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GOVERNMENT COPY

THE COALITION FOR ALTERNATIVE TRANSPORTATION 60 WEST BROAD STREET BETHLEHEM, PA 18018

INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

HalalalaldhaadHadhadhadhladdal

Department of the Treasury

Internal Revenue Service

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)

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

OMB No. 1545-0047 Open to Public Inspection

	Α	For the	200	3 calendar year, or tax year beginning	and e	nding			
Section Strict Part Coalitation For Althernative 23-2759574	В	Check if	f				D Emp	loyer i	dentification number
Part	_			telept on					
Hornstand Form BROAD STREET Hornstand Form Hornstand Ho	L	chan	ge	print or TRANSPORTATION					
Part	L	chan	inge See Number and street (or P.U. box it mail is not delivered to street address) Room/suite E leiep						
Part	L	returi	n						
* Section 501(c)(3) organizations and 4847(a)(1) nonexempt that fable trusts Hand I are not applicable to section \$27 organizations. Hand I see not applicable to section \$27 organization covered by a group ruling? Vers S. Not the seed of the section \$27 organization covered by a group ruling? Hand I see not applicable to section \$27 organization cover	L	lreturı	n	tions. City or town, state or country, and ZIP + 4					
Website: N/A No.	L	lreturı	n					otner specify)	>
See		pend	ication ling	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust must attach a completed Schedule A (Form 990 or 990-F7) 	sts				
Very				,					
Check here									. — — —
Comparation	_					H(c) Are all affiliates	included	d?]	N/A L Yes No
The mail, it should file a return without financial data. Some states require a complete return.	K					H(d) Is this a separat	te return	filed b	oy an or-
Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 46, 061							_		ruling? Yes X No
Contributions (pits), 99, and 10b to line 12	_	in the r	maii, i	it should file a return without financial data. Some states require a complete retur i	n			_	
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances				16.06	4				
1				•		`	90, 990-	·EZ, Or	990-PF).
a Direct public support b Indirect public support c Government contributions (grants) d Total (add lines 1a through 1c) (cash \$ 41,367 ⋅ noncash \$) 1d 41,367 ⋅ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 4,194 ⋅ 3 4	Р				Bala	inces			
B Indirect public support 10 10 10 10 10 10 10 1		1 -			. د ا	1 16 0			
Covernment contributions (grants) 1c						10,0	0 / •		
Notal (add lines 1a through 1c) (cash \$ 41,367. noncash \$)						24.5	<u></u>		
2			6 G	etal (add lines to through to) (acab © 41 367 pages b ©		24,3	700.	4.4	11 367
3 Soloo 3 Soloo 3 Soloo 4 Interest on savings and temporary cash investments 4 Soloo 5 So		١,	u I	regreem convice revenue including government face and contracts (from Dort VIII lie	02)		- '		
4									
S			In	iterruptioning undo and temporary each investments					300.
B		1							
B			_		١.				
C Net rental income or (loss) (subtract line 6b from line 6a) 7 7 7 7 7 7 7 7 7							-		
Note								60	
8 a Gross amount from sales of assets other than inventory b Less; cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1a) b Less; direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) c Net income or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10 a Gross sales of inventory, less returns and allowances b Less; cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Total revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (B)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Set assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Set assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Set assets or fund balances at end of year (combine lines 18, 19, and 20)		1 7						-	
D Less: cost or other basis and sales expenses 8b	Jue	8				(B) Other		·	
D Less: cost or other basis and sales expenses 8b	Ne.				8a	(=/ =	-		
C Gain or (loss) (attach schedule)	ď	:	b Le		8b		$\neg \neg$		
d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1a) b Less: direct expenses other than fundraising expenses					8c		$\neg \neg$		
9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ of contributions reported on line 1a) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)						•		8d	
Pack		9	S			▶ □	Ī		
Pack			a G	ross revenue (not including \$ of contributions					
C Net income or (loss) from special events (subtract line 9b from line 9a) 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold C Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 22 56, 086.			re	eported on line 1a)	9a				
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 56, 086.			b Le	ess: direct expenses other than fundraising expenses					
Description								9с	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)					10a				
11 Other revenue (from Part VII, line 103) 12 46 , 061 .									
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 466, 061.						,			
13			0	ther revenue (from Part VII, line 103)					16.064
Handagement and general (from line 44, column (C)) 14									
Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 22 56, 086.	y.	13	Pi	rogram services (from line 44, column (B))					
Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 22 56, 086.	nse	14							
Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 22 56, 086.	KDE	15					Г		1,232.
18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 22 56, 086.	ú	·							26 112
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 56,086.	_	+							
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 56,086.	ا	2 10	E)	at assats or fund halances at heginning of year (from line 72) column (A)\					
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 56,086.	Se	30 30	U-	or assets or runa valances at veginining of year (110111 line 73, column (A))					
	<								
	323	3001						۱ ـ	

