

# Return of Organization Exempt From Income Tax

**2003**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2003 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> <b>THE FOUNDATION FOR TAXPAYER AND CONSUMER RIGHTS</b>		<b>D Employer identification number</b> 95-3993720
		Number and street (or P O box if mail is not delivered to street address) <b>1750 OCEAN PARK BLVD.</b>		<b>E Telephone number</b> 310-392-0522
		City or town, state or country, and ZIP + 4 <b>SANTA MONICA, CA 90405</b>		<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

H and I are not applicable to section 527 organizations.

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

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

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

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

I Group Exemption Number

**G Website:** CONSUMERWATCHDOG.ORG

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

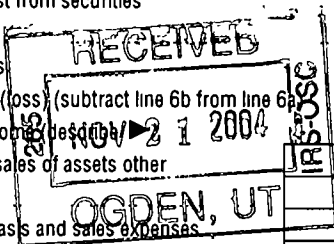
**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**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 **1,958,446.**

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	1,212,259.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 1,212,259. noncash \$ )	1d	1,212,259.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	711,247.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	7,290.		
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (see instructions)	7			
8a	Gross amount from sales of assets other than inventory (A) Securities (B) Other	8a			
b	Less: cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 396,565. of contributions reported on line 1a)	9a	27,650.		
b	Less: direct expenses other than fundraising expenses	9b	146,097.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 2		<118,447.>
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,812,349.		
13	Program services (from line 44, column (B))	13	1,022,941.		
14	Management and general (from line 44, column (C))	14	79,473.		
15	Fundraising (from line 44, column (D))	15	35,132.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	1,137,546.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	674,803.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	598,895.		
20	Other changes in net assets or fund balances (attach explanation)	20	0.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,273,698.		



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THE FOUNDATION FOR TAXPAYER AND CONSUMER RIGHTS

95-3993720

<b>Part II Statement of Functional Expenses</b>		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			
<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ <b>150,000</b> . noncash \$	22 150,000.	150,000.	<b>STATEMENT 4</b>	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 106,250.	86,718.	16,667.	2,865.
26	Other salaries and wages	26 372,982.	353,390.	12,480.	7,112.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 36,376.	33,276.	2,317.	783.
30	Professional fundraising fees	30			
31	Accounting fees	31 20,659.		19,573.	1,086.
32	Legal fees	32 20,244.	19,235.	278.	731.
33	Supplies	33 5,728.	287.	4,778.	663.
34	Telephone	34 28,983.	27,978.	30.	975.
35	Postage and shipping	35 18,707.	15,070.	947.	2,690.
36	Occupancy	36 68,903.	62,363.	5,458.	1,082.
37	Equipment rental and maintenance	37			
38	Printing and publications	38 19,396.	17,672.	520.	1,204.
39	Travel	39 32,624.	30,350.	313.	1,961.
40	Conferences, conventions, and meetings	40 6,909.	6,875.	20.	14.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 24,702.	9,881.	9,881.	4,940.
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	<b>SEE STATEMENT 3</b>	43e 225,083.	209,846.	6,211.	9,026.
44	<b>Total functional expenses (add lines 22 through 43)</b> Organizations completing columns (b)-(d), carry these totals to lines 13-15	44 1,137,546.	1,022,941.	79,473.	35,132.

Joint Costs. Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>PUBLIC EDUCATION AND CONSUMER PROTECTION</b>		Program Service Expenses
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.)		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a	<b>CORPORATE ACCOUNTABILITY, ADVOCACY &amp; ORGANIZING - SEE ATTACHED EXPLANATION</b>	
	(Grants and allocations \$ _____)	359,078.
b	<b>LITIGATION - SEE ATTACHED EXPLANATION</b>	
	(Grants and allocations \$ _____)	228,776.
c	<b>INSURANCE REFORM - SEE ATTACHED EXPLANATION</b>	
	(Grants and allocations \$ _____)	190,217.
d	<b>HEALTHCARE REFORM - SEE ATTACHED EXPLANATION</b>	
	(Grants and allocations \$ _____)	133,046.
e	Other program services (attach schedule) <b>STATEMENT 5</b>	(Grants and allocations \$ _____) 111,824.
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>1,022,941.</b>

**Part IV Balance Sheets**

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	181,698.	45	109,119.
	46 Savings and temporary cash investments	364,733.	46	1,127,719.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment basis	55a 123,510.		
	b Less accumulated depreciation	55b 92,455.	49,780.	55c 31,055.
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a			
b Less accumulated depreciation	57b	57c		
58 Other assets (describe <b>▶ DEPOSITS</b> )		7,583.	58 7,583.	
59 Total assets (add lines 45 through 58) (must equal line 74)		603,794.	59 1,275,476.	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <b>▶ SEE STATEMENT 6</b> )		4,899.	65 1,778.
66 Total liabilities (add lines 60 through 65)		4,899.	66 1,778.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds	0.	70 0.	
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71 0.	
	72 Retained earnings, endowment, accumulated income, or other funds	598,895.	72 1,273,698.	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	598,895.	73 1,273,698.		
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	603,794.	74 1,275,476.		

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.

THE FOUNDATION FOR TAXPAYER  
AND CONSUMER RIGHTS

Form 990 (2003)

95-3993720 Page 4

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a	Total revenue, gains, and other support per audited financial statements	a	1,958,446.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) STMT 7 \$ 146,097.		
	Add amounts on lines (1) through (4)	b	146,097.
c	Line a minus line b	c	1,812,349.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,812,349.

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

a	Total expenses and losses per audited financial statements	a	1,258,309.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) STMT 8 \$ 146,097.		
	Add amounts on lines (1) through (4)	b	146,097.
c	Line a minus line b	c	1,112,212.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) STMT 9 \$ 25,334.		
	Add amounts on lines (1) and (2)	d	25,334.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,137,546.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMIE COURT 1750 OCEAN PARK BL, #200 SANTA MONICA, CA 90405	PRESIDENT 45	106,250.	8,446.	0.
LAWRENCE MAGID 1750 OCEAN PARK BL, #200 SANTA MONICA, CA 90405	DIRECTOR AS NEEDED	0.	0.	0.
ELLEN SNORTLAND 1750 OCEAN PARK BL, #200 SANTA MONICA, CA 90405	DIRECTOR AS NEEDED	0.	0.	0.
KATHY OLSEN 1750 OCEAN PARK BL, #200 SANTA MONICA, CA 90405	DIRECTOR AS NEEDED	0.	0.	0.
SHERRY BAHRAMBEYGUI 1750 OCEAN PARK BL, #200 SANTA MONICA, CA 90405	DIRECTOR AS NEEDED	0.	0.	0.
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule  Yes  No

**THE FOUNDATION FOR TAXPAYER  
AND CONSUMER RIGHTS**

Form 990 (2003)

95-3993720

Page 5

**Part VI Other Information**

		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b If "Yes," enter the name of the organization <b>▶ THE CONSUMER WATCHDOG</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a Enter direct or indirect political expenditures See line 81 instructions	81a		0.
b Did the organization file Form 1120-POL for this year?	81b		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>	85a		
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, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a 501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a List the states with which a copy of this return is filed <b>▶ CALIFORNIA</b>			
b Number of employees employed in the pay period that includes March 12, 2003	90b		10
91 The books are in care of <b>▶ JAMIE COURT</b> Telephone no <b>▶ 310-392-0522</b>			
Located at <b>▶ 1750 OCEAN PARK BL, #200, SANTA MONICA, CA</b> ZIP +4 <b>▶ 90405</b>			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

**THE FOUNDATION FOR TAXPAYER  
AND CONSUMER RIGHTS**

Form 990 (2003)

95-3993720

Page 6

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>LEGAL FEES REIMBURSEMENT</b>					711,247.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	7,290.	
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			01	<118,447.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		<111,157.>	711,247.
105 Total (add line 104, columns (B), (D), and (E))					600,090.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93 A	<b>THE ORGANIZATION RECEIVED REIMBURSEMENT OF LEGAL FEES INCURRED RELATED TO CONSUMER LITIGATION.</b>

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

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

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

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

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

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.

Signature of officer: *[Signature]* Date: \_\_\_\_\_ Type or print name and title: \_\_\_\_\_

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *1/10/07* Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **BANDARI BEACH LIM & CLELAND, LLP**  
**12424 WILSHIRE BL., #750**  
**LOS ANGELES, CA 90025**

EIN: \_\_\_\_\_ Phone no: **310-447-1234**

323161 12-17-03

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(a), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

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

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

OMB No 1545-0047

**2003**

Name of the organization **THE FOUNDATION FOR TAXPAYER AND CONSUMER RIGHTS** Employer identification number **95 3993720**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
HARVEY ROSENFELD (SEE NOTE) ----- 1750 OCEAN PARK, #200, SANTA MONICA, CA 40	FMR PRESIDENT	83,333.	10,442.	
DOUG HELLER ----- 1750 OCEAN PARK, #200, SANTA MONICA, CA 40	ADVOCACY DIR.	56,250.	7,048.	
PAM PRESSLEY ----- 1750 OCEAN PARK, #200, SANTA MONICA, CA 40	LIT. DIRECTOR	64,167.	8,040.	
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Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		
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Total number of others receiving over \$50,000 for professional services ▶	0	

