

Part II Balance Sheets—If Total assets on line 25, column (B) are $\$ 250,000$ or more, file Form 990 instead of Form 990-EZ
(See page 36 of the instructions.)
22 Cash, savings, and investments
23 Land and buildings
24 Other assets (describe See Statement 3
25 Total assets
26 Total liabilities (describe
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

| (A) Beginning of year | (B) End of year |  |
| ---: | ---: | ---: |
|  | 22 |  |
|  | 23 |  |
| 63,520 | 24 | 65,977 |
| 63,520 | 25 | 65,977 |
| 0 | 26 | 0 |
| 63,520 | 27 | 65,977 |
| Form 990-EZ (2003) |  |  |

Part III Statement of Program Service Accomplishments (See page 39 of the instructions.)
What is the organization's primary exempt purpose? education/research
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.
28 See Statement 2

## Expenses

(Required for 501 (c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)


Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 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 8 deferred compensation | (E) Expense account and other allowances |
| :---: | :---: | :---: | :---: | :---: |
| See Statement 4 |  |  |  |  |
| .................. |  |  |  |  |
| ................................................................ |  |  |  |  |

## Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a description of each activity
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a copy of changes.
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaning your reason for not reporting the income on Form 990-T.
a Did the organization have unrelated business gross income of $\$ 1,000$ or more or $6033(\mathrm{e})$ notice, reporting, and proxy tax requirements?
b If "Yes," has it filed a tax return on Form 990-T for this year?
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (if "Yes," statement)
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. $\quad \mathbf{3 7 a}$.
b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?
b If "Yes," attach schedule specified in the line 38 instructions and enter the amount involved.
39 501(c)(7) organizations Enter' a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities


40a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 -

0 , section 4912
0. section 4955
b 501 (c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation
c Amount of tax imposed on organızation managers or disqualified persons during the year under 4912, 4955, and 4958
d Enter. Amount of tax on line 40 c, above, rembursed by the organization . . . . . . . . . .
41 List the states with which a copy of this return is filed DC
42 The books are in care of - Councill of State Governments .............................. Telephone no. (.....). 859-244-8000 Located at 1 . 2760 Research Park Drive, Lexington, KY.
43 Section 4947(a)(1) nonexempt chartable trusts filing Form 99 and enter the amount of tax-exempt interest received or accr


SCHEDULE A (Form 990 or $990-E Z$ )

Department of the Treasury
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.)
Internal Revenue Service
MUST be completed by the above organizations and attached to their form 990 or 990-EZ
Name of the organization
Employer identification number
National Association of State Election Directors
$61: 1228741$

## 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.")

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.")


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

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 pard or incurred in connection with the lobbying activities $>\$ \ldots$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

| Page 2 |  |  |
| :---: | :---: | :---: |
|  | Yes | No |
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| 2a |  |  |
| 2b |  | $\checkmark$ |
| 2c |  | $\checkmark$ |
| 2d |  | $\checkmark$ |
| 2e |  | $\checkmark$ |
| 3a |  | $\checkmark$ |
|  |  |  |
| 3b |  | $\checkmark$ |
|  |  |  |
| 4 |  | $\checkmark$ |
|  |  |  |

Organızatıons that made an election under section $501(\mathrm{~h})$ by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detaled 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 transactıons.)
a Sale, exchange, or leasing of property?
b Lending of money or other extension of credit?
c Furnishing of goods, services, or facilities?
d Payment of compensation (or payment or rembursement of expenses if more than $\$ 1,000$ )?
e Transfer of any part of its income or assets?
3a Do you make grants for scholarshıps, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)
b Do you have a section 403(b) annuity plan for your employees?
4 Did you maintain any separate account for particıpating donors where donors have the right to provide advice on the use or distribution of funds?

