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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)

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 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 pnnt or type: WASHINGTON CITIZEN ACTION, SEATTLE WA 98103-9113

D Employer identification number: 91-1206728; E Telephone number; F Accounting method: Accrual

G Website: wacitizenaction.org

J Organization type (check only one): 501(c)(4)

K Check here if the organization's gross receipts are normally not more than \$25,000

H and I are not applicable to section 527 organizations: H(a) Is this a group return for affiliates? No; H(b) If "Yes," enter number of affiliates; H(c) Are all affiliates included? No; H(d) Is this a separate return filed by an organization covered by a group ruling? No; I Group Exemption Number; M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,620,638

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes Revenue (lines 1-11) and Expenses (lines 12-17) sections.

SCANNED NOV 04 2005; REVENUE; EXPENSES; NET ASSETS

RECEIVED; OCT 21 2005; OGDEN UT

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 page 22 of 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
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	22	0	0	
23	Specific assistance to individuals (attach schedule)	23	0		
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc	25	49,017	19,312	11,274
26	Other salaries and wages	26	980,235	686,165	225,453
27	Pension plan contributions	27	2,984	2,089	686
28	Other employee benefits	28	106,527	74,569	24,501
29	Payroll taxes	29	110,262	77,184	25,360
30	Professional fundraising fees	30	0		
31	Accounting fees	31	0		
32	Legal fees	32	0		
33	Supplies	33	13,443	9,410	3,092
34	Telephone	34	21,541	15,079	4,954
35	Postage and shipping	35	29,216	20,451	6,720
36	Occupancy	36	54,285	37,999	12,486
37	Equipment rental and maintenance	37	17,651	12,356	4,060
38	Printing and publications	38	14,383	10,068	3,308
39	Travel	39	18,194	12,735	4,185
40	Conferences, conventions, and meetings	40	69,283	66,763	1,932
41	Interest	41	0		
42	Depreciation, depletion, etc (attach schedule)	42	517	517	
43	Other expenses not covered above (itemize) a Advertising	43a	43,372	30,361	9,975
	b Credit Card Processing & Bank Service Charges	43b	23,816	16,671	5,478
	c Dues & Subscriptions	43c	11,670	8,169	2,684
	d Van Expenses, Mileage & Parking	43d	43,609	30,526	10,030
	e	43e	0		
	f Schedule Attached	43f	58,336	31,636	6,670
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,668,341	1,161,543	362,848

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 \$ 0, (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 page 25 of the instructions)

What is the organization's primary exempt purpose? Advocacy, education & outreach on economic and social issues

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 SCHEDULE ATTACHED	(Grants and allocations \$)	255,539
b		(Grants and allocations \$)	557,541
c		(Grants and allocations \$)	209,078
d		(Grants and allocations \$)	139,385
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		1,161,543

Part IV Balance Sheets (See page 25 of the instructions)

				(A)		(B)	
				Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only							
Assets	45	Cash—non-interest-bearing		40,673	45	1,562	
	46	Savings and temporary cash investments			46		
	47 a	47a	Accounts receivable	0			
	b	47b	Less allowance for doubtful accounts	0	25,221	47c	0
	48 a	48a	Pledges receivable	0			
	b	48b	Less allowance for doubtful accounts	0	0	48c	0
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0	
	51 a	Other notes and loans receivable (attach schedule)					
	b	51a	Less allowance for doubtful accounts	0			
		51b		0	51c	0	
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53		
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0	
	55 a	Investments—land, buildings, and equipment: basis					
	b	55a	Less accumulated depreciation (attach schedule)	0			
		55b		0	55c	0	
	56	Investments—other (attach schedule)		0	56	0	
	57 a	Land, buildings, and equipment: basis		3,623			
b	57a	Less accumulated depreciation (attach schedule)	671				
	57b		1,384	57c	2,952		
58	Other assets (describe)		0	58	0		
59	Total assets (add lines 45 through 58) (must equal line 74)		67,278	59	4,514		
Liabilities	60	Accounts payable and accrued expenses		55,206	60	42,532	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0	
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0	
	b	Mortgages and other notes payable (attach schedule)		0	64b	0	
	65	Other liabilities (describe)		0	65	0	
66	Total liabilities (add lines 60 through 65)		55,206	66	42,532		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		12,072	67	-38,018	
	68	Temporarily restricted			68		
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <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	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)		12,072	73	-38,018		
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		67,278	74	4,514		

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

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

<p>a Total revenue, gains, and other support per audited financial statements ▶ a N/A</p> <p>b Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments \$</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify) \$</p> <p>----- \$</p> <p>Add amounts on lines (1) through (4) ▶ b 0</p> <p>c Line a minus line b ▶ c 0</p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify) \$</p> <p>----- \$</p> <p>Add amounts on lines (1) and (2) ▶ d 0</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 0</p>	<p>a Total expenses and losses per audited financial statements ▶ a N/A</p> <p>b Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify) \$</p> <p>----- \$</p> <p>Add amounts on lines (1) through (4) ▶ b 0</p> <p>c Line a minus line b ▶ c 0</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify) \$</p> <p>----- \$</p> <p>Add amounts on lines (1) and (2) ▶ d 0</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 0</p>
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Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions)

