

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form

Return of. Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust
For organizations with gross receipts less than \$100,000 and total assets less than 5250,000 at the end of the year.

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

OMB NO. 1545-1150

1997

This Form is
Open to Public
Inspection

A For the 1997 calendar year, OR tax year beginning January 1, 1997, and ending December 31, 1997

- B** Check if:
- Change of address
 - initial return
 - Final return
 - Amended return (required also for state reporting)

Please use IRS label or print or type See specific instructions.

C Name of organization
Cat Action Treasury, Inc.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO Box 202

City or town, state or country, and ZIP + 4
Los Gatos, CA 95031

D Employer identification number
85-0435896

E State registration number

F Check if exemption application is pending

H Enter four-digit group exemption number (GEN)

G Accounting method: Cash Accrual Other (specify) ▶

I Type of organization— Exempt under section 501(c)(3) ◀ (insert number) OR section 4947(a)(1) nonexempt charitable trust
Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

J Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, the organization should file a return without financial data. Some states require a complete return.

K Enter the organization's 1997 gross receipts (add back lines 5b, 6b, and 7b, to line 9) ▶ 5 58,681.00
If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific instructions on page 28.)

Revenue	1 Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)	1	57,842.00
	2 Program service revenue including government fees and contracts	2	-0-
	3 Membership dues and assessments	3	-0-
	4 Investment income	4	839.00
	5a Gross amount from sale of assets other than inventory	5a	-0-
	b Less: cost or other basis and sales expenses	5b	-0-
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	-0-
	6 Special events and activities (attach schedule):		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	-0-
b Less: direct expenses other than fundraising expenses	6b	-0-	
c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	-0-	
7a Gross sales of inventory, less returns and allowances	7a	-0-	
b Less: cost of goods sold	7b	-0-	
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	-0-	
8 Other revenue (describe ▶ _____)	8	-0-	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	58,681.00	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	50,710.00
	11 Benefits paid to or for members	11	-0-
	12 Salaries, other compensation, and employee benefits	12	7,100.00
	13 Professional fees and other payments to independent contractors	13	-0-
	14 Occupancy, rent, utilities, and maintenance	14	4,174.00
	15 Printing, publications, postage, and shipping	15	1,521.00
	16 Other expenses (describe ▶ <u>computer equipment; travel for conferences; projects</u>)	16	7,910.00
	17 Total expenses (add lines 10 through 16)	17	71,415.00
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)	18	(12,734.00)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	25,225.00
	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 through 20)	21	12,491.00

Part II Balance Sheets—if Total assets on line 25, column (B) are 5250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 32.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	25,225.00	12,491.00
23 Land and buildings	-0-	-0-
24 Other assets (describe ▶ _____)	-0-	-0-
25 Total assets	25,225.00	12,491.00
26 Total liabilities (describe ▶ _____)	-0-	-0-

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 32.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose?		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	1) Field program: Priority wild cat conservation projects. Selected, organized, & raised funds for international research & conserv. projects for three endangered cat species. (Grants \$ 50,710.00)	28a 64,628.00
29	2) Monitoring program: the Cat Conservation Center. Began organization & equipment purchase process for wild cat research web page to serve the international conservation community. (Grants \$ -0-)	29a 5,067.00
30	3) Public education & support program. Began composition of materials to educate the general public about wild cat conservation & to raise this issue's profile within the donor community. (Grants \$ -0-)	30a 569.00
31	Other program services (attach schedule) N/A. (Grants \$ -0-)	31a -0-
32	Total program service expenses (add lines 28a through 31a)	32 70,264.00

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 32.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-J)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Kristin Nowell PO Box 202, Los Gatos CA 95031	Director & President 40 hrs	7,150.00	-0-	-0-
Thomas Preisser 235 S First St. Campbell CA 95008	Secretary & Treasurer 10 hrs	-0-	-0-	-0-

Part V Other Information (See Specific Instructions on page 33.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		<input checked="" type="checkbox"/>
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (if "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		<input checked="" type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		<input checked="" type="checkbox"/>
39	501(c)(7) organizations.-Enter: a Initiation fees and capital contributions included on line 9 39a		<input checked="" type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities 39b		<input checked="" type="checkbox"/>
40a	501(c)(3) organizations.-Enter: Amount of tax imposed during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		<input checked="" type="checkbox"/>
b	501(c)(3) and (4) organizations.—Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach an explanation.		<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ -0-		<input checked="" type="checkbox"/>
d	Enter: Amount of tax in 40c, above, reimbursed by the organization ▶ -0-		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ CA		<input checked="" type="checkbox"/>
42	The books are in care of ▶ Kristin Nowell Telephone no. ▶ (408) 379 1088 Located at ▶ PO Box 202 Los Gatos CA 95031 ZIP + 4 ▶ 95031		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>

Please Sign Here

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. (See General Instruction J, page 10.)

Signature of officer: *Kristin Nowell* Date: 7/21/98 Type or print name and title: Kristin Nowell President

Paid Preparer's: Preparer's signature: Date: Check if self-employed: Preparer's SSN: