S/L	495	0
2	Typewriter	11/15/87	360				360	7	HY S/L	360	0
4	Typewriter	8/01/88	1,295				1,295	5	HY S/L	1,295	0
5	Printer	11/01/88	212				212	5	HY S/L	212	0
6	Typewriter	1/01/89	300				300	5	HY S/L	300	0
7	Printer	6/01/89	343				343	5	HY S/L	343	0
8	386 Computer	7/29/91	2,090				2,090	5	HY S/L	2,090	0
9	Printer	11/07/91	416				416	5	HY S/L	416	0
10	386 Computer	11/15/91	1,699				1,699	5	HY S/L	1,699	0
11	Furniture & fixtures	8/25/92	1,263				1,263	7	HY S/L	1,263	0
12	Projector	8/25/92	256				256	7	HY S/L	256	0
13	Air Conditioner	2/27/92	380				380	7	HY S/L	380	0
14	Computer	8/25/92	1,304				1,304	7	HY S/L	1,304	0
15	Software	4/01/93	349				349	5	HY S/L	349	0
16	Computer	4/01/93	985				985	5	HY S/L	985	0
17	Printers	4/01/93	580				580	5	HY S/L	580	0
18	Copier	12/31/94	5,664				5,664	7	HY S/L	5,664	0
19	Computer	6/01/94	2,681				2,681	7	HY S/L	2,681	0
20	Printer	6/01/94	329				329	7	HY S/L	329	0
21	Dictaphone	6/01/94	300				300	7	HY S/L	300	0
22	Equipment	6/01/94	836				836	7	HY S/L	836	0
23	Copier Feeder	6/01/94	152				152	7	HY S/L	152	0
24	3 Computers	7/31/96	3,747				3,747	5	HY S/L	3,747	0
25	Hard Drives	9/30/96	618				618	5	HY S/L	618	0
27	Computer	3/31/99	1,203				1,203	5	HY S/L	842	240
28	APCC Display Board	3/31/99	672				672	5	HY S/L	471	134
29	Memory Boards	3/31/99	260				260	5	HY S/L	182	52
30	Air Conditioners	6/30/99	659				659	7	HY S/L	329	95
31	Projector	10/04/00	3,009				3,009	5	MQ S/L	1,279	602
32	Digital Camera	11/13/00	641				641	5	MQ S/L	272	129
33	Office Chairs	12/31/00	344				344	7	MQ S/L	105	49
34	Powerbook G3	4/04/01	2,000				2,000	5	HY S/L	600	400
35	Zip drive and RAM upgrade	4/04/01	170				170	5	HY S/L	51	34
36	Computers	4/27/01	10,150				10,150	5	HY S/L	3,045	2,030
37	Installation fee	4/27/01	1,200				1,200	5	HY S/L	360	240
38	iMac Computer	5/22/01	1,519				1,519	5	HY S/L	456	304
39	Set up new computers	5/22/01	1,200				1,200	5	HY S/L	360	240
40	Dazzle Express software	6/08/01	195				195	5	HY S/L	59	39
41	Network installation	6/08/01	1,100				1,100	5	HY S/L	330	220
42	Air conditioner	7/03/01	294				294	5	HY S/L	88	59
43	Additional software	7/03/01	1,135				1,135	5	HY S/L	341	227
44	Installation and troubleshooting	7/03/01	1,900				1,900	5	HY S/L	570	380
45	Hardware	7/03/01	441				441	5	HY S/L	132	89
46	Hard drive and installation	7/24/01	276				276	5	HY S/L	83	55
47	Installation and troubleshooting	7/24/01	125				125	5	HY S/L	38	25
48	HP 1220 printer	9/04/01	515				515	5	HY S/L	154	103
			<u>55,662</u>				<u>55,662</u>			<u>36,801</u>	<u>5,746</u>
ACRS:											
3	Computer	1/01/86	4,525				4,525	5	HY S/L	4,525	0
	Total ACRS Depreciation		<u>4,525</u>				<u>4,525</u>			<u>4,525</u>	<u>0</u>
Other Depreciation:											
26	Computer	5/01/98	2,734				2,734	5	MO S/L	2,551	183
49	Telephone	5/30/02	3,697				3,697	5	MO S/L	431	740
50	Furniture	6/13/02	530				530	7	MO S/L	44	76
51	Book case	6/13/02	100				100	7	MO S/L	8	15
52	Power Book Battery	8/01/02	338				338	5	MO S/L	28	68
53	Office Shelving	9/19/02	568				568	7	MO S/L	20	81
54	Furniture - Bookcases	5/01/02	500				500	7	MO S/L	48	71
	Total Other Depreciation		<u>8,467</u>				<u>8,467</u>			<u>3,130</u>	<u>1,234</u>
	Total ACRS and Other Depreciation		<u>12,992</u>				<u>12,992</u>			<u>7,655</u>	<u>1,234</u>

APCC ASSOCIATION TO PRESERVE CAPE COD,

04-2462788

FYE: 12/31/2003

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		68,654				68,654		44,456	6,980
	Less: Dispositions		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>68,654</u>				<u>68,654</u>		<u>44,456</u>	<u>6,980</u>