Part II Statement of Functional Expenses and	rganizati '4) orgai	ons must complete column nizations and section 4947((A). Columns (B), (C), and a)(1) nonexempt charitable	(D) are required for section trusts but optional for other	n 501(c)(3)
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	1 1	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)			361 VICES	and general	
cash \$ noncash \$	22				
23 Specific assistance to individuals (attach schedule	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.		11,000.	9,900.	550.	550.
26 Other salaries and wages		806.	726.	40.	40.
27 Pension plan contributions					
28 Other employee benefits					
29 Payroll taxes		415.	373.	21.	21.
30 Professional fundraising fees		100		100	
31 Accounting fees		175.		175.	
32 Legal fees		1 100	1 002	F0	4.0
33 Supplies		1,102.	1,003.	50.	49.
34 Telephone		1,851.	1,684.	84. 35.	83. 34.
35 Postage and shipping		2,223.		90.	92.
36 Occupancy		4,443.	2,041.	90.	94.
37 Equipment rental and maintenance		2,118.	1,915.	101.	102.
38 Printing and publications	-	2,110.	1,913.	101.	102.
39 Travel	-				
40 Conferences, conventions, and meetings	-				
41 Interest42 Depreciation, depletion, etc. (attach schedule)	42	4,012.	4,012.		
43 Other expenses not covered above (itemize):	42	4,012.	4,012.		
a PROFESSIONAL FEES	43a	11,440.	10,260.	943.	237.
b ADVERTISING	43b	535.	487.	24.	24.
C ADVERTIBING	43c	333.	4074	24.	21.
Д	43d				
e	43e				
Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-1		36,443.	33,098.	2,113.	1,232.
Joint Costs. Check ▶ if you are following SOP 9		337223	33,733		
Are any joint costs from a combined educational campa		fundraising solicitation rep	orted in (B) Program servic	es? ▶□	Yes X No
If "Yes," enter (i) the aggregate amount of these joint co			i) the amount allocated to F		:
(iii) the amount allocated to Management and general	_		v) the amount allocated to		
Part III Statement of Program Serv		ccomplishments	•	•	
What is the organization's primary exempt purpose?	> SE	EE STATEMENT	1		
					Program Service Expenses
All organizations must describe their exempt purpose achieveme achievements that are not measurable. (Section 501(c)(3) and (4) (4) (4) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6					(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
allocations to others.)	- g				trusts; but optional for others.)
a SEE STATEMENT 2					
		(G	rants and allocations \$)	33,098.
b					
		(G	rants and allocations \$)	
С					
		(G	rants and allocations \$)	
d					
Other program comitees (attack as be duta)		· · · · · · · · · · · · · · · · · · ·	rants and allocations \$)	
Other program services (attach schedule) Total of Program Service Expenses (should equal)	Lline 44		rants and allocations \$)	33,098.
T lotal of Program Service Expenses (Should equal 323011 12-17-03	ı IIIIC 44,	Commin (D), Program servi	uto)	>	Form 990 (2003)
12-17-03					rum 990 (2003)

23-2759574

Part IV Balance Sheets

						_	
Note:		re required, attached schedules and amounts w Id be for end-of-year amounts only.	rithin the descrip	tion column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			564.	45	13,393.
	46	Savings and temporary cash investments				46	,
			1 1				
		Accounts receivable					
	b	Less: allowance for doubtful accounts	. 47b			47c	
	40.0	Dladgaa raaajyahla	400				
		Pledges receivable Less: allowance for doubtful accounts				48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees,				70	
	"	and key employees				50	
Assets	51 a	Other notes and loans receivable					
Ass	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			3,500.	52	2,492.
	53	Prepaid expenses and deferred charges	<u></u> .	<u></u>		53	
	54	Investments - securities	▶∟	Cost FMV		54	
	55 a	Investments - land, buildings, and					
		equipment: basis	. 55a				
	١.						
	l .	Less: accumulated depreciation				55c 56	
	56	Investments - other		82,389.		30	
		Less: accumulated depreciation STMT 3		42,188.	42,404.	57c	40,201.
	58	Other assets (describe	. [0/5])	12,1010	58	10/2020
	59	Total assets (add lines 45 through 58) (must equal	line 74)		46,468.	59	56,086.
	60	Accounts payable and accrued expenses				60	
	61	Grants payable				61	
S	62	Deferred revenue				62	
<u>i</u>	63	Loans from officers, directors, trustees, and key em				63	
Liabilities		Tax-exempt bond liabilities				64a	
=		Mortgages and other notes payable Other liabilities (describe				64b	
	65	Other habilities (describe		· · · · · · · · · · · · · · · · · · ·		65	
	66	Total liabilities (add lines 60 through 65)			0.	66	0.
		nizations that follow SFAS 117, check here					<u> </u>
		69 and lines 73 and 74.					
ces	67	Unrestricted				67	
alan	68	Temporarily restricted				68	
Ä	69	Permanently restricted				69	
Net Assets or Fund Balances	Orgai	nizations that do not follow SFAS 117, check here	► LX and com	plete lines			
٥٠	7.	70 through 74.			0	70	0
ets	70	Capital stock, trust principal, or current funds			<u> </u>	70	0.
\ss _t	71 72	Paid-in or capital surplus, or land, building, and equi Retained earnings, endowment, accumulated incom			46,468.	71 72	56,086.
et/	73	Total net assets or fund balances (add lines 67 thro			±0,400•	12	50,000.
Z	' '	column (A) must equal line 19; column (B) must equ			46,468.	73	56,086.
	74	Total liabilities and net assets / fund balances (ad			46,468.	74	56,086.

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.

Form 990 (2003) TRANSPORTATION			23-27595	
Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Fin	conciliation of Exp nancial Statements turn	enses per A with Expens	udited ses per
a Total revenue, gains, and other support	a Total expenses	s and losses per		37 / 3
per audited financial statements a N/A	audited financi b Amounts inclu	ial statements Ided on line a but not on	• a	N/A
b Amounts included on line a but not on line 12, Form 990:	line 17, Form 9			
(1) Net unrealized gains	and use of faci	ilities \$		
on investments\$	(2) Prior year adju			
(2) Donated services	reported on lin	•		
and use of facilities \$(3) Recoveries of prior	(3) Losses reporte	\$		
year grants\$	' '	990 \$		
(4) Other (specify):	(4) Other (specify)			
\$		\$		
Add amounts on lines (1) through (4) b		on lines (1) through (4)		
c Line a minus line b c d Amounts included on line 12, Form		ine b Ided on line 17, Form	C	
990 but not on line a:	990 but not or	n line a :		
(1) Investment expenses	(1) Investment exp	•		
not included on line 6b, Form 990 \$	not included o	n 990 \$		
(2) Other (specify):	(2) Other (specify)			
\$	(2) Said (8)	,. \$		
Add amounts on lines (1) and (2) b d	Add amounts	on lines (1) and (2)	> d	
e Total revenue per line 12, Form 990		s per line 17, Form 990		
(line c plus line d) ▶ e Part V List of Officers, Directors, Trustees, and Key	(line c plus line	e d)	e e	
Tart V Elst of Officers, Directors, Trustees, and Ney	(B) Title and average	hours (C) Compensation		(E) Expense
(A) Name and address	per week devoted position	to (If not paid, enter -0)	plans & deferred compensation	àcćount and other allowances
PHYLLIS LAUFER	CO-TREASUR	RER		
50 SOUTH STREET	0.5		•	0
NAZARETH, PA 18064 STEVE SCHMITT	.25 DIRECTOR	0.	0.	0.
STEVE SCHMITT 60 WEST BROAD STREET	DIRECTOR			
BETHLEHEM, PA 18018	40	11,000.	0.	0.
JOHN LUCAS	CO-TREASUR			
1364 HICKORY RD				_
MACUNGIE, PA 18062	5	0.	0.	0.
		000 (1 11 1 1 1	
75 Did any officer, director, trustee, or key employee receive aggregate compensa organizations, of which more than \$10,000 was provided by the related organi			and all related X No	
organizations, or which more than \$10,000 was provided by the related organi	Lauviio: 11 155, dildüll	Sonicuule. P TES _	<u> </u>	

THE COALITION FOR ALTERNATIVE

Form	1990 (2003) TRANSPORTATION 23-2	759574		Page 5
Pai	nrt VI Other Information		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	76		Х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?			Х
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Х
b	37/3	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		Х
	If "Yes," attach a statement			
80 a	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?	80a		X
b	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexe	mpt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a	0.		
b	· · · · · · · · · · · · · · · · · · ·	81b		X
82 a	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	<u> </u>
b	, , ,			
	expense in Part II. (See instructions in Part III.)	48.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	<u> </u>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	, , , , , , , , , , , , , , , , , , , ,			
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		<u> </u>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy ta	X X		
	owed for the prior year.			
C	, , , , , , , , , , , , , , , , , , , ,			
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	, , , , , , , , , , , , , , , , , , , ,	ues		
	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		<u> </u>
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 N/A			
b	1 /			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b	' '			
	against amounts due or received from them.) 87b N/A			
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
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	,		
		<u>0.</u>		
b	501(c)(3) and 501(c)(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 a statement explaining each transaction	89b		X
С				^
	sections 4912, 4955, and 4958			0.
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
	List the states with which a copy of this return is filed NONE Number of employees employed in the pay period that includes March 12, 2002			0
D 1	(10)	_05/ 5	711	
91	The books are in care of ► DIRECTOR Telephone no. ► 610	-934-5	/ 4 4	
	Located at N 60 WERT DDOND CODEED	▶1801	Ω	
	Located at ► 60 WEST BROAD STREET ZIP + 4	<u>► 1001</u>	U .	
00	Costion 4047(a)(4) nanovament abovitable twiste filing Forms 000 in line of Forms 4044. Check have		_	\neg
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here	N/2	►∟ ∆	
00004	and enter the amount of tax-exempt interest received or accrued during the tax year	14 / 14	~	

