

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 4/28/03, and ending 12/31/03

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Clean Power Now, Inc.		D Employer identification number 51-0461849
		Number and street (or P.O. box, if mail is not delivered to street address) PO Box 549	Room/suite	E Telephone number 508-534-5506
		City or town, state or country, and ZIP + 4 West Barnstable MA 02668		F Group Exemption Number

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.cleanpowernow.org

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

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

K Check 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

\$ 35,340

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

R e v e n u e	1 Contributions, gifts, grants, and similar amounts received	1	35,340
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c 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"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c 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		
b Less: cost of goods sold	7b		
c 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	35,340	
E x p e n s e s	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	
	14 Occupancy, rent, utilities, and maintenance	14	460
	15 Printing, publications, postage, and shipping	15	1,468
	16 Other expenses (describe ▶ <u>See Stmt 1</u>)	16	3,206
	17 Total expenses (add lines 10 through 16)	17	5,134
A s s e t s	18 Excess or (deficit) for the year (line 9 less line 17)	18	30,206
	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	
	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	30,206

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	22	40,226
23 Land and buildings	23	
24 Other assets (describe ▶ _____)	24	
25 Total assets	0 25	40,226
26 Total liabilities (describe ▶ <u>See Stmt 2</u>)	0 26	10,020
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	30,206

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2003)

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? Education and awareness about renewal energy.		
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	Distribution of information and newsletters with educational material regarding renewable energy. (Grants \$)	28a 4,947
29	(Grants \$)	29a
30	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32 4,947

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 3				

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		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		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.		<input checked="" type="checkbox"/>
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 Matthew Palmer	Telephone no.	508-685-2406
	Located at W. Barnstable, MA	ZIP + 4	02668
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here <input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the tax year	43	

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only	Preparer's signature Randy Hunt CPA PC	Date 8/14/04	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) P00416146
	Firm's name (or yours if self-employed), address, and ZIP + 4 90 Tupper Rd Sandwich, MA 02563	EIN 52-2407555	Phone no. 508-833-8511	

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

Supplementary Information-(See separate instructions.)

OMB No. 1545-0047

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Clean Power Now, Inc.

51-0461849

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 employee ben. plans & deferred compensation	(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) 2003

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

		Yes	No
1	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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-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.		X
2	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.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expiration if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3a	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.)		X
3b	Do you have a section 403(b) annuity plan for your employees?		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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 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.

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
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	▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)		▶	26c	
d Add: Amounts from column (e) for lines:	18 _____ 19 _____ 22 _____ 26b _____	▶	26d	
e Public support (line 26c minus line 26d total)		▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	26f	%

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." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2002) _____ (2001) _____ (2000) _____ (1999) _____ **N/A**

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. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2002) _____ (2001) _____ (2000) _____ (1999) _____ **N/A**

c Add: Amounts from column (e) for lines:	15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶	27c	
d Add: Line 27a total _____ and line 27b total _____		▶	27d	
e Public support (line 27c total minus line 27d total)		▶	27e	
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)		▶	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶	27h	%

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?	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) **N/A**

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		
41 Lobbying nontaxable amount. Enter the amount from the following table-			
If the amount on line 40 is-	The lobbying nontaxable amount is-		
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	41	
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		
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		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

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					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
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.

Federal Statements

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

Description	Amount
	\$
Expenses	
Booth rentals	615
T-shirts/bumper stickers	2,147
Bank fees	72
Catering	72
Website development	150
Logo artwork	150
Total	\$ 3,206

Statement 2 - Form 990-EZ, Line 26 - Other Liabilities

Description	Beginning of Year	End of Year
Loan for Denmark trip	\$	\$ 10,020
Total	\$ 0	\$ 10,020

Federal Statements

Statement 3 - Form 990-EZ, Part IV - Officers, Directors, Trustees, and Key Employees

