

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.

Department of the Treasury Internal Revenue Service

A For the 2004 calendar year, or tax year beginning Jul 1, 2004, and ending Jun 30, 2005

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: Alzheimer's Association, Western & Central Washington Chapter, WA - 190
Number and street (or P.O. box if mail is not delivered to street addr) Room/suite
City, town or country State ZIP code + 4

D Employer Identification Number: 91-1075926

E Telephone number

F Accounting method: Cash [ ] Accrual [X] Other (specify) Audit

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 [X]

H (b) If 'Yes,' enter number of affiliates: . . .

H (c) Are all affiliates included? Yes [X] No [ ]

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

G Web site: N/A

J Organization type (check only)

501(c) [X] 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.

I Group Exemption Number: 9334

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 1,550,451.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

**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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) . . . . .	22				
23	Specific assistance to individuals (att sch) . . . . .	23				
24	Benefits paid to or for members (att sch) . . . . .	24				
25	Compensation of officers, directors, etc . . . . .	25	70,999.	63,718.	3,649.	
26	Other salaries and wages . . . . .	26	557,373.	500,211.	28,649.	
27	Pension plan contributions . . . . .	27				
28	Other employee benefits . . . . .	28	52,817.	47,492.	2,646.	
29	Payroll taxes . . . . .	29	63,331.	55,958.	4,853.	
30	Professional fundraising fees . . . . .	30				
31	Accounting fees . . . . .	31				
32	Legal fees . . . . .	32				
33	Supplies . . . . .	33	84,381.	34,904.	3,199.	
34	Telephone . . . . .	34	16,141.	13,023.	616.	
35	Postage and shipping . . . . .	35	37,476.	28,404.	403.	
36	Occupancy . . . . .	36	135,395.	82,485.	20,218.	
37	Equipment rental and maintenance . . . . .	37	8,177.	4,224.	2,443.	
38	Printing and publications . . . . .	38	82,108.	60,337.	682.	
39	Travel . . . . .	39	17,668.	12,755.	1,011.	
40	Conferences, conventions, and meetings . . . . .	40	104,856.	32,625.	2,905.	
41	Interest . . . . .	41	12,252.		2,831.	
42	Depreciation, depletion, etc (attach schedule) . . . . .	42	9,933.	5,463.	1,987.	
43	Other expenses not covered above (itemize):					
a	Dues to Nat'l . . . . .	43a	62,892.	62,892.		
b	Professional Fees . . . . .	43b	63,311.	37,926.	10,925.	
c	Dues & Subscriptions . . . . .	43c	9,223.	3,301.	1,204.	
d	Misc . . . . .	43d	11,943.	7,662.	2,075.	
e	. . . . .	43e				
44	<b>Total functional expenses</b> (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 . . . . .	44	1,400,276.	1,053,380.	90,296.	256,600.

**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? <input type="checkbox"/> 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a	. . . . . (Grants and allocations \$ _____)	
b	. . . . . (Grants and allocations \$ _____)	
c	. . . . . (Grants and allocations \$ _____)	
d	. . . . . (Grants and allocations \$ _____)	
e	Other program services . . . . . (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . <input type="checkbox"/>		

**Part IV Balance Sheets** (See Instructions)

<b>Note:</b> 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	
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing . . . . .		276,069.	<b>45</b>	437,499.	
	<b>46</b> Savings and temporary cash investments . . . . .		80,386.	<b>46</b>		
	<b>47 a</b> Accounts receivable . . . . .	7,812.				
	<b>b</b> Less: allowance for doubtful accounts . . . . .		1,059.	<b>47 c</b>	7,812.	
	<b>48 a</b> Pledges receivable . . . . .	538,972.				
	<b>b</b> Less: allowance for doubtful accounts . . . . .		558,285.	<b>48 c</b>	538,972.	
	<b>49</b> Grants receivable . . . . .			<b>49</b>		
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50</b>		
	<b>51 a</b> Other notes & loans receivable (attach sch) . . . . .					
	<b>b</b> Less: allowance for doubtful accounts . . . . .			<b>51 c</b>		
	<b>52</b> Inventories for sale or use . . . . .		600.	<b>52</b>	2,075.	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		11,386.	<b>53</b>	11,611.	
	<b>54</b> Investments — securities (attach schedule) . . . . .	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			<b>54</b>	87,623.
	<b>55 a</b> Investments — land, buildings, & equipment: basis . . . . .					
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .			<b>55 c</b>		
<b>56</b> Investments — other (attach schedule) . . . . .			<b>56</b>			
<b>57 a</b> Land, buildings, and equipment: basis . . . . .	26,465.					
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .		8,009.	<b>57 c</b>	26,465.		
<b>58</b> Other assets (describe ▶ _____) . . . . .			<b>58</b>			
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		935,794.	<b>59</b>	1,112,057.		
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		47,282.	<b>60</b>	87,791.	
	<b>61</b> Grants payable . . . . .			<b>61</b>		
	<b>62</b> Deferred revenue . . . . .			<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>		
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .			<b>64 a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			<b>64 b</b>		
	<b>65</b> Other liabilities (describe ▶ <u>Special Events</u> ) . . . . .			<b>65</b>		
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .		47,282.	<b>66</b>	87,791.		
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	<b>67</b> Unrestricted . . . . .		330,227.	<b>67</b>	485,294.	
	<b>68</b> Temporarily restricted . . . . .		558,285.	<b>68</b>	538,972.	
	<b>69</b> Permanently restricted . . . . .			<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74.					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) . . . . .		888,512.	<b>73</b>	1,024,266.		
<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73) . . . . .		935,794.	<b>74</b>	1,112,057.		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See instructions.)

