

Form 990

OMB No 1545-0047

2004

Open to Public Inspection

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)

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 2004 calendar year, or tax year beginning, and ending

- 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 TO PRESERVE CAPE COD, INC.
Number and street (or P O box if mail is not delivered to street address): P.O. BOX 398
Room/suite:
City or town, state or country, and ZIP + 4: BARNSTABLE MA 02630

D Employer Identification no. 04-2462788
E Telephone number
F Accounting method: [X] Accrual [ ] Other (specify)

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) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] 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 Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 680,609

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [ ] No
I Group Exemption Number
M Check [ ] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

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

Table with 21 rows and 4 columns: Description, Sub-column (1a-1c, 6a-6b, 8a-8c, 9a-9b, 10a-10b), Total Revenue, Total Expenses. Includes a 'RECEIVED' stamp dated NOV 18 2005 from OGDEN, UT.

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Expenses Assets

**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	26 251,036	225,933	17,572	7,531
27 Pension plan contributions	27			
28 Other employee benefits	28 11,924	10,731	835	358
29 Payroll taxes	29 20,308	18,277	1,422	609
30 Professional fundraising fees	30			
31 Accounting fees	31 6,000		6,000	
32 Legal fees	32			
33 Supplies	33 5,456	4,638	546	272
34 Telephone	34 4,953	3,962	495	496
35 Postage and shipping	35 25,710	21,854	2,571	1,285
36 Occupancy	36 35,375	28,300	4,953	2,122
37 Equipment rental and maintenance	37 2,988	2,390	598	
38 Printing and publications	38 31,969	27,174	3,197	1,598
39 Travel	39 1,986	1,986		
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 11,126	11,126		
43 Other expenses not covered above (itemize): a	43a			
b See Statement 3	43b 204,192	185,786	11,930	6,476
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	44 613,023	542,157	50,119	20,747

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?	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)
<p>► <b>ENVIRONMENTAL ADVOCACY AND EDUCATION</b></p> <p>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.)</p>	
<p>a <b>ENVIRONMENTAL ADVOCACY - INFLUENCE MEMBERSHIP AND THE PUBLIC ON SPECIFIC ISSUES RELATING TO THE ENVIRONMENT OF CAPE COD. PROVIDE PUBLIC EDUCATION FOR SAME.</b></p> <p>(Grants and allocations \$ _____)</p>	542,157
<p>b</p> <p>(Grants and allocations \$ _____)</p>	
<p>c</p> <p>(Grants and allocations \$ _____)</p>	
<p>d</p> <p>(Grants and allocations \$ _____)</p>	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	542,157

**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	47,233	45	92,654
46	Savings and temporary cash investments	332,465	46	217,944
47a	Accounts receivable			
b	Less: allowance for doubtful accounts	1,880	47c	
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	8,418	52	4,413
53	Prepaid expenses and deferred charges	4,948	53	4,054
54	Investments-securities <b>See Statement 4</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	427,388	54	455,879
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	76,035		
b	Less: accumulated depreciation (attach schedule) <b>See Statement 5</b>	62,557	57c	13,478
58	Other assets (describe <b>See Statement 6</b> )	1,050	58	2,798
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	882,871	59	791,220
60	Accounts payable and accrued expenses	6,462	60	17,823
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 <b>See Statement 7</b> )	7,530	65	12,283
66	<b>Total liabilities</b> (add lines 60 through 65)	13,992	66	30,106
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	584,655	67	468,291
68	Temporarily restricted	79,240	68	73,043
69	Permanently restricted	204,984	69	219,780
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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	868,879	73	761,114
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	882,871	74	791,220

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 <b>MA</b>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	11
91	The books are in care of <b>Charles Thomsen</b> Telephone no. <b>508-362-4226</b> Located at <b>Barnstable, MA</b> ZIP + 4 <b>02630</b>		
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.)**

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					158,143
95 Interest on savings and temporary cash investments					6,931
96 Dividends and interest from securities			14	7,528	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					12,551
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b <b>Unrealized gain on stock</b>					-5,221
c <b>Sale of Promotional Items</b>					81
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		7,528	172,485
105 Total (add line 104, columns (B), (D), and (E))					180,013

**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.)**

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 (other than by providing funds for such purposes)
▼	
N/A	

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

(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
N/A	%			
	%			
	%			
	%			

**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?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

Please  
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.