## 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)
$5 \square$ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
$6 \square$ A school. Section 170(b)(1)(A)(I). (Also complete Part V)
$7 \square$ A hospital or a cooperative hospital service organızation Section 170(b)(1)(A)(miI)
$8 \square$ A Federal, state, or local government or governmental unit Section $170(\mathrm{~B})(1)(\mathrm{A})(\mathrm{v})$
$9 \square$ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(nil). Enter the hospital's name, city, and state
$10 \square$ 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 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 $\square$ A community trust Section $170(b)(1)(A)(v)$ (Also complete the Support Schedule in Part IV-A )
$12 \square$ An organization that normally receives (1) more than $331 / 3 \%$ 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 $\mathbf{3 3} 1 / 3 \%$ 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)

| Provide the following information about the supported organizations (See page 5 of the instructions ) |  |
| :--- | :--- |
| $\qquad$ (a) Name(s) of supported organization(s) | (b) Line number <br> from above |

14
An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the instructions)
Schedule A (Form 990 or 990-EZ) 2003

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


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 surf of such amounts for each year
(2002)
N. A
(2001)
$N / A$
(2000)

(1999) $\qquad$ $N / A$
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 (2002) $\qquad$
 (2001) $\square$
$N / A$ (2000)
$\cdots / A$ A....... (1999)
$N A$
c Add Amounts from column (e) for lines 17 $\qquad$
15 20 $\qquad$ 16 and line 27b total
d Add Line 27a total
e Public support (line 27 c total minus line 27 d total).

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))
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

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

(To be completed ONLY by schools that checked the box on line 6 in Part IV)
29 Does the organization have a racially nondiscrimınatory 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 scholarshıps?

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 indicatıng the racial composition of the student body, faculty, and administrative staff?
b Records documentıng that scholarships and other financial assistance are awarded on a racially nondiscrımınatory 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?


34a Does the organization receive any financial ald 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 etther 34a or b, please explain using an attached statement.

35 Does the organization certıfy that it has complıed with the applicable requirements of sections 401 through 405 of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimınation? If "No," attach an explanation


4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section $501(\mathrm{~h})$ 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)


Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 11 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
a Volunteers.
b Paid staff or management (Include compensation in expenses reported on lines $\mathbf{c}$ through $\boldsymbol{h}$.)
c Media advertisements
d Mallings 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 Ralles, demonstrations, semınars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (Add lines cthrough h.)


If "Yes" to any of the above, also attach a statement giving a detaied description of the iobbying activitues.

## 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 nonchartable exempt organization of.
(i) Cash

|  | Yes | No |
| :---: | :---: | :---: |
| 51a(i) |  | $\checkmark$ |
| $a(i i)$ |  | $\checkmark$ |
| $b(i)$ |  |  |
| $b(i i)$ |  | $\checkmark$ |
| $b($ (ii) |  | $\checkmark$ |
| $b(i v)$ |  | $\checkmark$ |
| $b(v)$ |  | $\checkmark$ |
| $b($ vi) |  | $\checkmark$ |
| $c$ |  | $\checkmark$ |

c Sharing of facilties, equipment, maling lists, other assets, or paid employees
(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 far market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

| (a) <br> Line no. | (b) <br> Amount involved | Name of nonchartable exempt organization | (d) |
| :---: | :---: | :---: | :---: |
|  |  | None | (d) <br> Description of transfers, transactions, and sharing arrangements |
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52a 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 5277
$\square$ Yes $\square$ No b If "Yes," complete the following schedule

| (a) <br> Name of organization |  | (b) <br> Type of organization |
| :---: | :---: | :---: |
| (c) | (c) <br> Description of relationship |  |
|  |  |  |
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| Statement 1 | National Association of State Election Directors |
| :--- | ---: |
| Form 990 EZ | $61-1228741$ |
| Page |  |
| Part |  |
| Question. |  |

Attachment listing other expenses for Part II

| Description | Total: | Pgm Services | Mgt and General | Fundrasing |
| :--- | ---: | ---: | ---: | ---: |
| Reimbursement for staff | $\$ 12,89734$ |  |  |  |
| Office expense | $\$ 1,62798$ |  |  |  |
| Credit card merchant fees | $\$ 13961$ |  |  |  |
| Telephone | $\$ 96716$ |  |  |  |
| Equipment lease/repair | $\$ 29367$ |  |  |  |
| Travel | $\$ 3,29268$ |  |  |  |
| Conference expense | $\$ 31,63140$ |  |  |  |
| Indirect cost | $\$ 2,70065$ |  |  |  |
| Total: | $\$ 53,550.49$ |  |  |  |

