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2004 Tax Return(s)

Prepared for THE COALITION FOR ALTERNATIVE
TRANSPORTATION
CLIENT CODE: COALITION

Account Number 797051
Release Number 2004.05002

Prepared by FREY & CO., CPA'S
121 N. BEST AVE., SUITE 2
WALNUTPORT, PA
18088

(610) 760-8920

Processing Date: 08/18/2005
Time: 12:05:14

**Special
Instructions**

Messages

BRIAN - 08/15/05 10:05AM INTERVIEW FORM 990-4

61.00

53.00

391.00

505.00

BRIAN - 05/10/05 09:16AM INTERVIEW FORM 990-4

15,735.00

119.00

15,854.00

BRIAN - 05/10/05 09:17AM INTERVIEW FORM 990-4

1,715.00

7.00

1,722.00

BRIAN - 05/10/05 09:17AM INTERVIEW FORM 990-4

363.00

7.00

370.00

BRIAN - 05/04/05 10:28AM INTERVIEW FORM 990-11

6,524.00

62.00

6,586.00

List

2004 Return Summary

THE COALITION FOR ALTERNATIVE
TRANSPORTATION

23-2759574

FORM 990:

TOTAL REVENUE	32,623.
TOTAL EXPENSES	45,217.
EXCESS <DEFICIT>	<12,594.>
BEGINNING NET ASSETS	56,086.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS (PAGE 1)	43,492.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	43,492.
ENDING TOTAL LIABILITIES	0.
ENDING TOTAL NET ASSETS OR FUND BALANCES (PAGE 3)	43,492.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 3	0.

FREY & CO., CPA'S
121 N. BEST AVE., SUITE 2
WALNUTPORT, PA 18088
PH. (610) 760-8920/FAX. (610) 760-2391

AUGUST 18, 2005

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

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2004
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, EXEMPT ORGANIZATION TAX RETURN
SCHEDULE A, SUPPLEMENTARY INFORMATION
FORM 4562, DEPRECIATION AND AMORTIZATION
FORM 8868, APPLICATION FOR ADDITIONAL FILING EXTENSION
CURRENT YEAR DEPRECIATION REPORT

TAX PREPARATION FEE

\$ 175.00

Frey & CO., CPA's
121 N. Best Ave., Suite 2
Walnutport, PA 18088
Ph. (610) 760-8920/Fax. (610) 760-2391

August 18, 2005

The Coalition For Alternative
Transportation
60 West Broad Street
Bethlehem, PA 18018

Dear Sir:

Enclosed is the organization's 2004 extension form. The extension should be signed and dated by the appropriate individual and mailed.

Specific filing instructions are as follows.

FORM 8868 FOR FORM 990 RETURN:

No payment is due with Form 8868.

Please sign and mail on or before August 15, 2005.

Mail to - Internal Revenue Service Center
Ogden, UT 84201-0012

Form 8868 extends the filing date of the return to November 15, 2005.

We will include a copy of the 2004 extension form with the completed return.

We will notify you upon completion of the organization's tax return. If information pertinent to the return becomes available, please forward it to us as soon as possible. If you have questions, please do not hesitate to contact our office.

Very truly yours,

Gary A. Frey, CPA

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2004 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"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE COALITION FOR ALTERNATIVE TRANSPORTATION		D Employer identification number 23-2759574
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 60 WEST BROAD STREET		E Telephone number 610-954-5744
		City or town, state or country, and ZIP + 4 BETHLEHEM, PA 18018		F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

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

G Website: ▶ HTTP://WWW.CAR-FREE.ORG

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

K Check here 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 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **32,623.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a		13,337.	
	b Indirect public support	1b			
	c Government contributions (grants)	1c		12,500.	
	d Total (add lines 1a through 1c) (cash \$ 25,837. noncash \$)	1d			25,837.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			6,586.
	3 Membership dues and assessments	3			200.
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	Less: cost or other basis and sales expenses	8b			
	Gain or (loss) (attach schedule)	8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9 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 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			32,623.	
Expenses	13 Program services (from line 44, column (B))	13		40,776.	
	14 Management and general (from line 44, column (C))	14		2,924.	
	15 Fundraising (from line 44, column (D))	15		1,517.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			45,217.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		<12,594.>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		56,086.	
	20 Other changes in net assets or fund balances (attach explanation)	20		0.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			43,492.

