

Form **990**  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047  
**2006**  
Open to Public Inspection

**A For the 2006 calendar year, or tax year beginning** , and ending

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

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**Transportation Alternatives, Inc.**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**127 West 26th Street 1002**

City or town, state or country, and ZIP + 4  
**New York NY 10001**

**D** Employer identification number  
**51-0186015**

**E** Telephone number  
**212-629-8080**

**F** Accounting method:  Cash  
 Accrual  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:** ▶ **www.transalt.org**

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

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

- H** and are not applicable to section 527 organizations. **I**
- 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 ▶

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,231,544**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		<b>581,389</b>	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		<b>124,353</b>	
	<b>e</b> <b>Total</b> (add lines 1a through 1d) (cash \$ <b>697,337</b> noncash \$ <b>8,405</b> )	<b>1e</b>			<b>705,742</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>317,461</b>
	<b>3</b> Membership dues and assessments	<b>3</b>		<b>See Statement 1</b>	<b>161,905</b>
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>12,042</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>				
<b>7</b> Other investment income (describe ▶ )	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>			
	(B) Other	<b>8b</b>			
	Less: cost or other basis and sales expenses	<b>8c</b>			
	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>34,394</b>	
<b>12</b> <b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			<b>1,231,544</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>855,370</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>213,132</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>25,361</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> <b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>			<b>1,093,863</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<b>137,681</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>572,847</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>			<b>710,528</b>

**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 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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) <b>See Statement 2</b>	<b>25a</b>	<b>72,000</b>	<b>51,120</b>	<b>10,080</b>
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	<b>454,908</b>	<b>401,389</b>	<b>50,989</b>
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	<b>62,782</b>	<b>53,917</b>	<b>7,276</b>
<b>29</b> Payroll taxes	<b>29</b>	<b>43,959</b>	<b>37,752</b>	<b>5,095</b>
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>	<b>8,641</b>	<b>2,190</b>	<b>5,411</b>
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>	<b>71,611</b>	<b>57,234</b>	<b>14,377</b>
<b>34</b> Telephone	<b>34</b>	<b>20,872</b>	<b>1,670</b>	<b>19,160</b>
<b>35</b> Postage and shipping	<b>35</b>	<b>41,067</b>	<b>24,856</b>	<b>13,971</b>
<b>36</b> Occupancy	<b>36</b>	<b>69,619</b>	<b>5,538</b>	<b>63,930</b>
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>	<b>42,032</b>	<b>35,320</b>	<b>2,566</b>
<b>39</b> Travel	<b>39</b>	<b>6,326</b>	<b>6,252</b>	<b>74</b>
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	<b>4,540</b>	<b>3,690</b>	<b>850</b>
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>	<b>9,199</b>	<b>7,899</b>	<b>1,066</b>
<b>43</b> Other expenses not covered above (itemize):				
<b>a See Statement 3</b>	<b>43a</b>	<b>186,307</b>	<b>166,543</b>	<b>18,287</b>
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44 Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	<b>1,093,863</b>	<b>855,370</b>	<b>213,132</b>

**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 the instructions.)

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.

What is the organization's primary exempt purpose?

► **Promotion of Transportation Alternatives**

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 See Statement 4**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**297,431**

**b See Statement 5**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**287,069**

**c See Statement 6**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**150,050**

**d See Statement 7**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**120,820**

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services)