## Statement 2

Form 990 EZ
Page 2
Part III
Question

## Program Services

| Achievement | Pgm. Svc. Exp. |  |
| :--- | ---: | ---: |
| Two conferences held each year to allow a forum for exchange of information, trends and current issues <br> affecting state electon directors. | $\$ 42,66248$ |  |
| Grants and Allocations: | $\$ 000$ |  |


| Statement 3 | National Association of State Election Directors |
| :--- | ---: |
| Form 990 EZ | $\mathbf{6 1 - 1 2 2 8 7 4 1}$ |
| Page 1 |  |
| Part II |  |
| Question 24 |  |

Question 24
Other Assets

| Asset Description | BOY Amount | EOY Amount |
| :--- | ---: | ---: |
| Cash with secretariat | $\$ 63,52005$ | $\$ 65,97690$ |
| Total Assets (BOY) | $\$ 000$ | $\$ 000$ |
| Total: | $\$ 63,520.05$ | $\$ 65,976.90$ |

## Statement 4

National Association of State Election Directors
Form 990 EZ
61-1228741
Page. 2
Part IV
Question
Officers, Directors, Trustees, and Key Employees

| Name and Address | Title | Hrs | Comp. | Benefits | Expenses |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Ramon de la Cruz <br> PO Box 11910 <br> Lexington, KY 40578-1910 <br> United States | Northeastern Regiona | 1 | \$0 00 | \$0 00 | \$0 00 |
| Kathy Rogers <br> PO Box 11910 <br> Lexington, KY 40578-1910 <br> United States | Southern Regional Re | 1 | \$0 00 | \$0 00 | \$0 00 |
| Brad Bryant <br> PO Box 11910 <br> Lexington, KY 40578-1910 <br> United States | Midwest Regional Rep | 1 | \$0 00 | \$0 00 | \$0 00 |
| Peggy Nighswonger <br> P O. Box 11910 <br> Lexington, KY 40578-1910 <br> United States | Vice Chairperson | 1 | \$0 00 | \$0 00 | \$0 00 |
| Tom Wilkey <br> PO Box 11910 <br> Lexington, KY 40578-1910 <br> United States | Ex-Officio | 1 | \$0 00 | \$0 00 | \$0 00 |
| Chris Thomas <br> PO Box 11910 <br> Lexington, KY 40578-1910 <br> Unted States | Ex-Officio | 1 | \$0 00 | \$0 00 | \$0 00 |
| John Lindback <br> PO Box 11910 <br> Lexington, KY 40578-1910 <br> United States | Ex-Officio | 1 | \$0 00 | \$0 00 | \$0 00 |
| Alice $P$ Miller <br> PO Box 11910 <br> Lexington, KY 40578-1910 <br> United States | Immedate Past Presı | 1 | \$0 00 | \$0 00 | \$0 00 |
| Denise Lamb <br> P.O. Box 11910 <br> Lexington, KY 40578-1910 <br> United States | President | 3 | \$0 00 | \$0 00 | \$0.00 |
| Linda Lamone <br> P O. Box 11910 <br> Lexington, KY 40578-1910 <br> Unted States | President-Elect | 2 | \$0 00 | \$0 00 | \$0 00 |
| Amy Naccarato <br> PO Box 11910 <br> Lexington, KY 40578-1910 <br> United States | Vice President | 2 | \$0 00 | \$0 00 | \$0 00 |
| Robert Fontaine <br> PO Box 11910 <br> Lexington, KY 40578-1910 | Treasurer | 2 | \$0 00 | \$0 00 | \$0 00 |


| Name and Address | Title | Hrs | Comp. | Benefits | Expenses |
| :--- | :--- | :--- | :--- | :--- | :--- |
| United States |  |  |  |  |  |
| Kevin Kennedy | Secretary | 2 | $\$ 000$ | $\$ 000$ | $\$ 000$ |
| PO Box 11910 |  |  |  |  |  |
| Lexington, KY 40578-1910 |  |  |  |  |  |
| United States |  |  |  |  |  |