12-17-03

THE COALITION FOR ALTERNATIVE

	2003) TRANSPORTA	TION			23-	- 2759574 Page 6
Part VI	I Analysis of Income-Producin	g Activities	(See page 33 of the instru	ctions.)		
indicated	er gross amounts unless otherwise !. am service revenue:	Unrela (A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a GE	NERAL SERVICES					4,194.
b						
c		_				
d		_				
е		_				
f Medic	care/Medicaid payments					
	and contracts from government agencies					
	pership dues and assessments					500.
	st on savings and temporary cash investments					
96 Divide	ends and interest from securities					
97 Net re	ental income or (loss) from real estate:					
a debt-f	financed property					
	ebt-financed property					
	ental income or (loss) from personal property					
	investment income					
	or (loss) from sales of assets					
other	than inventory			1 1		
101 Net in	come or (loss) from special events					
	profit or (loss) from sales of inventory					
103 Other	revenue:					
a				1 1		
b						
C						
d						
е						
104 Subto	otal (add columns (B), (D), and (E))		0.	•	0.	
	(add line 104, columns (B), (D), and (E))				•	4,694.
Note: Line	105 plus line 1d Part I should equal the		12 Part I			
	i 105 pius iirie 10, Fart I, Srioulu equal trie a	imount on line	L, I WIL I.			
	e 105 plus line 1d, Part I, should equal the a III Relationship of Activities to t			pt Pur	poses (See page 34 of the	e instructions.)
Part VI Line No. ▼	Relationship of Activities to t Explain how each activity for which income is exempt purposes (other than by providing fur	he Accomp reported in colun lds for such purp	lishment of Exemplement (E) of Part VII contribute oses).	d importa	antly to the accomplishment	of the organization's
Part VI Line No. ▼ 94A	Relationship of Activities to t Explain how each activity for which income is exempt purposes (other than by providing fur DURING THE YEAR 2003,	he Accomp reported in colun ids for such purp CAT PRO	Ilishment of Exemplem (E) of Part VII contribute oses). DVIDED 42 PRO	d importa	antly to the accomplishment	of the organization's
Part VI Line No. ▼ 94A	III Relationship of Activities to t Explain how each activity for which income is exempt purposes (other than by providing fur DURING THE YEAR 2003, PA, THAT IMPROVED TRA	the Accomp reported in colun lds for such purp CAT PRO NSPORTAT	Ilishment of Exemplem (E) of Part VII contribute oses). OVIDED 42 PROPION CHOICE.	d importa	antly to the accomplishment MS IN THE LEH R A COMPLETE	of the organization's IIGH VALLEY, DESCRIPTION
Part VI Line No. ▼ 94A	Relationship of Activities to t Explain how each activity for which income is exempt purposes (other than by providing fur DURING THE YEAR 2003,	the Accomp reported in colun lds for such purp CAT PRO NSPORTAT	Ilishment of Exemplem (E) of Part VII contribute oses). OVIDED 42 PROPION CHOICE.	d importa	antly to the accomplishment MS IN THE LEH R A COMPLETE	of the organization's IIGH VALLEY, DESCRIPTION
Part VI Line No. V 94A	Relationship of Activities to to Explain how each activity for which income is exempt purposes (other than by providing fur DURING THE YEAR 2003, PA, THAT IMPROVED TRAOF THESE PROGRAMS PLE	reported in colun reported in colun ids for such purp CAT PRO NSPORTAT ASE SEE	Ilishment of Exemplement (E) of Part VII contribute (oses). OVIDED 42 PROPION CHOICE. HTTP://WWW.C	d importa OGRAN FOR	MS IN THE LEE R A COMPLETE FREE.ORG/2003	of the organization's IIGH VALLEY, DESCRIPTION BPROG.HTM.
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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.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE COALITION FOR ALTERNATIVE TRANSPORTATION

Employer identification number

23 2759574

(See page 1 of the instructions. List each one. If there are none, ente	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other
more than \$50,000	position		compensation	allowances
NONE				
	7			
	7			
	7			
]			
Total number of other employees paid				
over \$50,000	0			
Part II Compensation of the Five Highest Paid Indep (See page 2 of the instructions. List each one (whether individuals or			al Services	
(a) Name and address of each independent contractor paid more	than \$50,000	(b) Type of s	service	(c) Compensation
NONE				
NONE				
Total number of others receiving over				

Pai	t III Statements About Activities (See page 2 of the instructions.)		Yes	No
p lo	uring the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence ublic opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the bbbying activities \$ \$ (Must equal amounts on line 38, Part VI-A, r line i of Part VI-B.)	1		x
2 E tr	res," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. Furting the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, rustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such erson is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"			
	ttach a detailed statement explaining the transactions.) ale, exchange, or leasing of property?	2a		X
	ending of money or other extension of credit?	2b		Х
c F	urnishing of goods, services, or facilities?	2c		X
d P	ayment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e T	ransfer of any part of its income or assets?	2e		X
V	o you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how ou determine that recipients qualify to receive payments.) o you have a section 403(b) annuity plan for your employees?	3a 3b		X
4 D	lid you maintain any separate account for participating donors where donors have the right to provide advice n the use or distribution of funds?	4		X
	TIV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
5 6 7 8 9 10 11a 11b 12	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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.) 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.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 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.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations descri			
	(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)		e numl om abo	
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			
	Schedule A (Form	1 990 or	990-E2	2) 2003

Pa	Support Schedule (6 Note: You may use to	Complete only if you ch he worksheet in the insi	ecked a box on line 10 tructions for convertine), 11, or 12.) Use cash g from the accrual to ti	method of acc he cash method	ountin of acc	i g. ounting.
begi	ndar year (or fiscal year nning in)		(b) 2001	(c) 2000	(d) 1999		(e) Total
15 	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	25,333.					25,333.
16	Membership fees received	650.					650.
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	737.					737.
18	Gross income from interest, dividends, amounts received from payments 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	S					
20	lax revenues levied for the organization's benefit 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	26,720.	0.	0.		0.	26,720.
24	Line 23 minus line 17	25,983.					25,983.
25	Enter 1% of line 23	267.					•
26	Organizations described on lines 1	10 or 11: a Enter 2% of	amount in column (e) lin	e 24	•	26a	N/A
b							
	unit or publicly supported organizat			,			
		,	-			266	N/A
	Do not file this list with your return					26b	
C	Total support for section 509(a)(1)					26c	N/A
d	Add: Amounts from column (e) for		19		<u> </u>		
			26b			26d	N/A
е	Public support (line 26c minus line					26e	N/A
f	Public support percentage (line 26						N/A %
27	Organizations described on line 12	2: a For amounts included	in lines 15, 16, and 17 th	at were received from a "o	disqualified person	ı," prepa	re a list for your
	records to show the name of, and to	otal amounts received in ea	ach year from, each "disq	ualified person." Do not f i	le this list with yo	ur retui	rn. Enter the sum of
	such amounts for each year:						
	(2002)) • (2001)	0. (2	000)	0. (199	99)	0.
b	For any amount included in line 17	that was received from eac	h person (other than "dis	qualified persons"), prepa	are a list for your r	ecords t	to show the name of,
	and amount received for each year,	that was more than the la	rger of (1) the amount o	n line 25 for the year or (2) \$5,000. (Includ	e in the	list organizations
	described in lines 5 through 11, as	well as individuals.) Do no	t file this list with your re	eturn. After computing th	e difference betwe	en the a	mount received and
	the larger amount described in (1) of		-				
	(2002)					99)	0.
•	Add: Amounts from column (e) for	linge: 15	25,333.	16	650.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
·	()	737. 20	25,555	. 21		27c	26,720.
	17	0. 20 an	d line 97h total	21	0.		<u> </u>
a					<u> </u>	27d	26,720.
e	Public support (line 27c total minus					27e	40,740.
f	Total support for section 509(a)(2)						100 0000
g					_	27g	100.0000%
	Investment income percentag					27h	.0000%
28	Unusual Grants: For an organizatio	on described in line 10, 11,	or 12 that received any u	inusual grants during 199	99 through 2002, p	orepare	a list for your records