**855,370**

**Part IV Balance Sheets** (See the instructions.)

		(A) Beginning of year	(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
<b>Assets</b>	45 Cash-non-interest-bearing		45
	46 Savings and temporary cash investments	500,952	46 574,111
	47a Accounts receivable	95,697	
	b Less: allowance for doubtful accounts		47c 95,697
	47b	56,733	
	48a Pledges receivable		
	b Less: allowance for doubtful accounts		48c
	48b		
	49 Grants receivable		49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b
	51a Other notes and loans receivable (attach schedule)		
	b Less: allowance for doubtful accounts		51c
	51b		
	52 Inventories for sale or use		52
53 Prepaid expenses and deferred charges	3,849	53 2,599	
54a Investments—publicly-traded securities		54a	
b Investments—other securities (attach schedule)		54b	
55a Investments-land, buildings, and equipment: basis			
b Less: accumulated depreciation (attach schedule)		55c	
55b			
56 Investments-other (attach schedule)		56	
57a Land, buildings, and equipment: basis	63,453		
b Less: accumulated depreciation (attach schedule) <b>See Statement 8</b>			
57b	29,725	57c 33,728	
58 Other assets, including program-related investments (describe <b>See Statement 9</b> )	16,783	58 15,583	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	616,620	59 721,718	
60 Accounts payable and accrued expenses	36,318	60 6,135	
61 Grants payable		61	
62 Deferred revenue		62	
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 <b>See Statement 10</b> )	7,455	65 5,055	
66 <b>Total liabilities.</b> Add lines 60 through 65	43,773	66 11,190	
<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67 Unrestricted	253,496	67 710,528	
68 Temporarily restricted	319,351	68	
69 Permanently restricted		69	
<b>Organizations that do not follow SFAS 117, check here</b> <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		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	572,847	73 710,528	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	616,620	74 721,718	





**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	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? <span style="float:right">N/A</span>	82a	
<b>b</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.) <span style="float:right">82b</span>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? <span style="float:right">N/A</span>	83a	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? <span style="float:right">N/A</span>	83b	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? <span style="float:right">N/A</span>	84a	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>	84b	
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>	85a	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float:right">N/A</span>	85b	
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members <span style="float:right">85c</span>		
<b>d</b>	Section 162(e) lobbying and political expenditures <span style="float:right">85d</span>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e</span>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f</span>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>	85g	
<b>h</b>	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? <span style="float:right">N/A</span>	85h	
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 <span style="float:right">86a</span>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b</span>		
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders <span style="float:right">87a</span>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b</span>		
<b>88a</b>	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	88a	X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI <span style="float:right">▶</span>	88b	X
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ 0</span> ; section 4912 <span style="float:right">▶ 0</span> ; section 4955 <span style="float:right">▶ 0</span>		
<b>b</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	89b	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0</span>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">▶ 0</span>		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
<b>90a</b>	List the states with which a copy of this return is filed <span style="float:right">▶ NY</span>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) <span style="float:right">89b</span>		13
<b>91a</b>	The books are in care of <span style="float:right">▶ The Organization</span> Telephone no. <span style="float:right">▶ 212-629-8080</span> 127 West 26th St Located at <span style="float:right">▶ New York, NY</span> ZIP + 4 <span style="float:right">▶ 10001</span>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.	89b	X

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No **X**  
 If "Yes," enter the name of the foreign country

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  **92**

**Part VII Analysis of Income-Producing Activities (See 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>Registration Fees</b>					<b>213,754</b>
b <b>Consulting</b>					<b>103,707</b>
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					<b>161,905</b>
95 Interest on savings and temporary cash investments			<b>14</b>	<b>12,042</b>	
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 <b>MISCELLANEOUS</b>			<b>1</b>	<b>34,394</b>	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>46,436</b>	<b>479,366</b>
105 <b>Total</b> (add line 104, columns (B), (D), and (E))					<b>525,802</b>

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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).
▼	<b>See Statement 12</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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 **X**

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

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

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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: **PAUL WHITE**      Date: **EXECUTIVE DIRECTOR**

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_      Date: **8/27/07**      Check if self-employed:       Preparer's SSN or PTIN (See Gen. Instr. X): **P00176056**

Firm's name (or yours if self-employed), address, and ZIP + 4: **Coates & Hutchinson, P.C.**  
**P. O. Box 561**  
**Odenton, MD 21113**