Name			Title	Average Hrs	Address	City, State, Zip
Comp	Benefits	Expenses				
Richard Lawrence	0	0	0	Pres. & Dir. 8	453 Church Street	W. Barnstable MA 02668
James Liedell	0	0	0	VP & Dir. 8	148 Kate's Path	Yarmouthport MA 02675
Edward Mangiafico	0	0	0	Treas. & Dir 8	912 Main Street	Chatham MA 02633
Charles Kleekamp	0	0	0	Clerk & Dir. 8	20 Water Street	Sandwich MA 02563
William Eddy	0	0	0	Director 4	16 Little Lane	Waquoit MA 02536
Liz Argo	0	0	0	Director 4	7 Arena Drive	Orleans MA 02653
Charles Cummings	0	0	0	Director 4	60 Cranes Lane	Brewster MA 02631
Brent Putnam	0	0	0	Director 4	97 John Parker Road	E. Falmouth MA 02536
Christopher Stimpson	0	0	0	Director 4	82 Sandwich Road	Bourne MA 02532
Thomas Wineman	0	0	0	Director 4	11 Oak Lane	Osterville MA 02655
Matthew Palmer	0	0	0	Director 4	260 Percival Drive	W. Barnstable MA 02668

**Massachusetts Office of the Attorney General
Division of Public Charities**

FORM PC

To be filed annually by all non-profit charitable organizations conducting business in the Commonwealth

Report for the Fiscal Period: Beginning 04 / 28 / 2003 Ending 12 / 31 / 2003

Check all items attached: Form PC Schedule A1 Schedule A2 Schedule RO AG Schedule B
 Probate Account Copy of IRS Return Audited Financial Statements/Review Filing Fee Amended Articles/Bylaws

Attorney General's Acct. No.: **Requested** Federal ID Number: **51-0461845**

When did the organization first engage in charitable work in Massachusetts? 04 / 28 / 2003

Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, Date of Application: 03 / 31 / 2004 OR Date of Determination Letter: _____ / _____ / _____

IRS Exemption under 501(c): [3] Check box if **No** IRS Exemption []

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes No

ORGANIZATION DATA			
Name: Clean Power Now Inc.			
Mailing Address: PO Box 549			
City: W. Barnstable		State: MA	Zip: 02668
Phone: (508) 685-2406		Fax:	
E-Mail: mpalmer@cleanpowernow.org		Web Site (URL): http://www.cleanpowernow.org	

In the section below, please enter the appropriate codes from the corresponding tables found on pages 12 and 13:

Category	Code	Enter up to 2 codes from Table 3 for your organization's main purpose(s)	Code
County (Table 1)	1	Organization Purpose Code 1	28
Type of Organization (Table 2)	23	Organization Purpose Code 2	56

Please check box if final return prior to dissolution

Payment Received Office Use Only

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All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created?	2. Where was the organization created?
April 28, 2003	W. Barnstable, MA

2. What is the form of the organization?	
Corporation	<input checked="" type="checkbox"/> X
Unincorporated association	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")?
 Yes _____ No **X** If yes, please complete the Schedule RO on pages 10 and 11.

5. Summary of Financial Data		Amounts
A	Contributions, gifts, grants, and similar amounts received	\$ 35,340
B	Gross Support and Revenue	\$ 35,340
C	Program services and similar amounts paid out	\$ 4,947
D	Fundraising expenses	\$ 0
E	Management and general expenses	\$ 187
F	Payments to affiliates	\$ 0
G	Total Expenses	\$ 5,134
H	Net assets or fund balances at the end of the year	\$ 30,206

6. List the total compensation you provided to your five highest paid employees.

	Name	Title	Hours Per Week	Salary & Other Income	Benefit Plans	Other Compensation
1	No employees in 2003					
2						
3						
4						
5						

7. Was any compensation provided to any of the individuals listed in 6 above which was not quantified in your response to 6?
 Yes _____ No **X** If yes, please provide explanation _____

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8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's FIVE highest paid consultants providing professional services (e.g., attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel.)