11/1/05  
Date

Check if  Preparer's SSN or PTIN

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**ASSOCIATION TO PRESERVE CAPE COD,  
INC.**

Employer identification number

**04-2462788**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl ben. plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)	<b>X</b>	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	<b>3a</b>	<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>X</b>

**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). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  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). (Also complete the **Support Schedule** in Part IV-A.)
- 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 (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 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). (See section 509(a)(3).)

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

(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 5 of the instructions.)



**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? .....	31		
If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )				
.....				
.....				
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? .....	34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement.				
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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	<b>0</b>
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-		
<b>If the amount on line 40 is-</b> <b>The lobbying nontaxable amount is-</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....	
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>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	<b>0</b>
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	<b>0</b>

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount				<b>1,805</b>	<b>1,805</b>
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					<b>2,708</b>
<b>47</b> Total lobbying expenditures				<b>9,026</b>	<b>9,026</b>
<b>48</b> Grassroots nontaxable amount				<b>451</b>	<b>451</b>
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					<b>677</b>
<b>50</b> 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 11 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
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> 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





# Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

**2004**

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	102,000
2 Total cost of section 179 property placed in service (see page 3 of the instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation . . . . .	3	410,000
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 3 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 2003 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 2005 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 instructions) . . . . .	14	3,127
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	1,049

**Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2004 . . . . .	17	5,531
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 2004 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		3,127	5.0	MQ	200DB	292
c 7-year property						
d 10-year property						
e 15-year property			25 yrs		S/L	
f 20-year property						
h Residential rental property			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C-Assets Placed in Service During 2004 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 8 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.		9,999
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** (2004)

**There are no amounts for Page 2**

**ASSOCIATION TO PRESERVE CAPE COD, 04-2462788**

Form 4562 (2004)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A-Depreciation and Other Information** (Caution: See page 9 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?		Yes	No	
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)								
							25	
26 Property used more than 50% in a qualified business use (see page 8 of the instructions)								
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 8 of the instructions)								
		%			S/L-			
		%			S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6						
30 Total business/investment miles driven during the year (do not include commuting miles-See page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions)					
43 Amortization of costs that began before your 2004 tax year				43	0
44 Total. Add amounts in column (f). See page 12 of the instructions for where to report				44	

**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>158,143</u>
Total	\$ <u><u>158,143</u></u>

**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
20K shs Federal Home Loan Banks Purchase			Various	2/17/04	\$ 20,000	\$ 20,000	\$	
500 shs Seacoast Financial Services Purchase			Various	1/29/04	17,409	4,813		12,596
50K shs Federal Home Loan Banks Purchase			Various	2/17/04	50,000	50,000		
50K shs Federal Home Loan Banks Purchase			Various	3/11/04	50,000	50,000		
50K shs Federal Home Loan Banks Purchase			Various	4/06/04	50,000	50,000		
10 shs Wachovia Corp Purchase			Various	12/23/04	493	538		-45
<b>Total</b>					<u>\$ 187,902</u>	<u>\$ 175,351</u>	<u>\$ 0</u>	<u>\$ 12,551</u>

**Federal Statements**

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Advertising	884	442	442	
Insurance	4,223	3,378	845	
Other expenses	14,307	11,446	2,146	715
Special events expense	1,215	1,215		
Contract Services	12,527	4,176	4,175	4,176
Donations to others	43,140	43,140		
Investment fees	4,322		4,322	
Membership development	31,706	30,121		1,585
Grant expense	91,868	91,868		
<b>Total</b>	<b>\$ 204,192</b>	<b>\$ 185,786</b>	<b>\$ 11,930</b>	<b>\$ 6,476</b>

**Federal Statements**

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
Corporate Stock			
Equity Securities	156,730	156,975	Market
Fixed Income Securities	170,434	148,783	Market
Mutual Funds - Balanced	100,224	150,121	Market
	<u>427,388</u>	<u>455,879</u>	