**THE COALITION FOR ALTERNATIVE
TRANSPORTATION**

23-2759574

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(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.	25	10,390.	9,351.	520.
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	1,095.	986.	55.
30	Professional fundraising fees	30			
31	Accounting fees	31	700.	618.	67.
32	Legal fees	32			
33	Supplies	33	542.	505.	18.
34	Telephone	34	1,264.	1,155.	55.
35	Postage and shipping	35	844.	765.	39.
36	Occupancy	36	8,283.	7,566.	359.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	934.	847.	44.
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule) ...	42	2,261.	2,261.	
43	Other expenses not covered above (itemize):				
a	ADVERTISING	43a	958.	868.	45.
b	PROFESSIONAL FEES	43b	17,946.	15,854.	1,722.
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	45,217.	40,776.	2,924.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	DURING THE YEAR 2004, CAT PROVIDED 33 PROGRAMS IN LEHIGH VALLEY, PENNSYLVANIA, THAT IMPROVED TRANSPORTATION CHOICE. FOR A COMPLETE DESCRIPTION OF THESE PROGRAMS PLEASE SEE HTTP://WWW.CAR-FREE.ORG/2004PROG.HTM (Grants and allocations \$ _____)	40,776.
b	_____ (Grants and allocations \$ _____)	
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) _____	40,776.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	13,393.	832.
	46 Savings and temporary cash investments		
	47 a Accounts receivable		
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	2,492.	3,413.
	53 Prepaid expenses and deferred charges		
	54 Investments - securities		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	83,696.		
b Less: accumulated depreciation STMT 3	44,449.		
58 Other assets (describe			
59 Total assets (add lines 45 through 58) (must equal line 74)	56,086.	43,492.	
Liabilities	60 Accounts payable and accrued expenses		
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe		
66 Total liabilities (add lines 60 through 65)	0.	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds	0.	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	0.
	72 Retained earnings, endowment, accumulated income, or other funds	56,086.	43,492.
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	56,086.	43,492.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	56,086.	43,492.	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return			
<p>a Total revenue, gains, and other support per audited financial statements ▶</p> <p>b Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments \$ _____</p> <p>(2) Donated services and use of facilities ... \$ _____</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶</p> <p>c Line a minus line b ▶</p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 ... \$ _____</p> <p>(2) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶</p>	<p>a</p> <p>b</p> <p>c</p> <p>d</p> <p>e</p>	<p style="text-align: center;">N/A</p>	<p>a</p> <p>b Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities ... \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 ... \$ _____</p> <p>(4) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶</p> <p>c Line a minus line b ▶</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 ... \$ _____</p> <p>(2) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶</p>	<p>a</p> <p>b</p> <p>c</p> <p>d</p> <p>e</p>	<p style="text-align: center;">N/A</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PHYLLIS LAUFER 50 SOUTH STREET NAZARETH, PA 18064	CO-TREASURER .25	0.	0.	0.
STEVE SCHMITT 60 WEST BROAD STREET BETHLEHEM, PA 18018	DIRECTOR 40	10,390.	0.	0.
JOHN LUCAS 1364 HICKORY RD MACUNGIE, PA 18062	CO-TREASURER 5	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

**THE COALITION FOR ALTERNATIVE
TRANSPORTATION**

Form 990 (2004)

23-2759574

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Part 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		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	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 <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a		0.
b	Did the organization file Form 1120-POL for this year?	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	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		243,781.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	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?	85g		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources 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?	88		X
	If "Yes," complete Part IX			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.			
b	501(c)(3) and 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?	89b		X
	If "Yes," attach a statement explaining each transaction			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2004	90b		1
91	The books are in care of ▶ DIRECTOR Telephone no. ▶ 610-954-5744			
	Located at ▶ 60 WEST BROAD STREET, BETHLEHEM, PA ZIP + 4 ▶ 18018			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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	92		N/A

THE COALITION FOR ALTERNATIVE
TRANSPORTATION

Form 990 (2004)