	Name	Amount of Compensation	Type of Service(s)
1	None		
2			
3			
4			
5			

9. Bank(s) in which the organization's funds are deposited (include bank address and phone number):

Bank	Address	Phone Number
BankNorth	3206 Main St., Barnstable MA	(508) 362-0423

10. What is the organization's accounting method? Cash Accrual _____ Other (specify) _____

11. If organization's mailing address is a P.O. Box Number, list the organization's full street address:

Street Address	City, State	Zip
260 Percival Drive	W. Barnstable, MA	02668

12. Name, address and telephone number of Contact Person:

Name	Street Address	City, State, Zip	Telephone Number
Matt Palmer	260 Percival Drive	W. Barnstable MA 02668	508-685-2406

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No _____

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, have solicited contributions? Yes No _____

IF YOU ANSWERED "YES" IN RESPONSE TO QUESTION 13 OR QUESTION 14, YOU MUST COMPLETE SCHEDULES A-1 AND/OR A-2 UNLESS YOU ARE EXEMPT FROM THE SOLICITATION CERTIFICATE REQUIREMENT.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by placing an 'X' in the box to the right to identify which exemption applies to your organization.

a religious organization	
an organization which (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.	



16. Names, addresses (street & P.O.) and telephone numbers of other offices/chapters/branches/affiliates (attach list) None

17. List the names, titles and addresses (street & P.O.) of officers, directors, trustees, and the principal salaried executives of organization (attach separate sheet).

18. Attach separate sheet listing names and addresses (street & P.O.) for all below:

- Individual(s) responsible for custody of funds
- Individual(s) responsible for distribution of funds
- Individual(s) responsible for fund raising
- Individual(s) responsible for custody of financial records
- Individual(s) authorized to sign checks

19. Has this organization or any of its officers, directors, employees or fund raisers solicited funds in any other state? Yes _____ No **X**

If "yes", attach list of states where solicitation was conducted, including registering agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc) of the solicitation conducted.

20. Has this organization or any of its officers, directors, employees:

If yes, please attach an explanation

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes _____ No **X**

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes _____ No **X**

(c) Been the subject of a proceeding regarding any solicitation or registration? Yes _____ No **X**

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes _____ No **X**

21. Have any restrictions been removed during the year from donor-restricted funds? Yes _____ No **X**

If yes, please attach an explanation.

22. Have donor-restricted funds been loaned to unrestricted funds? Yes _____ No **X**

If yes, please attach an explanation

23. This question involves "Termination of Employment or Change of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes _____ No **X**

(b) Do you have an agreement with any individual described in Related Party definition, section (a) or (b), containing such an arrangement? Yes _____ No **X**

If you answered "yes" for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.



- 24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g., in-kind gifts, waiver of interest not otherwise reported).**

If the answer to any part of Question 24 is "Yes", attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year, has your organization:	Yes	No
(a) Sold or transferred assets to or purchased assets from or exchanged assets with a related party?		X
(b) Leased assets to or leased assets from a related party?		X
(c) Been indebted to a related party?		X
(d) Allowed a related party to be indebted to it?		X
(e) Made or held an investment in a related party?		X
(f) Furnished goods, services, or facilities to a related party?		X
(g) Acquired goods, services, or facilities from a related party who received compensation or other value in return?		X
(h) Paid or became obligated to pay wages, salary or other compensation to a related party?		X
(i) Transferred income or assets to or for use by a related party?		X
(j) Was the organization a party to any transaction in which any of its officers, directors or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?		X
(k) Has the organization invested in any corporate stock in which any officer, director, or trustee owns more than 10% of the outstanding shares?		X
(l) Is any property of the organization held in the name of or commingled with the property of any other person or organization?		X
(m) Did the organization make a grant award or contribution to any organization in which any of its officers, directors or trustees has a relationship?		X



Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature of president or other authorized officer or trustee

President _____ Title

08/16/04 _____ Date

Randy Hunt CPA PC
Name of Preparer

90 Tupper Road
Sandwich, MA 02563
Address

(508) 833-8511
Phone Number

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SOLICITATION ACTIVITIES

Schedule A-1
Solicitation activities during fiscal year covered by this report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

A.

B.

C.

Types of solicitation activities in which you expect to engage (check all that apply):

	Mass mailings		Raffle, beano, bingo or gaming event
	Door-to-door	<input checked="" type="checkbox"/>	Sale of goods other than by telephone
	Entertainment event	<input checked="" type="checkbox"/>	Individual mailings
	Telemarketing without sale of goods or ads		Corporate solicitations
	Telemarketing with sale of goods	<input checked="" type="checkbox"/>	Grant proposals
	Telemarketing with sale of ads		Other: (explain)
	Via the internet		

Identify the method or methods you expect to use for fundraising (check all that apply):

	A. Professional solicitor		D. Own employees
	B. Professional fundraising counsel	<input checked="" type="checkbox"/>	E. Volunteers
	C. Commercial co-venturer		

With respect to categories A, B and C, furnish names and addresses:

Name	Address

4. Identify by name and title the individuals who will have final responsibility for the charity's custody of contributions.