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

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
EQUIPMENT				
Land	\$ 69,780	\$ 51,431	\$ 76,035	\$ 62,557
	41,140			
Total	<u>\$ 110,920</u>	<u>\$ 51,431</u>	<u>\$ 76,035</u>	<u>\$ 62,557</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Rental Security Deposit	\$ 900	\$ 2,798
Utility Deposit	150	
Total	<u>\$ 1,050</u>	<u>\$ 2,798</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Sales Tax Payable	\$ 1	\$ 2
Accrued Pension	384	2,487
Accrued Compensation	7,145	9,794
Total	<u>\$ 7,530</u>	<u>\$ 12,283</u>

**Federal Statements**

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

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

APCC ASSOCIATION TO PRESERVE CAPE COD,  
 04-2462788  
 FYE: 12/31/2004  
**Federal Asset Report**  
**Form 990, Page 1**

11/10/2005 10:31 AM

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	Per Conv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
55	HP 4200 printer	6/22/04	1,350			X	675	5	MQ200DB	0	844
56	5 Dimension 3000 Dell computers	12/31/04	4,904			X	2,452	5	MQ200DB	0	2,575
			<u>6,254</u>				<u>3,127</u>			<u>0</u>	<u>3,419</u>
<b>Prior MACRS:</b>											
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	1,082	121
28	APCC Display Board	3/31/99	672				672	5	HY S/L	605	67
29	Memory Boards	3/31/99	260				260	5	HY S/L	234	26
30	Air Conditioners	6/30/99	659				659	7	HY S/L	424	94
31	Projector	10/04/00	3,009				3,009	5	MQ S/L	1,881	602
32	Digital Camera	11/13/00	641				641	5	MQ S/L	401	128
33	Office Chairs	12/31/00	344				344	7	MQ S/L	154	49
34	Powerbook G3	4/04/01	2,000				2,000	5	HY S/L	1,000	400
35	Zip drive and RAM upgrade	4/04/01	170				170	5	HY S/L	85	34
36	Computers	4/27/01	10,150				10,150	5	HY S/L	5,075	2,030
37	Installation fee	4/27/01	1,200				1,200	5	HY S/L	600	240
38	iMac Computer	5/22/01	1,519				1,519	5	HY S/L	760	304
39	Set up new computers	5/22/01	1,200				1,200	5	HY S/L	600	240
40	Dazzle Express software	6/08/01	195				195	5	HY S/L	98	39
41	Network installation	6/08/01	1,100				1,100	5	HY S/L	550	220
42	Air conditioner	7/03/01	294				294	5	HY S/L	147	59
43	Additional software	7/03/01	1,135				1,135	5	HY S/L	568	227
44	Installation and troubleshooting	7/03/01	1,900				1,900	5	HY S/L	950	380
45	Hardware	7/03/01	441				441	5	HY S/L	221	88
46	Hard drive and installation	7/24/01	276				276	5	HY S/L	138	55
47	Installation and troubleshooting	7/24/01	125				125	5	HY S/L	63	25
48	HP 1220 printer	9/04/01	515				515	5	HY S/L	257	103
57	Equipment	1/01/98	1,126				1,126	5	HY 200DB	1,126	0
			<u>56,788</u>				<u>56,788</u>			<u>43,673</u>	<u>5,531</u>
<b>ACRS:</b>											
3	Computer	1/01/86	4,525				4,525	5	HY S/L	4,525	0
	<b>Total ACRS Depreciation</b>		<u>4,525</u>				<u>4,525</u>			<u>4,525</u>	<u>0</u>
<b>Other Depreciation:</b>											
26	Computer	5/01/98	2,734				2,734	5	MO S/L	2,734	0
49	Telephone	5/30/02	3,697				3,697	5	MO S/L	1,171	739
50	Furniture	6/13/02	530				530	7	MO S/L	120	76
51	Book case	6/13/02	100				100	7	MO S/L	23	14

04-2462788

**Federal Asset Report**

FYE: 12/31/2004

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
52	Power Book Battery	8/01/02	338				338	5 MO S/L	96	67
53	Office Shelving	9/19/02	568				568	7 MO S/L	101	82
54	Furniture - Bookcases	5/01/02	500				500	7 MO S/L	119	71
	<b>Total Other Depreciation</b>		<u>8,467</u>				<u>8,467</u>		<u>4,364</u>	<u>1,049</u>
	<b>Total ACRS and Other Depreciation</b>		<u>12,992</u>				<u>12,992</u>		<u>8,889</u>	<u>1,049</u>
	<b>Grand Totals</b>		76,034				72,907		52,562	9,999
	<b>Less: Dispositions</b>		0				0		0	0
	<b>Net Grand Totals</b>		<u>76,034</u>				<u>72,907</u>		<u>52,562</u>	<u>9,999</u>