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	Equipment	0	0	0
Page 1	1	2	Typewriter	0	0	0
Page 1	1	4	Typewriter	0	0	0
Page 1	1	5	Printer	0	0	0
Page 1	1	6	Typewriter	0	0	0
Page 1	1	7	Printer	0	0	0
Page 1	1	8	386 Computer	0	0	0
Page 1	1	9	Printer	0	0	0
Page 1	1	10	386 Computer	0	0	0
Page 1	1	11	Furniture & fixtures	0	0	0
Page 1	1	12	Projector	0	0	0
Page 1	1	13	Air Conditioner	0	0	0
Page 1	1	14	Computer	0	0	0
Page 1	1	15	Software	0	0	0
Page 1	1	16	Computer	0	0	0
Page 1	1	17	Printers	0	0	0
Page 1	1	18	Copier	0	0	0
Page 1	1	19	Computer	0	0	0
Page 1	1	20	Printer	0	0	0
Page 1	1	21	Dictaphone	0	0	0
Page 1	1	22	Equipment	0	0	0
Page 1	1	23	Copier Feeder	0	0	0
Page 1	1	24	3 Computers	0	0	0
Page 1	1	25	Hard Drives	0	0	0
Page 1	1	27	Computer	240	240	0
Page 1	1	28	APCC Display Board	134	134	0
Page 1	1	29	Memory Boards	52	52	0
Page 1	1	30	Air Conditioners	95	95	0
Page 1	1	31	Projector	602	602	0
Page 1	1	32	Digital Camera	129	129	0
Page 1	1	33	Office Chairs	49	49	0
Page 1	1	34	Powerbook G3	400	400	0
Page 1	1	35	Zip drive and RAM upgrade	34	34	0
Page 1	1	36	Computers	2,030	2,030	0
Page 1	1	37	Installation fee	240	240	0
Page 1	1	38	iMac Computer	304	304	0
Page 1	1	39	Set up new computers	240	240	0
Page 1	1	40	Dazzle Express software	39	39	0
Page 1	1	41	Network installation	220	220	0
Page 1	1	42	Air conditioner	59	59	0
Page 1	1	43	Additional software	227	227	0
Page 1	1	44	Installation and troubleshooting	380	380	0
Page 1	1	45	Hardware	89	89	0
Page 1	1	46	Hard drive and installation	55	55	0
Page 1	1	47	Installation and troubleshooting	25	25	0
Page 1	1	48	HP 1220 printer	103	103	0
				<u>5,746</u>	<u>5,746</u>	<u>0</u>

Special Events Direct Expenses

<u>Description</u>	<u>Amount</u>
Column A	\$
SPECIAL FUND RAISING EVENTS	
SubTotal	<u>0</u>
Total	<u><u>0</u></u>

Direct expenses other than fundraising expenses
reported on Form 990, page 1, line 9b.

Association to Preserve Cape Cod - Board of Directors - 2003

Name	Officer	Address	Town	Zip Code
Ronald Reed	President	133 Ralyn Rd	Cotuit, MA	02635
Mark Robinson	Vice President	3239 Main St	Barnstable, MA	02630
Susan Shephard	Clerk	35 Cumloden Dr	Falmouth, MA	02540
Charles Thomsen	Treasurer	30 Payson Lane	East Orleans, MA	02643
JoAnne Miller Buntich		88 Boardley Rd	Sandwich, MA	02563
Celine Gandolfo		774 Commercial St	Provincetown, MA	02657
Robert Gatewood		194 Main St	Sandwich, MA	02563
Carol Green		4 High Ridge Rd Extension	Truro, MA	02666
Jane Harris		11 Arbutus Trail	Chatham, MA	02633
Kurt Hellfach		20 Dune Drive	Chatham, MA	02633
Ralph Herbst		121 Regis Rd	East Falmouth, MA	02536
James Hinkle, Jr.		4275 Route 6A	Cummaquid, MA	02637
Beverly Kane		8 Compass Dr	Mashpee, MA	02649
Chris Neill		39 Marvin's Circle	Falmouth, MA	02540
John O'Brien		307 Main Street	Hyannis, MA	02601
Fred O'Regan		411 Main Street	Yarmouthport, MA	02675
Gwen Pelletier		20 Russell Ave N	Eastham, MA	02642
Lawrence Shubow		22 Crescent Rd	Mashpee, MA	02649
Edie Squibb		9 Scudder Lane	Barnstable, MA	02630
James Tobin		176 Far Fields Rd	Brewster, MA	02631

Form **8868**

(December 2000)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization ASSOCIATION TO PRESERVE CAPE COD, INC.	Employer identification number 04-2462788
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 398	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BARNSTABLE MA 02630	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/16/04 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2003 or
- ▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ 0

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ [Handwritten Signature] Title ▶ _____

Date ▶ 5/06/04

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Form fields for Name of Exempt Organization (ASSOCIATION TO PRESERVE CAPE COD, INC.), Employer Identification number (04-2462788), and address (BARNSTABLE MA 02630).

Check type of return to be filed (File a separate application for each return): Form 990, Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069.

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Form fields for office location (United States), Group Return information, and names and EINs of all members.

Form fields for extension request details: 4. I request an additional 3-month extension of time until 11/15/04. 5. For calendar year 2003. 6. Initial return. 7. Additional time is requested to gather information to prepare a complete and accurate return. 8a. Tentative tax. 8b. Refundable credits. 8c. Balance Due.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature] Title: [Title] Date: 8/09/04

Notice to Applicant-To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period...
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request...
We cannot consider this application because it was filed after the due date...
Other

EXTENSION APPROVED

AUG 3 12004

FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Director: _____ Date: _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Form fields for Name (Sanders, Walsh & Eaton, LLP), Number and street (PO Box 1427), and City or town (W. Chatham MA 02669).