(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
Name	Statement	Str Attached	Title			
City	ST	ZIP	Hr/WK	0	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			

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? Yes No
 If "Yes," attach schedule—see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions)		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		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.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?	X	
b	If "Yes," enter the name of the organization Washington Citizen Action Education & Research Fund (Statement Attached) and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and 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	0
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?	84b	X
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b	X
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) orgs. 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) orgs 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 N/A , section 4912 N/A , section 4955 N/A		
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
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		N/A
90 a	List the states with which a copy of this return is filed WA		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	55
91	The books are in care of Name SHAWN CANTRELL Telephone no. 206-389-0050 Located at 3530 BAGLEY AVE NORTH - City SEATTLE ST WA ZIP + 4 98103-9113		
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

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) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
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					
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					3,974
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		0	3,974
105 Total (add line 104, columns (B), (D), and (E))					3,974

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)
101	Membership recognition & education event

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	%		0	0
	%		0	0
	%		0	0
	%		0	0

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)

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: Shawn Cantrell Date: 10/13/05

SHAWN CANTRELL EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Harold Shapiro Date: 10/13/2005 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): 217-32-4035

Firm's name (or yours if self-employed), address, and ZIP + 4: HAROLD SHAPIRO EIN: _____
7100-132ND PL. SE, #301, NEWCASTLE, WA 98059-3114 Phone no: 206-240-3020

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No 67

Name(s) shown on return WASHINGTON CITIZEN ACTION	Business or activity to which this form relates	Identifying number 91-1206728
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	102,000
2 Total cost of section 179 property placed in service (see page 3 of the instructions)	2	0
3 Threshold cost of section 179 property before reduction in limitation	3	410,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 3 of the instructions	5	102,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	0
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8 0
9 Tentative deduction. Enter the smaller of line 5 or line 8		9 0
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562		10 0
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11 0
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12 0
13 Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	0
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	0
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	0

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2004	17	0
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		2,085	5	HY	S/L	209
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see page 8 of the instructions)

21 Listed property. Enter amount from line 28	21	308
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	517
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See page 9 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)							25	0
26 Property used more than 50% in a qualified business use (see page 8 of the instructions)								
Computer Equipment	8/1/2003	100 00%	1,538	1,538	5	S/L - HY	308	
27 Property used 50% or less in a qualified business use (see page 8 of the instructions)								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	308
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles - See page 2 of the instructions)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2004 tax year (see pg 11 of the instructions)						
43 Amortization of costs that began before your 2004 tax year					43	0
44 Total. Add amounts in column (f). See page 12 of the instructions for where to report					44	0

- 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)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization WASHINGTON CITIZEN ACTION	Employer identification number 91-1206728
	Number, street, and room or suite no If a P O box, see instructions 3530 BAGLEY AVE NORTH	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions SEATTLE, WA 98103-9113	

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

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

- The books are in the care of SHAWN CANTRELL
Telephone No 206-389-0050 FAX No
- 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 11/15/2005

5 For calendar year 2004, 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 More time is requested to acquire all information needed to complete and file an accurate return. New Manager is having difficulty determining amounts and percentages to assign to various projects of the organization.

8 a 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 \$ 0

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 \$ 0

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 \$ 0

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 _____ Date _____

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 a 10-day grace period
- We **cannot consider** this application because it was filed after the extended 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 WASHINGTON CITIZEN ACTION c/o of HAROLD SHAPIRO, CPA
	Number and street (include suite, room, or apt. no.) or a P.O. box number 7100-132ND PL SE, #301
	City or town, province or state, and country (including postal or ZIP code) NEWCASTLE, WA 98059-3114

Line 1a (990) - Direct public support

1	Contributions	1	1,614,277
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	0
7	-----	7	
8	-----	8	
9	-----	9	
10	Total	10	1,614,277

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1	Special event name	-----	-----	-----	-----
1a	Number of special events	1			
2	Gross receipts	6,361			6,361
3	Less contributions				0
4	Gross revenue	6,361	0	0	6,361
5	Less direct expenses	2,387			2,387
6	Net income or (loss)	3,974	0	0	3,974

Part III, Organization's Primary Exempt Purpose

Advocacy, education and outreach for social & economic issues affecting citizens.

Part III, Statement of Program Service Accomplishments.