23-2759574 Page 6

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a GENERAL SERVICES					6,586.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					200.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	6,786.
105 Total (add line 104, columns (B), (D), and (E))					6,786.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	DURING THE YEAR 2004, CAT PROVIDED 33 PROGRAMS IN LEHIGH VALLEY, PENNSYLVANIA, THAT IMPROVED TRANSPORTATION CHOICE. FOR A COMPLETE DESCRIPTION OF THESE PROGRAMS PLEASE SEE HTTP://WWW.CAR-FREE.ORG/2004PROG.HTM

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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: **GARY A. FREY, CPA** Date: **08/18/05** Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **FREY & CO., CPA'S**
121 N. BEST AVE., SUITE 2
WALNUTPORT, PA 18088

EIN: _____ Phone no.: **(610) 760-8920**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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**

OMB No. 1545-0047

2004

Name of the organization **THE COALITION FOR ALTERNATIVE TRANSPORTATION** Employer identification number **23 2759574**

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 benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶	0			

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 ▶	0	

THE COALITION FOR ALTERNATIVE

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 expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 a 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
b Do you have a section 403(b) annuity plan for your employees?		X
4 a 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
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 5 of the instructions.)

THE COALITION FOR ALTERNATIVE

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	41,367.	25,333.			66,700.
16 Membership fees received	500.	650.			1,150.
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	4,194.	737.			4,931.
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					
20 Tax 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	46,061.	26,720.	0.	0.	72,781.
24 Line 23 minus line 17	41,867.	25,983.			67,850.
25 Enter 1% of line 23	461.	267.			

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	N/A
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	▶	26d	N/A
e Public support (line 26c minus line 26d total)	▶	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	N/A %

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: (2003) 0. (2002) 0. (2001) 0. (2000) 0.			
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: (2003) 0. (2002) 0. (2001) 0. (2000) 0.			
c Add: Amounts from column (e) for lines: 15 66,700. 16 1,150. 17 4,931. 20 _____ 21 _____	▶	27c	72,781.
d Add: Line 27a total 0. and line 27b total 0.	▶	27d	0.
e Public support (line 27c total minus line 27d total)	▶	27e	72,781.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶	27f	72,781.	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	100.0000%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	.0000%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

NONE

THE COALITION FOR ALTERNATIVE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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?		
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?		
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? 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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
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.) _____ _____		
34 a	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	

THE COALITION FOR ALTERNATIVE

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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
		N/A	
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	
	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				N/A (e) Total
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	
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 11 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.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question label, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

2004 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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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											
16	IBM COMPUTERS	060198	200DB	5.00	17	11,400.			11,400.	11,400.		0.
2	PACKARD BELL COMPUTER	060195	200DB	5.00	17	2,000.			2,000.	2,000.		0.
3	MICRON MONITOR HDS VIEWSTATION	060197	200DB	5.00	17	250.			250.	250.		0.
4	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.
9	OPTIMUS VCR	063097	200DB	5.00	17	100.			100.	100.		0.
10	HEWLETT PACKARD LASERJET	063098	200DB	5.00	17	800.			800.	800.		0.
11	PANASONIC FAX MACHINE	063099	200DB	5.00	17	250.			250.	236.		14.
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.

2004 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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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
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.	2,000.		0.
21	EQUIPMENT	063001	200DB	5.00	17	8,000.			8,000.	8,000.		0.
22	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.	500.		0.
27	PARK BICYCLE TOOLS	063098	200DB	5.00	17	1,000.			1,000.	1,000.		0.
28	VACUUM CLEANER	063099	200DB	5.00	17	200.			200.	188.		12.
29	MISC TOOLS	063099	200DB	5.00	17	250.			250.	236.		14.
30	BICYCLE TOOLS	063000	200DB	5.00	17	1,000.			1,000.	827.		115.
31	60 BICYCLE TIRES	063001	200DB	5.00	17	480.			480.	342.		55.
32	BICYCLE PARTS	063001	200DB	5.00	17	600.			600.	427.		69.
33	WORK BENCH	063001	200DB	5.00	17	100.			100.	71.		12.
34	26" TREK MTN BIKE	063002	200DB	5.00	17	250.		75.	175.	91.		34.
35	24" TREK MTN BIKE	063002	200DB	5.00	17	200.		60.	140.	73.		27.

