

Short Form

OMB No. 1545-0047

990-EZ

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 \$250,000 at the end of the year.

This Form is Open to Public Inspection

For the 1999 calendar year, OR tax year beginning 1999, and ending
The organization may have to use a copy of this return to satisfy state reporting requirements.

- 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): PO Box 202
City or town, state or country, and ZIP + 4: Los Angeles CA 95051

D Employer identification number: 85 104 35896

E Telephone number: 408 379 1088

F Check co 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 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9) \$ 91,375
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 32.)

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Handwritten values are present for each row.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 3 columns: Description, Line Number, (A) Beginning of year, (B) End of year. Rows include Cash, Land, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 36.)		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? <u>Biodiversity Conservation (Felidae)</u>		
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	Projects Programs Supported four high priority projects for endangered wild cat species in six cat in America, reports published and distributed to 11 state agencies, conservation community (Grants \$ 68,225)	28a 18,741
29	Monitoring Program Communicated with cat specialists around the world and progress made on constructing digital library (Cat Conservation Center Online) (Grants \$ 750)	29a 4,804
30	Public Education's Support Program A video news release was produced featuring the first footage ever taken of a rare Andean mountain cat in the U.S. Over 20 million Americans learned about rare small wild cats. (Grants \$)	30a 13,555
31	Other program services (attach schedule) (Grants \$)	31a -0-
32	Total program service expenses (add lines 28a through 31a)	32 117,500

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated. See Specific Instructions on page 36.)				
(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
Kristin Nowell PO Box 202 Los Gatos CA 95031	Director, President, Treasurer 5 hrs	-0-	-0-	-0-
James Trester PO Box 202 Los Gatos CA 95031	Secretary 10 hrs	-0-	-0-	-0-
Kristin Nowell PO Box 202 Los Gatos CA 95031	Executive Director 40 hrs	25,500	-0-	-0-

Part V Other information (See Specific Instructions on page 37.)		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.		
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] 0		
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 -0-	
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a -0-	
b	Gross receipts, included on line 9, for public use of club facilities	39b -0-	
40a	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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		<input checked="" type="checkbox"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ -0-		
d	Enter: Amount of tax on line 4Lk. above, reimbursed by the organization ▶ -0-		
41	List the states with which a copy of this return is filed. ▶ CA		
42	The books are in care of ▶ Kristin Nowell Telephone no. (408) 379-1088 Located at ▶ PO Box 202 Los Gatos CA ZIP + 4 ▶ 95031		
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		

Please Sign Here Under penalties of perjury, declare that you have examined this return including accompanying schedules and statements, and to the best of your 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. (Important: See General Instruction U, page 14)

Signature of officer: [Signature] Date: May 10 2000 Type or print name and title: Kristin Nowell President

Paid Preparer's use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed) and address	EIN	ZIP + 4	