- a. WCA implemented a campaign to enact legislation to reduce hunger in Washington State through expansion of the Food Stamp program. WCA organized community members with prior drug felony convictions to lobby the state legislature on the social value of granting them access to Food Stamps. WCA mobilized community members to write letters, make phone calls and visit key legislative decision makers. Additional outreach was conducted by WCA staff and volunteers to other organizations working on hunger issues to engage them in the campaign. Cost - \$253,539
- b. WCA educated and mobilized dozens of uninsured Washington state residents to advocate for policy requiring large employers to either provide health insurance for their workers or pay into a state fund that would finance additional enrollees in the state Basic Health Plan. WCA staff researched and produced a report on the pressing need for this type of policy and publicized the report through the media and in meetings with legislators. WCA staff worked in conjunction with labor and other allied organizations to prepare individual community members to testify before committees of the legislature regarding this policy, as well as provided direct testimony on the bill. Cost - \$557,541
- c. WCA worked jointly with a coalition of labor, church and community organizations to press for new policies requiring any corporation receiving tax breaks from the state to disclose how many jobs and at what wage and benefit level are created with those taxpayer subsidies. WCA also worked in opposition to policy proposals to renew tax breaks for high tech companies operating in Washington state. WCA staff and volunteers generated letters and calls to the legislature from individuals as well as presented testimony at committee hearings. Cost - \$209,078
- d. WCA worked with victims of medical malpractice to protect patients' rights to use the courts to seek recourse when they have been injured. WCA testified against several proposed bills that would have severely limited the damages low income individuals could collect for their injuries. WCA also supported true medical malpractice reform through common sense approaches that invest in patient safety, reform the insurance market and increase reimbursement rates. Cost - \$139,385

Page 5, Part VI, Line 80a & 80b.

Washington Citizen Action is related to a C3 organization, Washington Citizen Action Education & Research Fund in the following ways. They have 2 common directors. In addition, most administrative, general, fundraising, and key employee costs are born by Washington Citizen Action as a part of its exempt function activity. This is much more efficient and cost effective than as if the two organizations had separate management and fund raising activities of their own.

Washington Citizen Action Education & Research Fund raises charitable gifts, grants and contributions, and pays Washington Citizen Action to carry out certain specific work doing research and public education on issues of social and economic justice. Because of the power of Washington Citizen Action's canvas and large base of small contributors, all of the C-3 Education and Research Fund's charitable money may be spent on its programs and none need be spent on lobbying.

Form 990 (2004)
Supporting Schedule

WASHINGTON CITIZEN ACTION

91-1206728

Part V, List of officers, Directors, Trustees, & Key Employees.

<u>Name & Address</u>	<u>Title & Hours</u>	<u>Comp.</u>	<u>Benefits</u>	<u>Expenses</u>
Shawn Cantrell 7202 Sycamore Ave. NW Seattle, WA 98117	Executive Director 45 hrs/wk	46,096	2,402	-0-
Deana Knutsen 17406 – 62 nd Ave. W Lynnwood, WA 98037	Chairman & Dir. 2.5 hrs	-0-	-0-	-0-
Robby Stern WSLC 314 – 1 st Ave. W. Seattle, WA 98119	Vice-Chair. & Dir. 1.25 hrs	-0-	-0-	-0-
Rev. John Boonstra WA Assoc of Churches 419 Occidental Ave. S #201 Seattle, WA 98104	Treasurer & Dir. 2.0 hrs	-0-	-0-	-0-
Donald Brisco IFTPE 2900 Eastlake Ave. East, #300 Seattle, WA 98102	Secretary & Dir. 1.25 hrs	-0-	-0-	-0-
Celso Tolman 16916 SE 376 th St. Auburn, WA 98092	Director 1.0 hrs	-0-	-0-	-0-
Regina Owens 505 NE 70 th ST, #602 Seattle, WA 98115	Director 1.0 hrs	-0-	-0-	-0-
Dr. Robert L. Jeffrey Sr. Black Dollar Days Task Force 116 – 21 st Ave. Seattle, WA 98122	Director 1.0 hrs	-0-	-0-	-0-
Dennis Eagle WA Fed. Of St. Employees 1212 Jefferson SE, #300 Olympia, WA 98501	Director 1.0 hrs	-0-	-0-	-0-

Part V, List of officers, Directors, Trustees & Key Employees (continued).

Dave Scott WA Education Association P O Box 9100 Federal Way, WA 98063	Director 1.0 hrs	-0-	-0-	-0-
Kevin Peck Attorney 1423 Western Ave. Seattle, WA 98101	Director 1.0 hrs	-0-	-0-	-0-
Larry Shannon WA State Trial Lawyers 1511 State Ave. NE Olympia, WA 98506-4552	Director 1.0 hrs	-0-	-0-	-0-
Daniel Gross 4421 – 38 th Ave. S Seattle, WA 98118	Director 1.0 hrs	-0-	-0-	-0-
Ellie Menzies SEIU P O Box 19360 Seattle, WA 98109-1360	Director 1.0 hrs	-0-	-0-	-0-
Victoria Doyle 5215 Enegai Ave. NE Tacoma, WA 98422	Director 1.0 hrs	-0-	-0-	-0-
Paul Quaintance UFCW Local 1105 1010 S. Bailey St. Seattle, WA 98108	Director 1.0 hrs	-0-	-0-	-0-
Scottie Graser UFCW Local 81 P O Box 815 Auburn, WA 98071	Director 1.0 hrs	-0-	-0-	-0-
Ellen Dewey 15001 – 35 th Ave. W, #22-101 Lynnwood, WA 98037	Director 1.0 hrs	-0-	-0-	-0-