EIN: \_\_\_\_\_      Phone no.: **410-672-6339**

**SCHEDULE A  
(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**Transportation Alternatives, Inc.**

Employer identification number

**51-0186015**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 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) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
Noah Budnick 127 West 26th St New York NY 10001	Director 40	51,500	0	0
Amy Pfeiffer 127 West 26th St New York NY 10001	Director 40	51,500	0	0
Dani Simons 127 West 26th St New York NY 10001	Director 40	51,500	0	0
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A 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 ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> 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 ▶ \$ <u>13,330</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	<b>X</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.		
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property		<b>X</b>
<b>b</b> Lending of money or other extension of credit?		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		<b>X</b>
<b>e</b> Transfer of any part of its income or assets?		<b>X</b>
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?		<b>X</b>
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966?		
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		<b>0</b>
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		<b>0</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I     Type II     Type III-Functionally Intergrated     Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	538,587	386,550	242,434	258,225	1,425,796
16 Membership fees received	161,169	139,200	130,380	114,590	545,339
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	328,781	376,422	292,666	248,955	1,246,824
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	8,670	3,012	893	939	13,514
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets <b>Stmt 13</b>	9,190	16,238	8,460	17,500	51,388
23 Total of lines 15 through 22	1,046,397	921,422	674,833	640,209	3,282,861
24 Line 23 minus line 17	717,616	545,000	382,167	391,254	2,036,037
25 Enter 1% of line 23	10,464	9,214	6,748	6,402	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 40,721
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 34,279
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,036,037
d Add: Amounts from column (e) for lines:	18 13,514	19	22 51,388	26b 34,279	26d 99,181
e Public support (line 26c minus line 26d total)					26e 1,936,856
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 95.1287%
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:					N/A
(2005) (2004) (2003) (2002)					
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 11b, 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:					N/A
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines:	15	16	17	20	21
d Add: Line 27a total and line 27b total					27c
e Public support (line 27c total minus line 27d total)					27d
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27e
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.					27h %



**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

(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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	<b>13,330</b>
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	<b>13,330</b>
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>	<b>1,080,533</b>
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	<b>1,093,863</b>
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-		
<b>If the amount on line 40 is-</b> <b>The lobbying nontaxable amount is-</b>		
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 .....	<b>184,386</b>
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 .....	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	<b>46,097</b>
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	<b>0</b>
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	<b>0</b>

**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 13 of the instructions. **See Statement 14**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount .....	<b>184,386</b>				<b>184,386</b>
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					<b>276,579</b>
<b>47</b> Total lobbying expenditures .....	<b>13,330</b>				<b>13,330</b>
<b>48</b> Grassroots nontaxable amount .....	<b>46,097</b>				<b>46,097</b>
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					<b>69,146</b>
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			

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



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2006**

Name of organization

Employer identification number

**Transportation Alternatives, Inc.**

**51-0186015**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2006)**

Name of organization <b>Transportation Alternatives, Inc.</b>	Employer identification number <b>51-0186015</b>
--	---

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>Davidson Kempner Capital Management</u> <u>65 East 55th St, 19th Floor</u> <hr/> <u>New York</u> <span style="float:right;"><u>NY 10022</u></span>	\$ <u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>Aaron Sosnick</u> <u>143 Ave B, PHA</u> <hr/> <u>New York</u> <span style="float:right;"><u>NY 10009</u></span>	\$ <u>15,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<u>Scherman Foundation</u> <u>16 East 52nd Street #601</u> <hr/> <u>New York</u> <span style="float:right;"><u>NY 10021</u></span>	\$ <u>15,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

# Federal Statements

## Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
	\$ 161,905
Total	<u>\$ 161,905</u>

**Federal Statements****Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers**

<u>Name</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
Expenses	\$	\$	\$
Officer Compensation	51,120	10,080	10,800
Compensation			
Total	\$ <u><u>51,120</u></u>	\$ <u><u>10,080</u></u>	\$ <u><u>10,800</u></u>

**Federal Statements****Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Bike event expenses	69,176	66,010	3,078	88
Miscellaneous expenses	10,278	3,285	6,074	919
Utilities expense	4,365		4,365	
Consulting	52,702	52,502		200
Insurance	12,127	8,595	3,532	
Magazine Expense	26,975	26,975		
Temporary help	10,684	9,176	1,238	270
Total	\$ 186,307	\$ 166,543	\$ 18,287	\$ 1,477

