

EXTENSION GRANTED UNTIL NOVEMBER 15, 2011
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)

Form **990**
 Department of the Treasury
 Internal Revenue Service

OMB No. 1545-0047
2010
 Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2010** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALLIANCE TO PROTECT NANTUCKET SOUND, INC.		D Employer identification number 10-0008105	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4 BARNSTABLE ROAD		E Telephone number 508-775-9767	
	City or town, state or country, and ZIP + 4 HYANNIS, MA 02601		G Gross receipts \$ 1,752,642.	
F Name and address of principal officer: AUDRA PARKER SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
J Website: ▶ WWW.SAVEOURSOUND.ORG		H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2002		M State of legal domicile: MA

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O FOR THE ALLIANCE'S DETAILED MISSION STATEMENT AND POSITION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	60
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,423,776.	1,736,550.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-43,452.	-2,210.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-577.	7,572.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,379,747.	1,741,912.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	599,765.	501,189.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 229,637.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,055,864.	2,018,278.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,655,629.	2,519,467.	
19 Revenue less expenses. Subtract line 18 from line 12	-275,882.	-777,555.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	198,966.	54,908.
	21 Total liabilities (Part X, line 26)	767,379.	1,400,876.
	22 Net assets or fund balances. Subtract line 21 from line 20	-568,413.	-1,345,968.

Part II Signature Block

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.

Sign Here	▶ Signature of officer	Date			
	▶ AUDRA PARKER, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOYCE RIPIANZI	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ MOODY, FAMIGLIETTI & ANDRONICO, LLP	Firm's EIN ▶		Phone no. (978) 557-5300	
	Firm's address ▶ 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No