

79857

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2003

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2003 calendar year

- Check if applicable:
- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

2049 *****AUTO**3-DIGIT 900
 CITIZENS FOR AN ALTERNATIVE TAX
 C A T S
 PO BOX 65188
 LOS ANGELES CA 90065-0188

I
R
S
P 21
B 8

D Employer identification number	95: 4297165
E Telephone number	(800) 767-7577 79857
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).

G Website:

J Organization type (check only one) 501(c) (4) (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.

- 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? Yes No
(If "No," attach a list. See instructions.)
 - H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 - I Group Exemption Number _____

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support		1a	17,705	
b Indirect public support		1b		
c Government contributions (grants)		1c		
d Total (add lines 1a through 1c) (cash \$ 17,705 noncash \$ _____)		1d	17,705	
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		
3 Membership dues and assessments		3	11,160	
4 Interest on savings and temporary cash investments		4		
5 Dividends and interest from securities		5		
6a 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		
8a Gross amount from sales of assets other than inventory		8a		
b Less: cost or other basis and sales expenses		8b		
c 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		
10a Gross sales of inventory, less returns and allowances		10a	219	
b Less: cost of goods sold		10b	7	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	212	
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	29,078	
13 Program services (from line 44, column (B))		13	28,935	
14 Management and general (from line 44, column (C))		14	452	
15 Fundraising (from line 44, column (D))		15		
16 Payments to affiliates (attach schedule)		16		
17 Total expenses (add lines 16 and 44, column (A))		17	29,387	
18 Excess or (deficit) for the year (subtract line 17 from line 12)		18	< 309 >	
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	1981	
20 Other changes in net assets or fund balances (attach explanation)		20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	1672	

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. (See page 22 of the instructions.)

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 \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages	16,896	16,896		
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	1322	1322		
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	2168	2168		
34	Telephone	1594	1514	80	
35	Postage and shipping	4543	4316	227	
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	1129	1129		
39	Travel	416	416		
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	62	62		
43	Other expenses not covered above (itemize): a Insurance	269	269		
b	bank charges	843	843		
c	licenses	145		145	
d					
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	29,387	28,935	452	

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 (See page 25 of the instructions.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
Promotion of social welfare	
a Education of the public and Congress about the benefits of a national sales tax vs. an income tax via mailings, talk shows, events and videos. Benefits not measurable as such. (Grants and allocations \$ _____)	28,935
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).	28,935

Part IV Balance Sheets (See page 25 of the instructions.)

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
		2511	45	2015
45	Cash—non-interest-bearing		46	
46	Savings and temporary cash investments			
47a	Accounts receivable	47a	47c	
b	Less: allowance for doubtful accounts	47b		
48a	Pledges receivable	48a	48c	
b	Less: allowance for doubtful accounts	48b		
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less: allowance for doubtful accounts	51b	51c	
52	Inventories for sale or use		52	134
53	Prepaid expenses and deferred charges		53	
54	Investments—securities (attach schedule)		54	
55a	Investments—land, buildings, and equipment: basis	55a		
		22,169		
b	Less: accumulated depreciation (attach schedule)	55b	55c	
		22,169	62	—
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	57a		
b	Less: accumulated depreciation (attach schedule)	57b	57c	
58	Other assets (describe ▶ _____)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	2573	59	2149
		592	60	477
60	Accounts payable and accrued expenses		61	
61	Grants payable		62	
62	Deferred revenue			
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe ▶ _____)		65	
66	Total liabilities (add lines 60 through 65)	592	66	477
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted		67	
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds	1981	72	1672
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).	1981	73	1672
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	2573	74	2149

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 (See page 27 of the instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements . . . ▶ a N/A

b Amounts included on line a but not on line 12, Form 990:

(1) Net unrealized gains on investments . . . \$ _____

(2) Donated services and use of facilities . . . \$ _____

(3) Recoveries of prior year grants . . . \$ _____

(4) Other (specify):
 _____ \$ _____

Add amounts on lines (1) through (4) ▶ b _____

c Line a minus line b ▶ c _____

d Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____

(2) Other (specify):
 _____ \$ _____

Add amounts on lines (1) and (2) ▶ d _____

e Total revenue per line 12, Form 990 (line c plus line d) . . . ▶ e _____

a Total expenses and losses per audited financial statements . . . ▶ a _____

b Amounts included on line a but not on line 17, Form 990:

(1) Donated services and use of facilities . . . \$ _____

(2) Prior year adjustments reported on line 20, Form 990 . . . \$ _____

(3) Losses reported on line 20, Form 990 . . . \$ _____

(4) Other (specify):
 _____ \$ _____

Add amounts on lines (1) through (4) ▶ b _____

c Line a minus line b ▶ c _____

d Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____

(2) Other (specify):
 _____ \$ _____

Add amounts on lines (1) and (2) ▶ d _____

e Total expenses per line 17, Form 990 (line c plus line d) . . . ▶ e _____

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Steven L. Hayes Los Angeles, CA	President	0		
Paula Hayer Los Angeles, CA	Treasurer	0		
Glenn Wahlquist Marshall, VA	Director	0		
Brendan Haggerty Clearwater, FL	Director	0		
David Steves Boston, MA	Director	0		
Stephen Moore Washington, DC	Director	0		
Charles Hilton Panama City, FL	Director	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? Yes No
 If "Yes," attach schedule—see page 28 of the instructions.

Part VII Other Information (See page 28 of the instructions.)

	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		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If "Yes," has it filed a tax return on Form 990-T for this year?		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a 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?		X
81a If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81b Enter direct and indirect political expenditures. See line 81 instructions		X
82a Did the organization file Form 1120-POL for this year?		
82a 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?	X	
82b 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.)		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A		
84a Did the organization solicit any contributions or gifts that were not tax deductible?	X	
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
85c Dues, assessments, and similar amounts from members		
85d Section 162(e) lobbying and political expenditures		
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h 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?		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
b Gross receipts, included on line 12, for public use of club facilities.		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders.		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 _____; section 4912 _____; section 4955 _____		
b 501(c)(3) and 501(c)(4) orgs. 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.		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		
90a List the states with which a copy of this return is filed California, Virginia		
b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	1
91 The books are in care of Paula Hayes Telephone no. (323) 255-8878 Located at 1015 Oneonta Dr., Los Angeles, CA ZIP + 4 90065		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					11,160
95 Interest on savings and temporary cash investments					1
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					212
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					11,373
105 Total (add line 104, columns (B), (D), and (E))					11,373

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).
▼	

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
	%			
	%			
	%			
	%			

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: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. W): _____

EIN: _____ Phone no.: _____