NONE

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your return. Do not include these grants in line 15.

23-2759574 Page 4

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)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	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:			
а	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:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?			
g	Athletic programs?			
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.)	_		
	Does the organization receive any financial aid or assistance from a governmental agency?			
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		

Schedule A (Form 990 or 990-EZ) 2003

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)

THE COALITION FOR ALTERNATIVE

ge 9 of the instructions.)	N/A

Che	eck $ ightharpoonup$ if the organization belongs to an affiliated group. Check $ ightharpoonup$ if	you che	ecked "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
37 38 39	Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 38 and 39)	36 37 38 39 40	N/A	
42 43	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000	41 42 43 44		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.	44		

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.)

		Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total				
45 Lobbying nontaxable amount					0				
46 Lobbying ceiling amount (150% of line 45(e))					0				
47 Total lobbying expenditures					0				
48 Grassroots nontaxable amount					0				
49 Grassroots ceiling amount (150% of line 48(e))					0				
50 Grassroots lobbying expenditures					0				

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

Dui	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
infl	uence public opinion on a legislative matter or referendum, through the use of:	103	110	Amount
а	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			
	Publications, or published or broadcast statements			
	Grants to other organizations for lobbying purposes			
	Direct contact with legislators, their staffs, government officials, or a legislative body			_
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
	Total lobbying expenditures (Add lines c through h .)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

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Schedule A (Form 990 or 990-EZ) 2003

Part VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
	Exempt Organizations (See page 12 of the instructions.)

		rectly or indirectly engage in any of t	• •	•		
	, ,	ection 501(c)(3) organizations) or in		nucai organizations?	\ <u>\\</u>	es No
		panization to a noncharitable exempt	-		51a(i)	X
					· — —	X
	ther transactions:				2(,	+
		ts with a noncharitable exempt organ	nization		b(i)	X
						X
(i	ii) Rental of facilities, equipme	nt, or other assets			b(iii)	X
((v) Reimbursement arrangeme	nts			b(iv)	X
					L /> I	X
						X
		mailing lists, other assets, or paid er			1 - 1	Х
				lways show the fair market value of the		
		given by the reporting organization.	, ,			
tr	ansaction or sharing arrangem	ent, show in column (d) the value of	the goods, other assets, or	services received:	N	/A
(a)	(b)	(c)		(d)		
Line no	. Amount involved	Name of noncharitable exe	empt organization	Description of transfers, transactions, and s	naring arran	gements
C	ode (other than section 501(c) "Yes," complete the following s	(3)) or in section 527? schedule: N/A		anizations described in section 501(c) of the	Yes	X No
	(a) Name of org) ganization	(b) Type of organization	(c) Description of relationshi	ip	
000151						

323151 12-05-03

2003 DEPRECIATION AND AMORTIZATION REPORT

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ORM	990	PAGE	2	g	990
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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	PROGRAM SERVICES											
1	6 IBM COMPUTERS	060198	200DB	5.00	17	11,400.			11,400.	10,743.		657.
2	PACKARD BELL COMPUTER	060195	200DB	5.00	17	2,000.			2,000.	2,000.		0.
		060197	200DB	5.00	17	250.			250.	250.		0.
	HDS VIEWSTATION MONITOR	060196	200DB	5.00	17	225.			225.	225.		0.
5	SAMSUNG 500S MONITOR	060197	200DB	5.00	17	150.			150.	150.		0.
6	CTX MONITOR	013192	200DB	5.00	17	200.			200.	200.		0.
7	5 KEYBOARDS & MICE	063095	200DB	5.00	17	175.			175.	175.		0.
8	GOLDSTAR TV	063095	200DB	5.00	17	150.			150.	150.		0.
		063097	200DB	5.00	17	100.			100.	100.		0.
	HEWLETT PACKARD LASERJET	063098	200DB	5.00	17	800.			800.	754.		46.
11	PANASONIC FAX MACHINE	063099	200DB	5.00	17	250.			250.	207.		29.
12	DESKJET 660CSE	063097	200DB	5.00	17	150.			150.	150.		0.
13	GOLDSTAR MICROWAVE	010192	200DB	5.00	17	150.			150.	150.		0.
14	PHILLIPS TV/VCR	063097	200DB	5.00	17	200.			200.	200.		0.
15	PIONEER CD PLAYER	063095	200DB	5.00	17	150.			150.	150.		0.
16	PIONEER AMPLIFIER	063092	200DB	5.00	17	200.			200.	200.		0.
17	SONY CASSETTE DECK	063090	200DB	5.00	17	100.			100.	100.		0.