2004 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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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
36	20" TREK MTN BIKE	063002	200DB	5.00	17	200.		60.	140.	73.		27.
37	30 BICYCLE HELMETS	063002	200DB	5.00	17	300.		90.	210.	109.		40.
38	LEASEHOLD IMPROVEMENTS	063096	SL	39.00	17	10,000.			10,000.	2,048.		256.
39	LEASEHOLD IMPROVEMENTS	063003	SL	39.00	17	35,000.			35,000.	4,485.		897.
40	3 BIKE RACKS	063099	200DB	5.00	17	2,400.			2,400.	2,261.		139.
41	SHELVING & OFFICE FURNITURE	063003	200DB	5.00	17	370.		185.	185.	37.		59.
42	BICYCLE TOOLS	063003	200DB	5.00	17	838.		419.	419.	84.		134.
43	PHONE & INTERNET EQUIPMENT	063003	200DB	5.00	17	195.		98.	97.	19.		31.
44	CLEANING EQUIPMENT	063003	200DB	5.00	17	406.		203.	203.	41.		65.
45	HP OFFICE JET 7110 PRINTER	020104	200DB	5.00	19B	450.			450.			90.
46	BICYCLE TOOLS	060104	200DB	5.00	19B	857.			857.			171.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES					83,696.		1,190.	82,506.	40,998.	0.	2,261.
	* GRAND TOTAL 990 PAGE 2 DEPR					83,696.		1,190.	82,506.	40,998.	0.	2,261.

FOOTNOTES

STATEMENT 1

TAXPAYER IS ELECTING OUT OF TAKING BOTH 30% AND 50%
BONUS DEPRECIATION FOR 5 YEAR PROPERTY PURCHASED
IN 2004.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2
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 TRANSPORTATION 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 ENJOY OUR CAR FREE OPTIONS. FOR MORE INFORMATION PLEASE SEE [HTTP://WWW.CAR-FREE.ORG](http://www.car-free.org)

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT 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.	250.	0.
DESKJET 660CSE	150.	150.	0.
GOLDSTAR MICROWAVE	150.	150.	0.
PHILLIPS TV/VCR	200.	200.	0.
PIONEER CD PLAYER	150.	150.	0.
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.	200.	0.
MISC TOOLS	250.	250.	0.
BICYCLE TOOLS	1,000.	942.	58.
60 BICYCLE TIRES	480.	397.	83.

BICYCLE PARTS	600.	496.	104.
WORK BENCH	100.	83.	17.
26" TREK MTN BIKE	250.	200.	50.
24" TREK MTN BIKE	200.	160.	40.
20" TREK MTN BIKE	200.	160.	40.
30 BICYCLE HELMETS	300.	239.	61.
LEASEHOLD IMPROVEMENTS	10,000.	2,304.	7,696.
LEASEHOLD IMPROVEMENTS	35,000.	5,382.	29,618.
3 BIKE RACKS	2,400.	2,400.	0.
SHELVING & OFFICE FURNITURE	370.	281.	89.
BICYCLE TOOLS	838.	637.	201.
PHONE & INTERNET EQUIPMENT	195.	148.	47.
CLEANING EQUIPMENT	406.	309.	97.
HP OFFICE JET 7110 PRINTER	450.	90.	360.
BICYCLE TOOLS	857.	171.	686.
TOTAL TO FORM 990, PART IV, LN 57	83,696.	44,449.	39,247.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return THE COALITION FOR ALTERNATIVE TRANSPORTATION	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 23-2759574
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See instructions for a higher limit for certain businesses	1	102,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	410,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2003 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 2005. Add lines 9 and 10, less line 12	13	

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.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
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 2004	17	2,000.
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,307.	5 YRS.	HY	200DB	261.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,261.
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	

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2004 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2004 tax year **43**

44 Total. Add amounts in column (f). See instructions for where to report **44**

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2004 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2004 tax year **43**

44 Total. Add amounts in column (f). See instructions for where to report **44**

If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you 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 and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE COALITION FOR ALTERNATIVE TRANSPORTATION	Employer identification number 23-2759574
	Number, street, and room or suite no. If a P.O. box, see instructions. 60 WEST BROAD STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BETHLEHEM, PA 18018	