**Statement 4 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**Description

## BICYCLE PROGRAM -

Bike lanes not only encourage New Yorkers to take to two wheels and raise public awareness about cycling and the presence of cyclists on our streets, they also improve all aspects of street safety. Thanks to TA's tireless advocacy, in 2006 the NYC DOT committed to installing 200 new miles of bike lanes and 40 new miles of greenway. The lack of adequate bicycle parking facilities is a major obstacle to increased bicycle use. TA is working with Community Boards, Business Improvement Districts, Individual merchants and the DOT on innovative and attractive solutions to make outdoor bicycle parking more attractive and available. In 2006, TA advocated for the City's first ever car parking space to bike parking spaces swap and will see it installed and replicated in 2007.

Too often, pedestrians, motorcyclists and other street users only remember and notice the one bicyclist that wronged them instead of the hundreds that passed by quietly, safely and respectfully. TA is working to disseminate cycling laws and partnering with the NYPD, parks enforcement and other bike groups to make sure bikers ride courteously and everyone understands that they shouldn't let one rotten egg ruin the dozen. In an effort to improve bicyclist and pedestrian safety and improve the image of bicyclists, TA has re-launched the "Working Cyclists: Safety education for couriers and food delivery cyclists" campaign. The goal is to get bicycles off sidewalks and reduce the number of bicycle-pedestrian crashes, injuries and near misses. For senior citizens in NYC, walkable communities are not just a socially conscious preference, but a matter of mobility and independence. The absence of a curb-cut pedestrian ramp can easily cut off seniors from important community destinations like doctor offices, grocery stores or their family's apartment buildings. TA has already brought the Safe Routes for Seniors Campaign to Chinatown, Chelsea, the Upper East Side and Upper West Side. In 1997, TA publicized the fact that being hit by a car was the number one cause of death for kids aged five to fourteen in NYC, with children in the Bronx representing the highest percentage of children hit. This danger combined with overwhelming community and political support--caused the City's DOT to take notice of TA's innovative Safe Routes to School program and start one of its own. Now, a decade later, NYC DOT is working hard to implement life saving changes and TA is watchdogging them to ensure improvements are installed in a timely fashion and bring the highest level of safety to streets around NYC schools.

**Statement 5 - Form 990, Part III, Line b - Statement of Program Service Accomplishments**

Description

PEDESTRIAN POLICY:

On average, one pedestrian is killed on NYC streets every other day and 28 are injured each day of the year. To combat the frequency of these injuries and fatalities, TA has designed a Five Point Pedestrian Safety Action Plan. The plan calls for long overdue commonsense changes to NYC's streets and is gaining notoriety in the media and popularity at City Hall.

**Statement 6 - Form 990, Part III, Line c - Statement of Program Service Accomplishments**Description

## TRANSPORTATION POLICY:

## COMPLETE STREETS:

In 2006, TA began advocating the "Complete Streets" bicycle safety bill. It would require the City of NY to include bicycle safety measures including bike lanes, paths and speed reducers whenever any streets undergo reconstruction or repaving.

## THE NY STREETS RENAISSANCE CAMPAIGN:

The "New York Streets Renaissance Campaign" has been building the movement to re-imagine NYC streets as lively public places. A significant victory this year was the creation of the community vision for Grand Army Plaza, which the NYC DOT has committed to adopting large portions of.

## BUS RAPID TRANSIT:

Thanks to TA's tireless advocacy in 2006, the mayor approved 5 Bus Rapid Transit routes in NYC.

## PARKING PERMIT ABUSE:

TA has been working with community groups to combat parking abuse in NYC. In 2006, TA published two illegal permit parking studies and launched uncivilservants.com, a user driven website that catalogues permit abuse citywide.

## CURB MANAGEMENT:

Mismanaged and underpriced curb parking encourages cruising for a free space, discourages driver turnover, facilitates dangerous double parking and make streets unsafe for bicyclists and pedestrians.

## CAR FREE PARKS:

TA's Car-Free Central and Prospect Parks campaigns are favorites that have closed entrances and exits and increased car-free hours in the City's parks. They have increased park use and made the park safer for healthy recreation and the respite that New Yorkers need.