THE FOUNDATION FOR TAXPAYER

Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$</b> _____ <b>\$</b> <u>160,172.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is (Please check only **ONE** applicable box)
- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
  - 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
  - 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
  - 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
  - 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** \_\_\_\_\_
  - 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)
  - 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
  - 11b  A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
  - 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
  - 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations. (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)



THE FOUNDATION FOR TAXPAYER

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	985,077.	1,117,833.	634,601.	1,134,543.	3,872,054.
16 Membership fees received					
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					
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	4,675.	5,816.	3,223.	4,179.	17,893.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	989,752.	1,123,649.	637,824.	1,138,722.	3,889,947.
24 Line 23 minus line 17	989,752.	1,123,649.	637,824.	1,138,722.	3,889,947.
25 Enter 1% of line 23	9,898.	11,236.	6,378.	11,387.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					77,799.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					726,370.
c Total support for section 509(a)(1) test Enter line 24, column (e)					3,889,947.
d Add. Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b 726,370.		17,893.			744,263.
e Public support (line 26c minus line 26d total)					3,145,684.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					80.8670%
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					
(2002) (2001) (2000) (1999)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A					
(2002) (2001) (2000) (1999)					
c Add. Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add. Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

THE FOUNDATION FOR TAXPAYER

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement )	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

THE FOUNDATION FOR TAXPAYER

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 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
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		1,534.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		158,638.
38	Total lobbying expenditures (add lines 36 and 37)		160,172.
39	Other exempt purpose expenditures		1,017,563.
40	Total exempt purpose expenditures (add lines 38 and 39)		1,177,735.
41	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	
	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	
41			192,774.
42	Grassroots nontaxable amount (enter 25% of line 41)		48,194.
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total	
45	Lobbying nontaxable amount	192,774.	131,878.	125,392.	145,775.	595,819.
46	Lobbying ceiling amount (150% of line 45(e))					893,729.
47	Total lobbying expenditures	160,172.	20,523.	42,977.	82,850.	306,522.
48	Grassroots nontaxable amount	48,194.	32,970.	31,348.	36,444.	148,956.
49	Grassroots ceiling amount (150% of line 48(e))					223,434.
50	Grassroots lobbying expenditures	1,534.	3,829.	10,751.	5,273.	21,387.

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

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

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

**THE FOUNDATION FOR TAXPAYER**

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable**

**Exempt Organizations** (See page 12 of the instructions )

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

**a** Transfers from the reporting organization to a noncharitable exempt organization of.

- (i) Cash
- (ii) Other assets

**b** Other transactions.

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

	Yes	No
<b>51a(i)</b>	<b>X</b>	
<b>a(ii)</b>		<b>X</b>
<b>b(i)</b>		<b>X</b>
<b>b(ii)</b>		<b>X</b>
<b>b(iii)</b>		<b>X</b>
<b>b(iv)</b>		<b>X</b>
<b>b(v)</b>		<b>X</b>
<b>b(vi)</b>		<b>X</b>
<b>c</b>	<b>X</b>	

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51C	0	THE CONSUMER WATCHDOG	SEE ATTACHED EXPLANATION
51A	150,000	THE CONSUMER WATCHDOG	SEE ATTACHED EXPLANATION

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

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
THE CONSUMER WATCHDOG	501(C)(4)	SEE ATTACHED EXPLANATION

ATTACHMENT TO FORM 990, PART II, LINE 22

THE FOUNDATION FOR TAXPAYER AND CONSUMER RIGHTS  
MADE A GRANT TO THE CONSUMER WATCHDOG FOR ACTIVITIES  
OF THE ELECTION WATCHDOG.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT 2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
RAGE FOR JUSTICE GALA	424,215.	396,565.	27,650.	146,097.	<118,447.>
TO FM 990, PART I, LINE 9	424,215.	396,565.	27,650.	146,097.	<118,447.>

FORM 990	OTHER EXPENSES				STATEMENT 3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING	774.	651.	123.		
BANK CHARGES	2,246.	490.	1,756.		
COMPUTER EXPENSES	6,720.	6,179.	131.		410.
DUES & SUBSCRIPTIONS	5,772.	5,409.	137.		226.
INSURANCE	64,476.	57,946.	2,088.		4,442.
OUTSIDE SERVICES	94,823.	94,210.	304.		309.
MILEAGE AND PARKING	2,335.	1,979.	106.		250.
RESEARCH	22,955.	21,993.	37.		925.
REPAIRS AND MAINTENANCE	2,833.	2,160.	118.		555.
SECURITY	535.	372.	128.		35.
PAYROLL PROCESSING	4,167.	2,740.	1,192.		235.
UTILITIES	4,306.	3,994.	13.		299.
LICENSE AND PERMITS	724.	167.	78.		479.
AUTO EXPENSES	49.	49.			
FILING FEES	449.	449.			
EQUIPMENT RENTAL	3,301.	2,731.			570.
CONSULTING FEES	2,997.	2,997.			
ONLINE LEGAL DATABASE	4,396.	4,105.			291.
RECRUITING	200.	200.			
WEB SITE EXPENSES	1,025.	1,025.			
TOTAL TO FM 990, LN 43	225,083.	209,846.	6,211.		9,026.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4  
 APPROVED BUT NOT PAID BY FILING DEADLINE