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⁽D) - Asset disposed

2003 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

a	a	Λ	
7	7	11	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
18	MINI-FRIDGE	063094	200DB	5.00	17	250.			250.	250.		0.
19	EUREKA VACUUM	063097	200DB	5.00	17	300.			300.	300.		0.
20	MUTOH PLOTTER	063098	200DB	5.00	17	2,000.			2,000.	1,930.		70.
	EQUIPMENT	063001	200DB	5.00	17	8,000.			8,000.	8,000.		0.
	PROFESSIONAL REPAIR STAND	063097	200DB	5.00	17	250.			250.	250.		0.
23	20 BICYCLE TIRES	063097	200DB	5.00	17	300.			300.	300.		0.
24	WORK BENCH	063097	200DB	5.00	17	150.			150.	150.		0.
25	INDUSTRIAL SHELVING	063097	200DB	5.00	17	200.			200.	200.		0.
26	OFFICE FURNITURE	063098	200DB	5.00	17	500.			500.	471.		29.
27	PARK BICYCLE TOOLS	063098	200DB	5.00	17	1,000.			1,000.	943.		57.
28	VACUUM CLEANER	063099	200DB	5.00	17	200.			200.	165.		23.
29	MISC TOOLS	063099	200DB	5.00	17	250.			250.	207.		29.
30	BICYCLE TOOLS	063000	200DB	5.00	17	1,000.			1,000.	712.		115.
31	60 BICYCLE TIRES	063001	200DB	5.00	17	480.			480.	250.		92.
32	BICYCLE PARTS	063001	200DB	5.00	17	600.			600.	312.		115.
33	WORK BENCH	063001	200DB	5.00	17	100.			100.	52.		19.
34	26" TREK MTN BIKE	063002	200DB	5.00	17	250.		75.	175.	35.		56.
35	24" TREK MTN BIKE	063002	200DB	5.00	17	200.		60.	140.	28.		45.

328102 05-01-03

⁽D) - Asset disposed

Asset No.	Description	Da ^r Acqu		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
36	20" TREK MTN BIKE	063	002	200DB	5.00	17	200.		60.	140.	28.		45.
37	30 BICYCLE HELMETS	063	002	200DB	5.00	17	300.		90.	210.	42.		67.
38	LEASEHOLD IMPROVEMENTS	063	096	SL	39.00	17	10,000.			10,000.	1,792.		256.
39	LEASEHOLD IMPROVEMENTS	063	099	SL	39.00	17	35,000.			35,000.	3,588.		897.
		063	099	200DB	5.00	17	2,400.			2,400.	1,982.		279.
	SHELVING & OFFICE FURNITURE	063	003	200DB	5.00	19в	370.		185.	185.			222.
		063	003	200DB	5.00	19в	838.		419.	419.			503.
	PHONE & INTERNET EQUIPMENT	063	003	200DB	5.00	19в	195.		98.	97.			117.
		063	003	200DB	5.00	19в	406.		203.	203.			244.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES						82,389.		1,190.	81,199.	37,891.	0.	4,012.
	* GRAND TOTAL 990 PAGE 2 DEPR		Ц				82,389.		1,190.	81,199.	37,891.	0.	4,012.
			Ш										
			Ш										
			Ш										

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT PART III

EXPLANATION

CAT WORKS TO IMPROVE MOBILITY FOR EVERYONE. IMPROVED WALKING, BICYCLING AND TRANSIT MEAN A STRONGER ECONOMY, A HIGHER QUALITY OF LIFE. MORE TRANSPORATION CHOICES MEAN LESS CONGESTION, REDUCED POLLUTION, FEWER AUTO CRASH DEATHS AND LIFE CHANGING INJURIES, TOO. CURBING OUR USE OF THE AUTOMOBILE FIGHTS SUBURBAN SPRAWL, OBESITY AND INCREASINGLY HIGH MEDICAL COSTS. CAT HELPS US TO ENJOY OUR CAR FEE OPTIONS. FOR MORE INFORMATION PLEASE SEE HTTP;//WWW.CAR-FREE.ORG.

FORM 990	STATEMENT OF	PROGRAM	SERVICE	ACCOMPLISHMENTS	STATEMENT	2
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DESCRIPTION OF PROGRAM SERVICE ONE

DURING THE YEAR 2003, CAT PROVIDED 42 PROGRAMS IN THE LEHIGH VALLEY, PA, THAT IMPROVED TRANSPORTATION CHOICE. FOR A COMPLETE DESCRIPTION OF THESE PROGRAMS PLEASE SEE HTTP://WWW.CAR-FREE.ORG/2003PROG.HTM.

TO FORM 990, PART III, LINE A	_		33,098.
	AGGERG NOW HELD DOD		GM3 MDWDVM 2
FORM 990 DEPRECIATION OF A	ASSETS NOT HELD FOR	TINVESTMENT	STATEMENT 3
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
6 IBM COMPUTERS	11,400.	11,400.	0.
PACKARD BELL COMPUTER	2,000.	2,000.	0.
MICRON MONITOR	250.	250.	0.
HDS VIEWSTATION MONITOR	225.	225.	0.
SAMSUNG 500S MONITOR	150.	150.	0.
CTX MONITOR	200.	200.	0.
5 KEYBOARDS & MICE	175.	175.	0.
GOLDSTAR TV	150.	150.	0.
OPTIMUS VCR	100.	100.	0.
HEWLETT PACKARD LASERJET	800.	800.	0.
PANASONIC FAX MACHINE	250.	236.	14.
DESKJET 660CSE	150.	150.	0.
GOLDSTAR MICROWAVE	150.	150.	0.
PHILLIPS TV/VCR	200.	200.	0.
PIONEER CD PLAYER	150.	150.	0.