04-2462788

**AMT Asset Report**

FYE: 12/31/2004

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
55	HP 4200 printer	6/22/04	1,350			X	675	5	MQ200DB	0	844
56	5 Dimension 3000 Dell computers	12/31/04	4,904			X	2,452	5	MQ200DB	0	2,575
			<u>6,254</u>				<u>3,127</u>			<u>0</u>	<u>3,419</u>
<b>Prior MACRS:</b>											
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	1,881	0
9	Printer	11/07/91	416				416	5	HY S/L	375	0
10	386 Computer	11/15/91	1,699				1,699	5	HY S/L	1,529	0
11	Furniture & fixtures	8/25/92	1,263				1,263	7	HY S/L	1,172	0
12	Projector	8/25/92	256				256	7	HY S/L	237	0
13	Air Conditioner	2/27/92	380				380	7	HY S/L	353	0
14	Computer	8/25/92	1,304				1,304	7	HY S/L	1,211	0
15	Software	4/01/93	349				349	5	HY S/L	314	0
16	Computer	4/01/93	985				985	5	HY S/L	886	0
17	Printers	4/01/93	580				580	5	HY S/L	522	0
18	Copier	12/31/94	5,664				5,664	7	HY S/L	5,259	0
19	Computer	6/01/94	2,681				2,681	7	HY S/L	2,490	0
20	Printer	6/01/94	329				329	7	HY S/L	306	0
21	Dictaphone	6/01/94	300				300	7	HY S/L	279	0
22	Equipment	6/01/94	836				836	7	HY S/L	776	0
23	Copier Feeder	6/01/94	152				152	7	HY S/L	141	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	1,082	121
28	APCC Display Board	3/31/99	672				672	5	HY S/L	605	67
29	Memory Boards	3/31/99	260				260	5	HY S/L	234	26
30	Air Conditioners	6/30/99	659				659	7	HY S/L	424	94
31	Projector	10/04/00	3,009				3,009	5	MQ S/L	1,881	602
32	Digital Camera	11/13/00	641				641	5	MQ S/L	401	128
33	Office Chairs	12/31/00	344				344	7	MQ S/L	154	49
34	Powerbook G3	4/04/01	2,000				2,000	5	HY S/L	1,000	400
35	Zip drive and RAM upgrade	4/04/01	170				170	5	HY S/L	85	34
36	Computers	4/27/01	10,150				10,150	5	HY S/L	5,075	2,030
37	Installation fee	4/27/01	1,200				1,200	5	HY S/L	600	240
38	iMac Computer	5/22/01	1,519				1,519	5	HY S/L	760	304
39	Set up new computers	5/22/01	1,200				1,200	5	HY S/L	600	240
40	Dazzle Express software	6/08/01	195				195	5	HY S/L	98	39
41	Network installation	6/08/01	1,100				1,100	5	HY S/L	550	220
42	Air conditioner	7/03/01	294				294	5	HY S/L	147	59
43	Additional software	7/03/01	1,135				1,135	5	HY S/L	568	227
44	Installation and troubleshooting	7/03/01	1,900				1,900	5	HY S/L	950	380
45	Hardware	7/03/01	441				441	5	HY S/L	221	88
46	Hard drive and installation	7/24/01	276				276	5	HY S/L	138	55
47	Installation and troubleshooting	7/24/01	125				125	5	HY S/L	63	25
48	HP 1220 printer	9/04/01	515				515	5	HY S/L	257	103
57	Equipment	1/01/98	1,126				1,126	6	HY 150DB	1,126	0
			<u>56,788</u>				<u>56,788</u>			<u>42,120</u>	<u>5,531</u>
<b>Other Depreciation:</b>											
3	Computer	1/01/86	0				0	0	HY	0	0
26	Computer	5/01/98	0				0	0	HY	0	0
49	Telephone	5/30/02	3,697				3,697	5	MO S/L	1,171	739
50	Furniture	6/13/02	530				530	7	MO S/L	120	76
51	Book case	6/13/02	100				100	7	MO S/L	23	14
52	Power Book Battery	8/01/02	338				338	5	MO S/L	96	67
53	Office Shelving	9/19/02	568				568	7	MO S/L	101	82
54	Furniture - Bookcases	5/01/02	500				500	7	MO S/L	119	71