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and compliance.

**Part VII Analysis of Income-Producing Activities** (See 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	
<b>93</b> Program service revenue:					
<b>a</b> Workshops/Conferences/Seminars					45,566.
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees & contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings & temporary cash invmnts.			14		
<b>96</b> Dividends & interest from securities . . . . .			14		
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from pers prop . . . . .					
<b>99</b> Other investment income . . . . .			14	6,819.	
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events . . . . .			1	748,937.	
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					3,222.
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> Misc _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				755,756.	48,788.
<b>105</b> <b>Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					804,544.

**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 instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.) N/A

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

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

Type or print name and title. \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **ALZHEIMER'S ASSC.**  
**919 N MICHIGAN AVE STE 1100**  
**CHICAGO IL 60611-1695**

EIN \_\_\_\_\_ Phone no. \_\_\_\_\_

Preparer's SSN or PTIN (See General Instruction W) \_\_\_\_\_

**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 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.**

**2004**

Department of the Treasury  
Internal Revenue Service

Name of the organization **Alzheimer's Association, Western & Central Washington Chapter, WA - 190** Employer identification number **91-1075926**

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

(See 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 and deferred compensation	(e) Expense account and other allowances
Nancy Dapper	Executive Dir 40	71,000.	865.	
Helen Payton	Develop Dir 40	59,488.	2,974.	
Sunil Dutt	Dir Finance 40	51,917.	2,596.	
-----				
-----				
Total number of other employees paid over \$50,000 . . . . . ▶				

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

(See 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
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		

**Part III Statements About Activities** (See 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 . . . . ▶ \$ \_\_\_\_\_  
 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .

**1**

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.

**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? . . . . .

**2 a**

**b** Lending of money or other extension of credit? . . . . .

**2 b**

**c** Furnishing of goods, services, or facilities? . . . . .

**2 c**

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .

**2 d**

**e** Transfer of any part of its income or assets? . . . . .

**2 e**

**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.) . . . . .

**3 a**

**b** Do you have a section 403(b) annuity plan for your employees? . . . . .

**3 b**

**4 a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .

**4 a**

**b** Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .

**4 b**

**Part IV Reason for Non-Private Foundation Status** (See 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.)

**11 a**  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.)

**11 b**  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 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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	516,655.	564,645.	467,111.	733,442.	2,281,853.
<b>16</b> Membership fees received . . . . .					
<b>17</b> 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 . . . . .	759,146.	610,952.	298,999.	644,603.	2,313,700.
<b>18</b> 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 . . . . .	24,729.	4,270.	8,444.	12,671.	50,114.
<b>19</b> Net income from unrelated business activities not included in line 18. . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> 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 . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. . . . .	25.				25.
<b>23</b> Total of lines 15 through 22. . . . .	1,300,555.	1,179,867.	774,554.	1,390,716.	4,645,692.
<b>24</b> Line 23 minus line 17. . . . .	541,409.	568,915.	475,555.	746,113.	2,331,992.
<b>25</b> Enter 1% of line 23. . . . .	13,006.	11,799.	7,746.	13,907.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶					<b>26 a</b> 46,640.
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 2000 through 2003 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts. . . . . ▶					<b>26 b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26 c</b> 2,331,992.
d Add: Amounts from column (e) for lines: 18 50,114. 19 _____					<b>26 d</b> 50,139.
22 25. 26 b _____ . . . ▶					
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26 e</b> 2,281,853.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). . . . . ▶					<b>26 f</b> 97.85 %
<b>27 Organizations described on line 12:</b>					
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.' <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
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.) <b>Do not file this list with your return.</b> 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: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					<b>27 c</b>
17 _____ 20 _____ 21 _____ . . . ▶					
d Add: Line 27a total . . . and line 27b total . . . . . ▶					<b>27 d</b>
e Public support (line 27c total minus line 27d total). . . . . ▶					<b>27 e</b>
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶					<b>27 f</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27 g</b> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). . . . . ▶					<b>27 h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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. <b>Do not file this list with your return.</b> Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		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.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
	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.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges? . . . . .		
	b Admissions policies? . . . . .		
	c Employment of faculty or administrative staff? . . . . .		
	d Scholarships or other financial assistance? . . . . .		
	e Educational policies? . . . . .		
	f Use of facilities? . . . . .		
	g Athletic programs? . . . . .		
	h Other extracurricular activities? . . . . .  If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
	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.		
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. . . . .		