GRANTS EXPENSES

THE COALITION FOR ALTERNATIVE TRANS	SPORTA		23-2759574
PIONEER AMPLIFIER	200.	200.	0.
SONY CASSETTE DECK	100.	100.	0.
MINI-FRIDGE	250.	250.	0.
EUREKA VACUUM	300.	300.	0.
MUTOH PLOTTER	2,000.	2,000.	0.
EQUIPMENT	8,000.	8,000.	0.
PROFESSIONAL REPAIR STAND	250.	250.	0.
20 BICYCLE TIRES	300.	300.	0.
WORK BENCH	150.	150.	0.
INDUSTRIAL SHELVING	200.	200.	0.
OFFICE FURNITURE	500.	500.	0.
PARK BICYCLE TOOLS	1,000.	1,000.	0.
VACUUM CLEANER	200.	188.	12.
MISC TOOLS	250.	236.	14.
BICYCLE TOOLS	1,000.	827.	173.
60 BICYCLE TIRES	480.	342.	138.
BICYCLE PARTS	600.	427.	173.
WORK BENCH	100.	71.	29.
26" TREK MTN BIKE	250.	166.	84.
24" TREK MTN BIKE	200.	133.	67.
20" TREK MTN BIKE	200.	133.	67.
30 BICYCLE HELMETS	300.	199.	101.
LEASEHOLD IMPROVEMENTS	10,000.	2,048.	7,952.
LEASEHOLD IMPROVEMENTS	35,000.	4,485.	30,515.
3 BIKE RACKS	2,400.	2,261.	139.
SHELVING & OFFICE FURNITURE	370.	222.	148.
BICYCLE TOOLS	838.	503.	335.
PHONE & INTERNET EQUIPMENT	195.	117.	78.
CLEANING EQUIPMENT	406.	244.	162.
TOTAL TO FORM 990, PART IV, LN 57	82,389.	42,188.	40,201.

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service

THE COALITION FOR ALTERNATIVE TRANSPORTATION FORM 990 PAGE 2 23-2759574 Part | Election To Expense Certain Tangible Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 100,000. Maximum amount. See instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 3 400,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2002 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 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 2004. Add lines 9 and 10, less line 12 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.) 905 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election (see instructions) 15 **16** Other depreciation (including ACRS) (see instructions) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2003 2,926. 18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax vear into one or more general asset accounts, check here Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (business/investment use only - see instructions) (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property 904. 5 YRS. HY 200DB 181 5-year property b 7-year property C d 10-year property 15-year property е f 20-year property 25 yrs. S/L g 25-year property S/L 27.5 yrs MM Residential rental property h 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System 20a Class life 12-year S/L b 12 yrs. 40-year S/I C Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 4,012. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 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

Form 4562 (2003) Page 2

Part V

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

_	ction A - Depreciation a							_			," is the evidence written?			Ves	No
248	Do you have evidence to s	(b)	(c)	iii use cia	uiiieu r	Ye	es <u> </u>	_ No						_ Yes ∟	<u> </u>
	(a) Type of property (list vehicles first)	Date placed in	Business/ investment	l ot	(d) Cost or her basis		s for depre iness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	h) ciation iction	Elec sectio	ted n 179
		service	use percentaç	je				•						CC	st
25	Special depreciation allo	•			•			-			0=				
26	year and used more tha										25				
20	Property used more tha	n 50% in a q		\neg						1				1	
		1 1		6											
		: :		6											
		1 1	_	6											
27	Property used 50% or le	ess in a quali	fied business	use:											
		: :		6						S/L -					
		: :	9	6						S/L -					
		1 1		6						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and or	line 21,	page 1				28				
29	Add amounts in column	(i), line 26. E	nter here and	on line	7, page	1			<u></u>	<u></u>		<u></u>	29		
			S	ection E	3 - Infor	mation	on Use	of Veh	nicles						
Coi	mplete this section for ve	hicles used	by a sole prop	rietor, p	artner, c	r other "	more th	an 5%	owner," o	or related	d person	١.			
lf y	ou provided vehicles to y	our employe	es, first answ	er the qu	iestions	in Section	on C to	see if y	ou meet a	an excep	tion to	completi	ng this	section fo	or
tho	se vehicles.														
				(;	a)	(k	D)		(c)	(0	d)	(6)	(f)
30	Total business/investment	miles driven d	uring the	Vehicle		Vehicle		Vehicle		Vehicle		Vehicle		Vehicle	
	year (do not include com	•													
31	Total commuting miles of														
	Total other personal (no														
JZ.															
າາ	driven														
သ	Total miles driven during														
24	Add lines 30 through 32			V	Na	Vaa	Na	Vaa	N _a	Vaa	NI.	V	NIa	Vaa	NI.
34	Was the vehicle availab	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pr														
	than 5% owner or relate														
36	Is another vehicle availa	ble for perso	nal												
	use?														
		Section C	 Questions f 						for Hea h	v Their F	Employe	es			
			G	or Empl	oyers v	/ho Prov	∕ide Vel	nicles	ioi Ose b	,c. L		aba ==	e not n	nore than	5%
Ans	swer these questions to			-	-						nployee	s who ar		iore triair	
	swer these questions to oners or related persons.			-	-						nployee	s wno ar		iore triari	
ow	•	determine if y	ou meet an e	xception	to com	pleting S	Section	B for v	ehicles us	ed by er				Yes	No
ow	ners or related persons. Do you maintain a writte	determine if y	ou meet an e	xception ohibits a	to com	pleting S nal use o	Section of vehicle	B for v	ehicles us	ed by en	by you	r		Yes	No
owi 37	ners or related persons.	determine if y en policy stat	you meet an e	xception	to com	pleting S	Section of vehicle	B for v	ehicles us	ed by er	by you	r		Yes	No
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37 38	ners or related persons. Do you maintain a writte employees? Do you maintain a writte employees? See instruc	en policy stat	ement that pr	ohibits a	Il person personal	nal use of vuse of virs, direct	of vehicle ehicles, tors, or	es, included exception 1% or	ehicles us luding cor t commut more own	mmuting, ing, by y	by you	r 		Yes	No
37 38 39	ners or related persons. Do you maintain a writte employees? Do you maintain a writte employees? See instruction bo you treat all use of warming the second secon	en policy staten	ement that prement that prement that priciles used by inployees as p	ohibits a	n to com	pleting S nal use of use of v rs, direct	Section of vehicle ehicles, tors, or	es, inc excep 1% or	ehicles us luding cor ot commut more own	nmuting, ing, by y	by you	r 		Yes	No
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37 38 39 40 41 Pa	ners or related persons. Do you maintain a writte employees? Do you maintain a writte employees? See instruct Do you treat all use of vocation between the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization (a) Description of Costs the	en policy statement policy statement policy statement policy statement policy statement policy statement policy en policy statement policy en poli	ring your 2003	ohibits a corpora ersonal ployees received d autom es, " do n (b) amoritzation begins 3 tax yea	n to com ll person personal te office use? obtain 1? obtile de ot comp	use of vrs, directions of the control of the contro	ehicles, tors, or	es, inc excep 1% or n your or or the	ehicles us luding cor t commut more own employees covered vi (d) Code section	nmuting, ing, by y ers s about	our (e) Amortizat period or peri	r iion centage		Yes (f)	No
37 38 39 40 41 Pa	Do you maintain a writted employees? Do you maintain a writted employees? Do you maintain a writted employees? See instruction because of the vehicles, Do you provide more that the use of the vehicles, Do you meet the require the provide of the vehicles of the vehicles. Mote: If your answer to the provide of the vehicles of the vehicles of the vehicles. Mote: If your answer to the provide of the vehicles of the vehicles of the vehicles of the vehicles. Do you meet the require of the vehicles of the v	en policy statement policy statement policy statement policy statement policy statement policy statement policy en policy statement policy en poli	ring your 2003	ohibits a ohibits p corpora ersonal ployees received d autom es, " do n (b) amoritzation begins 3 tax yea	n to com ll person personal te office use? obtain 1? obtile de ot comp	use of vrs, directions of the control of the contro	ehicles, tors, or	es, inc excep 1% or n your or or the	ehicles us luding cor t commut more own employees covered vi (d) Code section	nmuting, ing, by y ers s about	(e) Amortizat	r		Yes (f)	No