## CONGESTION PRICING:

In 2006, TA kicked off the Green the Streets campaign to raise funds to educate New Yorkers about the details of congestion pricing and the Mayor's 2030 plan, which would fund much needed transit improvements, improve air quality, reduce traffic, and free up street space for better biking, walking and transit.

## COMMUNITY ASSISTANCE:

In 2006, TA redesigned intersections and plazas in the Bronx, Brooklyn, & Manhattan, combated speeding on Staten Island, and helped reform parking policies around the city.

**Statement 7 - Form 990, Part III, Line d - Statement of Program Service Accomplishments**Description**EVENTS:**

TA's events are designed to encourage bicycling, walking and creative re-imagination of street space. Our bike tours include long-time favorites like TA's NYC Century Bike Tour, America's only all urban century ride and Tour de Bronx, a unique trip through some of New York City's most beautiful greenways and waterfronts, to new ones like Tour de Brooklyn. All told, our bike tours attract over 10,000 participants a year. TA also co-sponsors Bike Month NYC with the NYC DOT. This year we added new partners from the Department of Health and the NYC Parks and Recreation Department.

**MEMBERSHIP:**

Our advocacy is increasingly reliant on our e-communications to educate and mobilize our constituents. Our online communications help us turn out large numbers of New Yorkers for meetings, hearings and rallies on the ground. In 2006, our website, transalt.org, received almost 2 million visits, a 58% increase from 2005. Our research reports were increasingly sought after, and were downloaded thousands of times each month. Some recent highlights: Necessity or Choice was downloaded 9500 times, Traffic's Human Toll 8800 times, and Above the Law was downloaded 4200 times.

**Federal Statements****Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Furniture & Equipment	\$ 54,235	\$ 15,932	\$ 54,235	\$ 20,507
Leasehold Improvements	9,218	9,218	9,218	9,218
Total	\$ 63,453	\$ 25,150	\$ 63,453	\$ 29,725

**Statement 9 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
Refundable Deposits	\$ 16,783	\$ 15,583
Total	\$ 16,783	\$ 15,583

**Statement 10 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
Security Deposit	\$ 7,455	\$ 5,055
Total	\$ 7,455	\$ 5,055

51-0186015

**Federal Statements**

FYE: 12/31/2006

**Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Robert Kotch 127 West 26th St New York NY 10001	Director	4	0	0	0
Kenneth Coughlin 127 West 26th St New York NY 10001	Secretary	4	0	0	0
Laurie Davidowitz 127 West 26th St New York NY 10001	Treasurer	4	0	0	0
Walter Hook 127 West 26th St New York NY 10001	Vice Pres	4	0	0	0
Richard Kassell 127 West 26th St New York NY 10001	Director	4	0	0	0
Jeff Prant 127 West 26th St New York NY 10001	Director	4	0	0	0
Steve McMaster 127 West 26th St New York NY 10001	Director	4	0	0	0
Neysa Pranger 127 West 26th St New York NY 10001	President	4	0	0	0
Paul White 127 West 26th St New York NY 10001	Exe Dir	40	0	0	0

**Federal Statements****Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Daniel Kaizer 127 West 27th St New York NY 10001	Director	4	0	0	0
Laurence W. Levi 127 West 27th St New York NY 10001	Director	4	0	0	0
Kate Slevin 127 West 27th St New York NY 10001	Director	4	0	0	0

**Federal Statements****Statement 12 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93a	This program educated the public on cycling
93b	This newsletter provided education on cycling and other non-motorized forms of transportation
93c	We were consulted on various issues that affected cyclists and pedestrians.
94	The dues help us to educate the public on cycling as an alternative method of transportation. It also helps us keep them aware of any developments in this area.

