

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

2005

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 2005 calendar year, or tax year beginning _____, **and ending** _____

<p>B Check if applicable</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions</p>	<p>C Name of organization Hop Brook Protection Assoc., Inc.</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. Box 707</p> <p>City or town, state or country, and ZIP + 4 Sudbury MA 01776</p>	<p>D Employer identification number 04-3170604</p> <p>E Telephone number 978-443-8559</p> <p>F Group Exemption Number ▶</p>
---	---	--	--

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

I Website: ▶ www.hopbrook.org

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

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)

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 chooses to file a return, be sure to file a complete return. **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 ▶ \$ 29,038

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

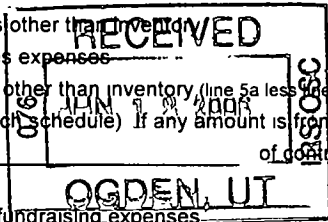
Revenue	<p>1 Contributions, gifts, grants, and similar amounts received</p> <p>2 Program service revenue including government fees and contracts</p> <p>3 Membership dues and assessments</p> <p>4 Investment income</p> <p>5a Gross amount from sale of assets other than inventory</p> <p>5b Less cost or other basis and sales expenses</p> <p>5c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)</p> <p>6 Special events and activities (attach schedule) If any amount is from gaming, check here <input checked="" type="checkbox"/></p> <p>6a Gross revenue (not including \$ _____ of contributions reported on line 1) <u>See Worksheet</u></p> <p>6b Less direct expenses other than fundraising expenses</p> <p>6c Net income or (loss) from special events and activities (line 6a less line 6b)</p> <p>7a Gross sales of inventory, less returns and allowances</p> <p>7b Less cost of goods sold</p> <p>7c Gross profit or (loss) from sales of inventory (line 7a less line 7b)</p> <p>8 Other revenue (describe ▶ _____)</p> <p>9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶</p>	<p>1 3,380</p> <p>2</p> <p>3</p> <p>4 453</p> <p>5a</p> <p>5b</p> <p>5c</p> <p>6a 25,205</p> <p>6b 4,735</p> <p>6c 20,470</p> <p>7a</p> <p>7b</p> <p>7c</p> <p>8</p> <p>9 24,303</p>
Expenses	<p>10 Grants and similar amounts paid (attach schedule)</p> <p>11 Benefits paid to or for members</p> <p>12 Salaries, other compensation, and employee benefits</p> <p>13 Professional fees and other payments to independent contractors</p> <p>14 Occupancy, rent, utilities, and maintenance</p> <p>15 Printing, publications, postage, and shipping</p> <p>16 Other expenses (describe ▶ <u>See Statement 1</u>)</p> <p>17 Total expenses (add lines 10 through 16) ▶</p>	<p>10</p> <p>11</p> <p>12</p> <p>13 1</p> <p>14 23</p> <p>15 1,890</p> <p>16 4,506</p> <p>17 6,420</p>
Net Assets	<p>18 Excess or (deficit) for the year (line 9 less line 17)</p> <p>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)</p> <p>20 Other changes in net assets or fund balances (attach explanation)</p> <p>21 Net assets or fund balances at end of year (combine lines 18 through 20) ▶</p>	<p>18 17,883</p> <p>19 16,554</p> <p>20</p> <p>21 34,437</p>

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 41 of the instructions)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	16,554	34,437
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	Total assets	16,554	34,437
26	Total liabilities (describe ▶ _____)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,554	34,437

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2005)

SCANNED JUL 31 2006



Part III Statement of Program Service Accomplishments (See page 42 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? <u>Environmental protection</u>			
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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	See Statement 3 (Grants \$ -2,500) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,908
30	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	1,908

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 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 4				

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 <u>See Stmt 5</u>	X	
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		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 instr <u>0</u>		
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 or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	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 (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	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>		
d	Enter amount of tax on line 40c reimbursed by the organization <u>0</u>		

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

- 41 List the states with which a copy of this return is filed ▶ MA
- 42a The books are in care of ▶ Nancy Crooker Telephone no ▶ 978-443-8559
68 Dutton Rd.
Located at ▶ Sudbury, MA ZIP + 4 ▶ 01776
- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country ▶ _____
See the instructions for exceptions and filing requirements for Form TD F 90-22 1
- c At any time during the calendar year, did the organization maintain an office outside of the U S ?
If "Yes," enter the name of the foreign country ▶ _____
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here ▶
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

	Yes	No
42b		X
42c		X

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including attachments, and believe it is true, correct, and complete Declaration of preparer (other than officer) or other individual disqualified from signing

▶ Nancy Crooker
Signature of officer

▶ NANCY CROOKER, TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Kathleen Winston

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Kathleen Winston, C
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	205
Internet expense	43
Tax filing fees	50
Void uncashed check prior yr	-200
Harvesting expenses	4,408
Total	<u>\$ 4,506</u>

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

Description

Pond Remediation - When the legal maneuvering and pressure on the EPA (now being performed by the Town of Sudbury) has attained its objective and Marlboro complies with the new limits on phosphorus, the ponds will require dredging to restore them to their prepollution state. This is a long term project, with initial costs for permits expected to be \$75,000 per pond. The first fundraising event was held in October and the revenue and expenses are detailed under Special Events.

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

Description

Pond Harvesting. Worked with Town of Sudbury Department of Public Works to harvest algae and water chestnut from Carding Mill Pond. Expenses of \$4,408 were reduced to \$1,908 after \$2,500 reimbursement from the Town.

Federal Statements**Statement 4 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees**

<u>Name</u>	<u>Address</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
	<u>City, State, Zip</u>	<u>Title</u>			
Frank Lyons	Sudbury MA 01776	157 Wayside Inn Rd. President	12	0	0
Ursula Lyons	Sudbury MA 01776	157 Wayside Inn Rd. Vice-Preside	9	0	0
Lael Meixsell	Sudbury MA 01776	34 Barton Dr. Clerk/Secret	1	0	0
Nancy Crooker	Sudbury MA 01776	68 Dutton Rd. Treasurer	2	0	0
Mavonne Curtis	Sudbury MA 01776	86 Barton Dr. Membership C	1	0	0
Ron Riggert	Sudbury MA 01776	133 Moore Rd. Board Member	.5	0	0

Federal Statements

Statement 5 - Form 990-EZ, Part V, Line 33 - Activity not Previously Reported to IRS

Description

Fundraising for pond remediation costs