Form 886 8	3 (12-2000)		Page 2
If you a	are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and	check this bo	x X
	ly complete Part II if you have already been granted an automatic 3-month extension o	n a previousl	y filed Form 8868.
	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 a	
Type or	Name of Exempt Organization		Employer identification number
print.	THE COALITION FOR ALTERNATIVE		22 2750574
File by the	TRANSPORTATION		23-2759574
extended	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
due date for filing the	60 WEST BROAD STREET		
return. See Instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BETHLEHEM , PA 18018		
Check ty	pe of return to be filed (File a separate application for each return):	_	_
X For		n 1041-A L n 4720 [Form 5227 Form 8870 Form 6069
STOP: Do	o not complete Part II if you were not already granted an automatic 3-month extension	on a previou	sly filed Form 8868.
		-	
	rganization does not have an office or place of business in the United States, check this bo		
	s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ▶ and attach a list with the names a		
4 I re	quest an additional 3-month extension of time until NOVEMBER 15, 2004.		
		nd ending	
		return	Change in accounting period
	te in detail why you need the extension	Hetum	Change in accounting period
	XPAYER NEEDS ADDITIONAL TIME TO GATHER THE IN	FORMATT	ON NECESSARY
	FILE A COMPLETE AND ACCURATE RETURN.	ORTHIT	ON MECEDERICI
8a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	any	
nor	nrefundable credits. See instructions		
tax	nis application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and es payments made. Include any prior year overpayment allowed as a credit and any amount p eviously with Form 8868	aid	\$
	ance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction	, deposit with	FTD
	Signature and Verification		
	alties of perjury, I declare that I have examined this form, including accompanying schedules and statem orrect, and complete, and that I am authorized to prepare this form.	ents, and to the	best of my knowledge and belief,
Signature	► Title ►		Date >
Signature	Notice to Applicant - To Be Completed by the	e IRS	Date
□ w _e	have approved this application. Please attach this form to the organization's return.	ie ii io	
	have not approved this application. However, we have granted a 10-day grace period from	the later of th	e date shown below or the due
	e of the organization's return (including any prior extensions). This grace period is considered		
	erwise required to be made on a timely return. Please attach this form to the organization's		d extension of time for elections
	have not approved this application. After considering the reasons stated in item 7, we can		request for an extension of time to
	We are not granting the 10-day grace period.	iot grant your	request for an extension of time to
		niah an autan	sion was requested
Oth	cannot consider this application because it was filed after the due date of the return for where	nich an extens	sion was requested.
Ou	er		
	By:		
Director			Date
	• Mailing Address - Enter the address if you want the copy of this application for an addition than the one entered above.	nal 3-month e	extension returned to an address
	Name		
Type			
Type or print	Number and street (include suite, room, or apt. no.) Or a P.O. box number		
323832 05-01-03	City or town, province or state, and country (including postal or ZIP code)		