**Federal Statements****Statement 13 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
MISCELLANEOUS	\$ 9,190	\$ 10,730	\$ 8,460	\$ 17,500
GAIN ON SALE OF SECURITIES		5,508		
Total	<u>\$ 9,190</u>	<u>\$ 16,238</u>	<u>\$ 8,460</u>	<u>\$ 17,500</u>

**Statement 14 - Schedule A, Part VI-A - Explanation for Not Completing All Columns**

Description

---

No lobbying during these years

Form **990-T**

**Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**

OMB No. 1545-0687

**2006**

Department of the Treasury  
Internal Revenue Service

For calendar year 2006 or other tax year beginning \_\_\_\_\_, and  
ending \_\_\_\_\_ See separate instructions.

Open to Public Inspection  
for 501(c)(3) Organizations Only

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>Transportation Alternatives, Inc.</b>	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.) <b>51-0186015</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. <b>1002 127 West 26th Street</b>	<b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.)
<b>C</b> Book value of all assets at end of year <b>721,718</b>		City or town, state, and ZIP code <b>New York NY 10001</b>	<b>F</b> Group exemption number (See instructions for Block F on page 9.) ▶
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

**H** Describe the organization's primary unrelated business activity. ▶

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **The Organization** Telephone number ▶ **212-629-8080**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances				
<b>c</b> Balance	<b>1c</b>			
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>			
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from partnerships and S corp. (attach stmt.)	<b>5</b>			
<b>6</b> Rent income (Schedule C)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, & rents from controlled organizations (Schedule F)	<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>			
<b>11</b> Advertising income (Schedule J)	<b>11</b>			
<b>12</b> Other income (See page 11 of the instructions; attach schedule.)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>0</b>		<b>0</b>

Part II Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Charitable contributions (See page 14 of the instructions for limitation rules.)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b> <b>0</b>
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b> Other deductions (attach schedule)	<b>28</b>		
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	<b>33</b>		<b>1,000</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	<b>34</b>		<b>0</b>

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation on page 15.  
Controlled group members (sections 1561 and 1563) check here  **See instructions and:**

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
**(1)** \$ \_\_\_\_\_ **(2)** \$ \_\_\_\_\_ **(3)** \$ \_\_\_\_\_

**b** Enter organization's share of: **(1)** Additional 5% tax (not more than \$11,750) ..... \$ \_\_\_\_\_  
**(2)** Additional 3% tax (not more than \$100,000) ..... \$ \_\_\_\_\_

**c** Income tax on the amount on line 34 ..... **35c**

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) ..... **36**

**37 Proxy tax.** See page 16 of the instructions ..... **37**

**38 Alternative minimum tax** ..... **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies ..... **39**

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... **40a**

**b** Other credits (see page 17 of the instructions) ..... **40b**

**c** General business credit. Check here and indicate which forms are attached:  
 Form 3800  Form(s) (specify) **▶** ..... **40c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) ..... **40d**

**e Total credits.** Add lines 40a through 40d ..... **40e**

**41** Subtract line 40e from line 39 ..... **41**

**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other ..... **42**

**43 Total tax.** Add lines 41 and 42 ..... **43** **0**

**44a** Payments: A 2005 overpayment credited to 2006 ..... **44a**

**b** 2006 estimated tax payments ..... **44b**

**c** Tax deposited with Form 8868 ..... **44c**

**d** Foreign organizations: Tax paid or withheld at source (see instructions) ..... **44d**

**e** Backup withholding (see instructions) ..... **44e**

**f** Credit for federal telephone excise tax paid (attach Form 8913) ..... **44f** **926**

**g** Other credits and payments:  Form 2439 .....  Form 4136 .....  Other ..... **Total ▶ 44g**

**45 Total payments.** Add lines 44a through 44g ..... **45** **926**

**46** Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached  ..... **46**

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ..... **47**

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ..... **48** **926**

**49** Enter the amount of line 48 you want: **Credited to 2007 estimated tax ▶** ..... **Refunded ▶ 49** **926**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 18)

**1** At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here **▶** ..... **Yes No** **X**

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. ..... **Yes No** **X**

**3** Enter the amount of tax-exempt interest received or accrued during the tax year **▶** \$ ..... **Yes No**

**Schedule A-Cost of Goods Sold.** Enter method of inventory valuation **▶**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<b>Yes No</b>
<b>4a</b> Additional sec. 263A costs (attach sch.)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>				