**AMT Asset Report**

FYE: 12/31/2004

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
	<b>Total Other Depreciation</b>		<u>5,733</u>				<u>5,733</u>		<u>1,630</u>	<u>1,049</u>
	<b>Total ACRS and Other Depreciation</b>		<u>5,733</u>				<u>5,733</u>		<u>1,630</u>	<u>1,049</u>
	<b>Grand Totals</b>		68,775				65,648		43,750	9,999
	<b>Less: Dispositions</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>68,775</u>				<u>65,648</u>		<u>43,750</u>	<u>9,999</u>

04-2462788

**Depreciation Adjustment Report**

FYE: 12/31/2004

**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
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	121	121	0
Page 1	1	28	APCC Display Board	67	67	0
Page 1	1	29	Memory Boards	26	26	0
Page 1	1	30	Air Conditioners	94	94	0
Page 1	1	31	Projector	602	602	0
Page 1	1	32	Digital Camera	128	128	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	88	88	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
Page 1	1	55	HP 4200 printer	844	844	0
Page 1	1	56	5 Dimension 3000 Dell computers	2,575	2,575	0
Page 1	1	57	Equipment	0	0	0
				<u>8,950</u>	<u>8,950</u>	<u>0</u>

APCC ASSOCIATION TO PRESERVE CAPE COD,  
 04-2462788  
**Sec 168(k) Report**

11/10/2005 10:31 AM

FYE: 12/31/2004

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Sec 168(k)</u>	<u>Prior Sec 168(k)</u>	<u>Tax - Basis for Depr</u>
<b>Activity: Form 990, Page 1</b>								
55	HP 4200 printer	6/22/04	1,350		0	675	0	675
56	5 Dimension 3000 Dell computers	12/31/04	4,904		0	2,452	0	2,452
	<b>Form 990, Page 1</b>		<u>6,254</u>		<u>0</u>	<u>3,127</u>	<u>0</u>	<u>3,127</u>
	<b>Grand Total</b>		<u>6,254</u>		<u>0</u>	<u>3,127</u>	<u>0</u>	<u>3,127</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 - 2004**

<b>Name</b>	<b>Officer</b>	<b>Address</b>	<b>Town</b>	<b>Zip Code</b>
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
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
Daniel Wolf		Main Street	Harwich, MA	02645
William Litchfield		531 Riverview Dr	Chatham, MA	02633
Steven M. Flynn		Main Street	Harwich, MA	02645
Norman Edinburg		Sandpiper Rd	Truro, MA	02666
Allan McClennen Jr.		157 Namequoit Rd	Orleans, MA	02653

Form **8868**  
(Rev. December 2004)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ 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).

**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)

**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.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

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

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 |

● The books are in the care of ▶

Telephone No ▶ FAX No. ▶

● 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-months for a **Form 990-T corporation**) extension of time until **8/15/05** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2004** 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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

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.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer Identification number. Includes address: ASSOCIATION TO PRESERVE CAPE COD, INC., P.O. BOX 398, BARNSTABLE MA 02630.

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

- Form 990 (checked), Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

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

The books are in the care of Telephone No. FAX No.

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 is for

I request an additional 3-month extension of time until 11/15/05

For calendar year 2004, or other tax year beginning, and ending

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

State in detail why you need the extension

Additional time is requested to gather information to prepare a complete and accurate return.

8a 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 \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$

c Balance Due. Subtract line 8b from line 8a. 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. \$

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 Date 8/01/05

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 from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
Other

By: 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.

Table with 3 columns: Type or print, Name, Number and street, City or town, province or state, and country. Includes address: Sanders, Walsh & Eaton, LLP, PO Box 1427, W. Chatham MA 02669.

EXTENSION APPROVED
AUG 24 2005
FIELD DIRECTOR, SUBMISSION PROCESSING, CGDEN