Part VI-A Lobbying Expenditures by Electing Public Charities (See 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.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44 include lobbying expenditures, exempt purpose expenditures, and nontaxable amounts.

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.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows 45-50 include lobbying nontaxable amount, lobbying ceiling amount, total lobbying expenditures, grassroots nontaxable amount, grassroots ceiling amount, and 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 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:

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes.
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (add lines c through h.)

Table with 3 columns: Yes, No, Amount. Rows corresponding to items a through i.

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

**2004**

Name of organization

Employer identification number

Alzheimer's Association, Western & Central Washington Chapter, WA - 190 91-1075926

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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).

**BAA 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) (2004)

**990-EZ, 990, 990-T and 990-PF  
Information Worksheet**

**2004**

**Part I – Identifying Information**

Employer Identification Number . . . 91-1075926  
 Name . . . . . Alzheimer's Association, Western & Central Washington Chapter, WA - 190  
 Address . . . . . \_\_\_\_\_ Room/Suite . . . \_\_\_\_\_  
 City . . . . . \_\_\_\_\_ State . . . \_\_\_\_\_ ZIP Code . . . \_\_\_\_\_  
 Telephone Number . . . . . \_\_\_\_\_ Extension . . . . . \_\_\_\_\_  
 Fax . . . . . \_\_\_\_\_ E-Mail Address . . . \_\_\_\_\_

**Part II – Type of Return**

- |  |   |
|--|---|
| <input type="checkbox"/> Form 990-EZ <b>only</b>         | <input type="checkbox"/> Form 990-EZ <b>with</b> Form 990-T |
| <input checked="" type="checkbox"/> Form 990 <b>only</b> | <input type="checkbox"/> Form 990 <b>with</b> Form 990-T    |
| <input type="checkbox"/> Form 990-PF <b>only</b>         | <input type="checkbox"/> Form 990-PF <b>with</b> Form 990-T |
| <input type="checkbox"/> Form 990-T <b>only</b>          |   |
- QuickBooks Import Users:** Check if you're filing 990-EZ & want 990 imported data copied to 990-EZ

**Part III – Type of Organization**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> 501(c) Corporation _____ 3 (subsection number) | <input type="checkbox"/> 220(d) Trust       |
| <input type="checkbox"/> 501(c) Trust _____ (subsection number)                    | <input type="checkbox"/> 408A Trust         |
| <input type="checkbox"/> 4947(a)(1) Trust  | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408 Trust   | <input type="checkbox"/> 529(a) Trust       |
| <input type="checkbox"/> 401(a) Trust  | <input type="checkbox"/> 530(a) Trust       |
| <input type="checkbox"/> Other _____ (describe)                                    | <input type="checkbox"/> 527 Organization   |

**Part IV – Tax Year and Filing Information**

- Calendar year
- Fiscal year — Ending month . . . 6
- Short year — Beginning date . . . \_\_\_\_\_ Ending date . . . \_\_\_\_\_
- Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

**Part V – 2004 Estimated Taxes Paid**

- Check this box if the organization is a private foundation
- Form 990-T      Form 990-PF
- Amount of 2003 overpayment credited to 2004 estimated tax . . . . . \_\_\_\_\_

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	<u>10/15/04</u>	_____	_____	_____	_____
2nd Quarter Payment	<u>12/15/04</u>	_____	_____	_____	_____

3rd Quarter Payment	03/15/05				
4th Quarter Payment	06/15/05				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

**Part VI – Information for Client Letter**

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date . . . . . ▶			

Letter Salutation . . . . . ▶ \_\_\_\_\_

**Supporting Statement of:**

Form 990 p 4/Part IV-A, Line a

Description	Amount
1536030	1,536,030.
Total	<u>1,536,030.</u>

**Supporting Statement of:**

Sch. A, 990 p 3/Line 17-a

Description	Amount
	15,752.
	742,801.
	593.
Total	<u>759,146.</u>

**Supporting Statement of:**

Sch. A, 990 p 3/Line 17-b

Description	Amount
	17,294.
	585,405.
	8,253.
Total	<u>610,952.</u>

**Supporting Statement of:**

Sch. A, 990 p 3/Line 17-c

Description	Amount
	20,910.
	276,054.
	2,035.
Total	<u>298,999.</u>

**Supporting Statement of:**

Sch. A, 990 p 3/Line 17-d

<b>Description</b>	<b>Amount</b>
	19,906.
	620,205.
	4,492.
<b>Total</b>	<u>644,603.</u>