Name, Title	Address
Matthew Palmer, President	PO Box 549, W. Barnstable, MA 02668
Richard Lawrence, President	PO Box 549, W. Barnstable, MA 02668

Identify by name and title the individuals who will have final responsibility for the charity's distribution of contributions:

Name, Title	Address
Matthew Palmer, President	PO Box 549, W. Barnstable, MA 02668
Richard Lawrence, President	PO Box 549, W. Barnstable, MA 02668

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Schedule A-2

Solicitation activities planned for fiscal year which follows the reporting year.

List any names which will be used by the organization in connection with the solicitation of funds, other than the name which appears on page 1.

A.

B.

C.

Types of solicitation activities in which you expect to engage (check all that apply):

	Mass mailings		Raffle, beano, bingo or gaming event
	Door-to-door	<input checked="" type="checkbox"/>	Sale of goods other than by telephone
<input checked="" type="checkbox"/>	Entertainment event	<input checked="" type="checkbox"/>	Individual mailings
	Telemarketing without sale of goods or ads	<input checked="" type="checkbox"/>	Corporate solicitations
	Telemarketing with sale of goods	<input checked="" type="checkbox"/>	Grant proposals
	Telemarketing with sale of ads		Other: (explain)
<input checked="" type="checkbox"/>	Via the Internet		

Identify the method or methods you expect to use for fundraising (check all that apply):

	A. Professional solicitor	<input checked="" type="checkbox"/>	D. Own employees
<input checked="" type="checkbox"/>	B. Professional fundraising counsel	<input checked="" type="checkbox"/>	E. Volunteers
	C. Commercial co-venturer		

With respect to categories A, B and C, furnish names and addresses:

Name	Address
Toxics Action Center	Boston

Identify by name and title the individuals who will have final responsibility for the charity's custody of contributions.

Name	Title
Matt Palmer, President	PO Box 549, W. Barnstable, MA 02668
Richard Lawrence, President	PO Box 549, W. Barnstable, MA 02668

Identify by name and title the individuals who will have final responsibility for the charity's distribution of contributions:

Name, Title	Address
Matt Palmer, President	PO Box 549, W. Barnstable, MA 02668
Richard Lawrence, President	PO Box 549, W. Barnstable, MA 02668

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Certification by Organization - TWO SIGNATURES ARE REQUIRED

Under penalty of perjury, we declare that the information furnished above, including any attachments, is true and correct to the best of our knowledge.

Signature of President or other authorized officer or trustee	Title	Date
	President	08/16/04

Signature of President or other authorized officer or trustee	Title	Date
	Vice President	08/16/04

Clean Power Now, Inc. / EIN: 51-0461849
List of Parties with Fiduciary Responsibilities

1. Individual(s) responsible for custody of funds
Matthew Palmer, President 260 Percival Dr., W. Barnstable, MA 02668
2. Individual(s) responsible for distribution of funds
Matthew Palmer, President 260 Percival Dr., W. Barnstable, MA 02668
3. Individual(s) responsible for fund raising
Matthew Palmer, President 260 Percival Dr., W. Barnstable, MA 02668
William Eddy 16 Little Lane, Waquoit, MA 02536
4. Individual(s) responsible for custody of financial records
Matthew Palmer, President 260 Percival Dr., W. Barnstable, MA 02668
5. Individual(s) authorized to sign checks
Matthew Palmer, President 260 Percival Dr., W. Barnstable, MA 02668
Richard Lawrence 453 Church St., W. Barnstable, MA 02668
James Liedell 148 Kate's Path, Yarmouthport, MA 02675
William Eddy 16 Little Lane, Waquoit, MA 02536
Charles Kleekamp 20 Water Street, Sandwich, MA 02563