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	SEE STATEMENT	1750 OCEAN PARK BL., #200, SANTA MONICA, CA	RELATED ORGANIZATION	150,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				150,000.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
CITIZEN EDUCATION & ORGANIZING - SEE ATTACHED EXPLANATION		74,056.
ENERGY REFORM - SEE ATTACHED EXPLANATION		37,768.
TOTAL TO FORM 990, PART III, LINE E		111,824.

FORM 990 OTHER LIABILITIES STATEMENT 6

DESCRIPTION	AMOUNT
DEPOSIT - THE CONSUMER WATCHDOG	1,900.
PAYROLL TAXES PAYABLE	<122.>
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	1,778.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
EXPENSES RELATED TO SPECIAL EVENTS	146,097.
TOTAL TO FORM 990, PART IV-A	146,097.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
EXPENSES RELATED TO SPECIAL EVENTS		146,097.	
TOTAL TO FORM 990, PART IV-B		146,097.	

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
DEPRECIATION		24,309.	
WEB SITE EXPENSES		1,025.	
TOTAL TO FORM 990, PART IV-B		25,334.	

## FOOTNOTES

STATEMENT 10

## ATTACHMENT TO SCHEDULE A, PART 1

HARVEY ROSENFELD WAS PREVIOUSLY THE PRESIDENT OF THE ORGANIZATION. HE RESIGNED THIS POSITION DURING 2003.

## ATTACHMENT TO SCHEDULE A, PART VII

PURSUANT TO THE RESOURCE ALLOCATION AGREEMENT, THE FOUNDATION FOR TAXPAYER AND CONSUMER RIGHTS SHARES OVERHEAD WITH THE CONSUMER WATCHDOG, A 501(C)(4) ORGANIZATION. PURSUANT TO THE AGREEMENT, NO SUBSIDY WAS PROVIDED TO THE CONSUMER WATCHDOG.

THE FOUNDATION FOR TAXPAYER AND CONSUMER RIGHTS HOLDS A DEPOSIT OF CONSUMER WATCHDOG FUNDS TO COVER COSTS INCURRED THROUGH THE RESOURCE ALLOCATION AGREEMENT AND PREVENT SUBSIDY OF CONSUMER WATCHDOG.

IN 2003, THE FOUNDATION FOR TAXPAYER AND CONSUMER RIGHTS MADE A GRANT TO THE CONSUMER WATCHDOG FOR PURPOSES OF PROTECTING AND ADVANCING CONSUMER INTERESTS IN THE CALIFORNIA INITIATIVE PROCESS.



# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only**   
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

<b>Type or print</b>	Name of Exempt Organization <b>THE FOUNDATION FOR TAXPAYER AND CONSUMER RIGHTS</b>	Employer identification number <b>95-3993720</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>1750 OCEAN PARK BLVD., NO. 200</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SANTA MONICA, CA 90405</b>	

**Check type of return to be filed** (file a separate application for each return).

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole group**, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **AUGUST 16, 2004** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2003** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . \$ \_\_\_\_\_

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . \$ \_\_\_\_\_

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . \$ **N/A**

### Signature and Verification

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

Signature ▶ Title ▶ **CAA** Date ▶ **5/7/04**  
LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>THE FOUNDATION FOR TAXPAYER AND CONSUMER RIGHTS</b>	Employer identification number <b>95-3993720</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>1750 OCEAN PARK BLVD., NO. 200</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SANTA MONICA, CA 90405</b>	

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

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

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

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2004.

5 For calendar year 2003, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 ..... \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ N/A

**Signature and Verification**

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

Signature [Signature] Title CHA Date 8/5/04

**Notice to Applicant - To Be Completed by the IRS**

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

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

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

Type or print	Name <b>BANDARI BEACH LIM &amp; CLELAND, LLP</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>12424 WILSHIRE BL., #750</b>
	City or town, province or state, and country (including postal or ZIP code) <b>LOS ANGELES, CA 90025</b>