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

- Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **DIRECTOR**
Telephone No. **610-954-5744** FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until **NOVEMBER 15, 2005**.
- 5** For calendar year **2004**, or other tax year beginning _____ and ending _____.
- 6** If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
TAXPAYER NEEDS ADDITIONAL TIME TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

- 8a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b** If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title _____ Date _____

Notice to Applicant - To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name GARY A. FREY, CPA
	Number and street (include suite, room, or apt. no.) or a P.O. box number 121 N. BEST AVE., SUITE 2
	City or town, province or state, and country (including postal or ZIP code) WALNUTPORT, PA 18088

423832 01-10-05

2004 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE COALITION FOR ALTERNATIVE
TRANSPORTATION

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											
16	IBM COMPUTERS	060198	200DB	5.00	17	11,400.			11,400.	11,400.		0.
2	PACKARD BELL COMPUTER	060195	200DB	5.00	17	2,000.			2,000.	2,000.		0.
3	MICRON MONITOR HDS VIEWSTATION	060197	200DB	5.00	17	250.			250.	250.		0.
4	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.
9	OPTIMUS VCR	063097	200DB	5.00	17	100.			100.	100.		0.
10	HEWLETT PACKARD LASERJET	063098	200DB	5.00	17	800.			800.	800.		0.
11	PANASONIC FAX MACHINE	063099	200DB	5.00	17	250.			250.	236.		14.
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.

2004 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE COALITION FOR ALTERNATIVE
TRANSPORTATION

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.	2,000.		0.
21	EQUIPMENT	063001	200DB	5.00	17	8,000.			8,000.	8,000.		0.
22	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.	500.		0.
27	PARK BICYCLE TOOLS	063098	200DB	5.00	17	1,000.			1,000.	1,000.		0.
28	VACUUM CLEANER	063099	200DB	5.00	17	200.			200.	188.		12.
29	MISC TOOLS	063099	200DB	5.00	17	250.			250.	236.		14.
30	BICYCLE TOOLS	063000	200DB	5.00	17	1,000.			1,000.	827.		115.
31	60 BICYCLE TIRES	063001	200DB	5.00	17	480.			480.	342.		55.
32	BICYCLE PARTS	063001	200DB	5.00	17	600.			600.	427.		69.
33	WORK BENCH	063001	200DB	5.00	17	100.			100.	71.		12.
34	26" TREK MTN BIKE	063002	200DB	5.00	17	250.		75.	175.	91.		34.
35	24" TREK MTN BIKE	063002	200DB	5.00	17	200.		60.	140.	73.		27.

2004 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE COALITION FOR ALTERNATIVE
TRANSPORTATION

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
36	20" TREK MTN BIKE	063002	200DB	5.00	17	200.		60.	140.	73.		27.
37	30 BICYCLE HELMETS	063002	200DB	5.00	17	300.		90.	210.	109.		40.
38	LEASEHOLD IMPROVEMENTS	063096	SL	39.00	17	10,000.			10,000.	2,048.		256.
39	LEASEHOLD IMPROVEMENTS	063003	SL	39.00	17	35,000.			35,000.	4,485.		897.
40	3 BIKE RACKS	063099	200DB	5.00	17	2,400.			2,400.	2,261.		139.
41	SHELVING & OFFICE FURNITURE	063003	200DB	5.00	17	370.		185.	185.	37.		59.
42	BICYCLE TOOLS	063003	200DB	5.00	17	838.		419.	419.	84.		134.
43	PHONE & INTERNET EQUIPMENT	063003	200DB	5.00	17	195.		98.	97.	19.		31.
44	CLEANING EQUIPMENT	063003	200DB	5.00	17	406.		203.	203.	41.		65.
45	HP OFFICE JET 7110 PRINTER	020104	200DB	5.00	19B	450.			450.			90.
46	BICYCLE TOOLS	060104	200DB	5.00	19B	857.			857.			171.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES					83,696.		1,190.	82,506.	40,998.	0.	2,261.
	* GRAND TOTAL 990 PAGE 2 DEPR					83,696.		1,190.	82,506.	40,998.	0.	2,261.