**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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  **Yes**  **No**

<b>Paid</b>	Preparer's signature <b>▶</b>	Date <b>8/27/07</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <b>P00176056</b>
<b>Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP code <b>▶</b>	<b>Coates &amp; Hutchinson, P.C.</b> <b>P. O. Box 561</b> <b>Odenton, MD 21113</b>		EIN <b>410-672-6339</b>

**Schedule C-Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions on page 20)

**1** Description of property

(1) <b>N/A</b>
(2)
(3)
(4)

**2** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ... ▶

**Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ... ▶

**Schedule E-Unrelated Debt-Financed Income** (see instructions on page 20)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 .....		▶		

**Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions on page 21)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross inc.	6 Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).	
<b>Totals</b> .....				

**Schedule I-Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....						

**Schedule J-Advertising Income (see instructions on page 23)**

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> .....						

**Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)**

(1) <b>N/A</b>						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>						
		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> .....						

**Schedule K-Compensation of Officers, Directors, and Trustees (see instructions on page 23)**

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
<b>N/A</b>			
		%	
		%	
		%	
		%	

**Total.** Enter here and on page 1, Part II, line 14 .....

Form **8913**

**Credit for Federal Telephone Excise Tax Paid**

OMB No. 1545-2051

**2006**

Attachment  
Sequence No. **63**

Department of the Treasury  
Internal Revenue Service

- ▶ See the separate instructions.
- ▶ Attach to your income tax return.

Name(s) as shown on your income tax return

**Transportation Alternatives, Inc.**

Identifying number

**51-0186015**

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

**Caution.** See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.

**Amount of federal excise tax on long distance or bundled service only**

(a) Bills dated during:	(b) Long distance service	(c) Bundled service	(d) Tax credit or refund (add columns (b) and (c))	(e) Interest (see instructions)
1 March, April, and May 2003	\$	\$	\$ 55	\$ 11
2 June, July, and August 2003			55	11
3 September, October, and November 2003			55	10
4 December 2003; January and February 2004			66	12
5 March, April, and May 2004			72	12
6 June, July, and August 2004			72	11
7 September, October, and November 2004			72	10
8 December 2004; January and February 2005			49	6
9 March, April, and May 2005			38	4
10 June, July, and August 2005			38	4
11 September, October, and November 2005			38	3
12 December 2005; January and February 2006			69	5
13 March, April, and May 2006			85	5
14 June and July 2006			56	2
<b>15</b> Add lines 1-14 in columns (d) and (e) .....			\$ 820	\$ 106
<b>16</b> Total credit or refund requested. Add columns (d) and (e) on line 15. Enter here and on Form 1040, line 71; Form 1040A, line 42; Form 1040EZ, line 9; Form 1040EZ-T, line 1a; Form 1040NR, line 69; Form 1040NR-EZ, line 21; Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23d; Form 1041, line 24f; Form 1041-N, line 17; Form 1065, line 23; Form 990-T, line 44f; or the proper line of other returns .....				\$ 926

For Paperwork Reduction Act Notice, see page 2.

Form **8913** (2006)

**Federal Statements****Form 990, Part I, Line 1b - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Contributions from Schedule B	\$ 55,000	\$	\$ 55,000
Total	<u>\$ 55,000</u>	<u>\$ 0</u>	<u>\$ 55,000</u>

51-0186015

**Federal Statements**

FYE: 12/31/2006

**Schedule A, Part IV-A, Line 26b - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Ed Tristram	\$ 7,132	\$
Mark Gorton	40,000	
Robert Fader	15,000	
Thomas Kempner	35,000	
Mabardi Foundation	20,000	
JM Kaplan	75,000	34,279
Tiger Williams	5,000	
Organic Trade Association	12,000	
Wolfensohn Foundation	20,000	
Aaron Sosnick	5,000	
Lily Auchincloss Foundation	10,000	
Total	<u>\$ 244,132</u>	<u>\$ 34,279</u>