

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning _____, and ending _____

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: **Hop Brook Protection Assoc., Inc.**
 Number and street (or P O box, if mail is not delivered to street address): **P.O. Box 707**
 City or town, state or country, and ZIP + 4: **Sudbury MA 01776**

D Employer identification number: **04-3170604**

E Telephone number: **978-443-8559**

F Group Exemption Number:

G Accounting method: Cash Accrual
Other (specify) _____

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

I Website: **www.hopbrook.org**

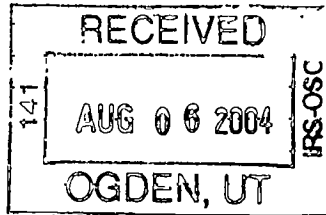
J Organization type (check only one): 501(c) (**3**) (Insert no) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ **\$ 6,244**

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

1	Contributions, gifts, grants, and similar amounts received	1	5,800
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	444
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	6	
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe _____)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	6,244
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	1
14	Occupancy, rent, utilities, and maintenance	14	24
15	Printing, publications, postage, and shipping	15	1,275
16	Other expenses (describe See Stmt 1)	16	1,319
17	Total expenses (add lines 10 through 16)	17	2,619
18	Excess or (deficit) for the year (line 9 less line 17)	18	3,625
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	26,278
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	29,903



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

(See page 40 of the instructions)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments 26,278	29,903
23	Land and buildings	
24	Other assets (describe _____)	
25	Total assets 26,278	29,903
26	Total liabilities (describe _____) 0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) 26,278	29,903

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2003)

SCANNED AUG 10 2004

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Part III Statement of Program Service Accomplishments (See page 41 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? Environmental protection			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	See Statement 2	(Grants \$)	28a
29	See Statement 3	(Grants \$)	29a 750
30	See Statement 4	(Grants \$)	30a
31	Other program services (attach schedule)	(Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)		32 750

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 5				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		X
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a 0	
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 0 ; section 4912 0 , section 4955 0		
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization		0
41	List the states with which a copy of this return is filed. MA		
42	The books are in care of Nancy Crooker Located at Sudbury, MA	Telephone no. 978-443-8559 ZIP + 4 01776	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of and enter the amount of tax-exempt interest received or accrued during the		

Under penalties of perjury, I declare that I have examined this return, including schedules and attachments, and the information therein is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Please Sign Here
 Signature of officer: Nancy Crooker
 Type or print name and title: NANCY CROOKER, TREASURER

Paid Preparer's Use Only
 Preparer's signature: Kathleen Winston
 Firm's name (or yours if self-employed), address, and ZIP + 4: Kathleen Winston, 118 Barton Dr, Sudbury, MA 01776

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
	\$
Expenses	
Conferences, meetings	154
Dues & publications	330
Videotaping expense	110
Contributions	500
Internet expense	149
Tax filing fees	50
Miscellaneous	26
Total	<u>\$ 1,319</u>

Federal Statements

Statement 2 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Legal maneuvering to stop the pollution from the Marlboro Easterly Wastewater Treatment Plant (MEWTP). Participated in a public hearing on the long overdue EOA operating permit for the MEWTP. Expenses deferred to 2004.

Statement 3 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Attended conference, organized demonstration and sent letters and petitions to MA Department of Environmental Protection.

Statement 4 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

Worked with Town of Sudbury Board of Selectmen, Conservation Commission and Department of Public Works to formulate plans for pond remediation. No expenses incurred.

Federal Statements**Statement 5 - Form 990-EZ, Part IV - Officers, Directors, Trustees, and Key Employees**

Name			Title	Average Hrs	Address	City, State, Zip
Comp	Benefits	Expenses				
			President	12		
	0	0	157 Wayside Inn Rd.			Sudbury MA 01776
			Vice-Preside	9		
	0	0	157 Wayside Inn Rd.			Sudbury MA 01776
			Clerk/Secret	1		
	0	0	34 Barton Dr.			Sudbury MA 01776
			Treasurer	1		
	0	0	68 Dutton Rd.			Sudbury MA 01776
			Membership C	1		
	0	0	86 Barton Dr.			Sudbury MA 01776
			Board Member	.5		
	0	0	133 Moore Rd.			Sudbury MA 01776

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 Hop Brook Protection Association	Employer identification number 04-3170604
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 707	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Sudbury MA 01776	

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

- | | | |
|---|---|------------------------------------|
| <input 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 checked="" 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 \$ _____

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 \$ _____

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 \$ _____

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 ▶ Kathleen Winston Title ▶ CPA in Massachusetts Date ▶ 5/17/04

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)