SCANNED NOV 2 8 2005

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

banofit trust or private foundation)

▶ For organizations with gross receipts less than \$100,000 and total assets less

than \$250,000 at the end of the year.

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

OMB No 1545-1150

2004

Open to Public Inspection

| Α | For tho | 2004 calond | ar year | , or tax year beginning | July 1, 2004 | , 2004, and | onding | June | 30 | | 20 05 |
|------------|--------------|--|--|--|---|------------------|---------------|---------------------------|--|-----------|--------------|
| B | | ck if applicable: Please C Name of organization Use IRS Next and Association of State Floridan Discretes | | | | | yor Ido | ntification | numbor | | |
| 닖 | | Inhelar National Association of State Election Directors | | | | | 61 | 12287 | 741 | | |
| H | Initial retu | o change print or Number and street (or P.O. box, if mail is not delivered to street address) Room/aulto E Tol type. | | | | | | E Tolopi | none nu | ımber | |
| Ħ | Final retu | return See P.O. Box 11910 | | | | | | |) 244 | -8000 | |
| | Amonded | i rotum | Specific Instruc- | City or town, state or country | /, nnd ZIP + 4 | | | F Group | Exemp | otion | |
| | Application | on pending | tions. | Lexington, KY 40578-19 | 910 | | | Numb | or . | . ▶ | 5186 |
| | • Socti | ion 501(c)(3) | - | ations and 4947(a)(1) nonex apploted Schedule A (Form 9 | | usts must attach | 1 | ounting me r (specify) | | Cash | Accrual |
| _ | | | | , | | | | | | 1 1 | |
| | Websit | te: www | ı.nasec | d.org | | | 1 | k ▶ □ t required | | • | on |
| | | | check or | nly one)— 🗹 501(c) (3) ∢(| insert no.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 17(a)(1) or 52 | 1 | • | | | or 990-PF). |
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| | | | | on's gross recelpts are norma n 990 Package in the mail, it : | | | | | | | |
| _ | | | | ne 9 to determine gross receipt | | | | | ▶ \$ | inploto i | 62,034.91 |
| - | art I | | | enses, and Changes in | | | | | | etructio | |
| | T | - | | | | runu balance | s loce pac | <u> </u> | 1 | Structio | 113./ |
| | 1 | | | s, grants, and similar amour | | | | | 2 | | 45,258.25 |
| | 2 | - | | revenue including governm | nent tees and con | tracts | | | 3 | | 15,825.00 |
| | 3 4 | | • . | s and assessments | | • | | | 4 | | 951.66 |
| | 1 | Investment | | | | 5a | • | | | | 331.00 |
| | 5a | | | om sale of assets other tha | | 5b | | | | | |
| | b | | | er basis and sales expens | | لتتنا | | المالية | 5c | | |
| e | C | , | • | m sale of assets other than | • • | • • | | • | " | | |
| ē | 6 | | | d activities (attach schedule) | | | ieck nere | Ш | | | |
| Revenue | a | | • | ot including \$ | or conti | l 6a | | | | | |
| ш | | reported or | | • | | 6b | | | ! | | |
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| | 7a | | | | | 7a 7a | • | | | | |
| | 1 | | | ventory, less returns and a | illowances | 7b | | | 1 | | |
| | G | Less: cost | • | | · /line 7a less line | | | | 7c | | |
| | 8 | | Gross profit or (loss) from sales of inventory (line 7a less line 7b) Other revenue (describe ▶ | | | | | 8 | | | |
| | 9 | | | dd lines 1, 2, 3, 4, 5c, 6c, | 7c, and 8) | | | | 9 | | 62,034.91 |
| _ | 10 | | | ar amounts paid (attach so | | REC | EIVED | | 10 | | |
| | 11 | | | or for members | nodulo, | l | | osc | 11 | | |
| S | 12 | • | | | e henefits | T NOV 7 | A 200E | ŏ | 12 | | |
| nse | 13 | Profession | al fees | and other navments to in | dependent contra | 14 NOA T | 0 2005 | 111 | 13 | | |
| Expenses | 14 | Occupancy | v. rent. | empensation, and employe and other payments to in utilities, and maintenance | | [| | RS | 14 | | 2,247.83 |
| ũ | 15 | | | ions, postage, and shippin | | OĞDE | EN, UT | = | 15 | | 750.24 |
| | 16 | Other expe | enses (| describe > See schedul | e attached | | |) | 16 | | 54,945.66 |
| | 17 | | | add lines 10 through 16) | | | | > | 17 | | 57,943.73 |
| S | 18 | Excess or | (deficit |) for the year (line 9 less li | ne 17) | | | | 18 | | 4,091.18 |
| Net Assets | 19 | | • | nd balances at beginning | | 27. column (A) |) (must agre | e with | | | |
| As | | | | e reported on prior year's | | | , (| | 19 | | 65,976.90 |
| <u>e</u> | 20 | • | - | net assets or fund balance | • | ation) | | | 20 | | |
| _ | 21 | | | d balances at end of year | | | | ▶ | 21 | | 70,068.08 |
| P | art II | Balance | Sheet: | s—If Total assets on line 2 | 25, column (B) are | \$250,000 or m | ore, file For | m 990 ins | stead c | f Form | 990-EZ |
| | | (See page 40 of the instructions) (A) Beginning of | | | | | | ginning of y | /ear | (B) End | of year |
| 2 | 2 Cas | sh, savings, a | and inv | vestments | | | | | 22 | <u> </u> | |
| 2 | 3 Lan | nd and buildings | | | | | | 23 | | | |
| 2 | 4 Oth | er assets (de | escribe | See Schedule Attach | <u>ed</u> | |) | 65,976 | | | 70,068.08 |
| 2 | | al assets | | | | | <u> </u> | 65,976 | | 1 | 70,068.08 |
| 2 | | al liabilities (| | | | |) | | 26 | | |
| 2 | | | | alances (line 27 of column | | | | 65,976 | .90 27 | | 70,068.08 |
| Fo | r Privac | cy Act and Pa | aperwo | rk Reduction Act Notice, se | e the separate ins | tructions. Cat | No 106421 | | | Form 9 | 90-EZ (2004) |

| Intel a the organization's primary exempt purpose? adducation/research secrible what vas achieved in carpying out the organization's seeming purposes. In a clear and concise manner secrible the services provided, the number of persons benefited, or other relevant information for each program title. Sec Schedule Attached | Part III Statement of Program Service Accom | plishments (See page 4 | 1 of the instruction | ons.) | Г | Exponses | -age 2 |
|--|--|---|---------------------------|---------------------|----------|--------------|--|
| secrible what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, sorbib the services provided, the number of persons benefited, or other relevant information for each program title. Grants \$ 280 | | | | | | | |
| Sends the services provided, the number of parsons benefited, or other relevant information for each program title. Sea Schedule Attached Grants \$ 28a | escribe what was achieved in carrying out the organiz | ation's exempt purposes. I | n a clear and cond | ise manner. | | | |
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| Circuits \$ 29a | | | | | | | |
| Other program services (attach schedule) Other program service expenses (acid lines 28a through 31a) Ist of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 41 of the instruction (I) Certification | *************************************** | | | | 200 | | |
| Other program services (attach schedule) Other program services (attach schedule) Other program services (attach schedule) (A) Namo and address (A) Na | | | | | 200 | | |
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| Cher program services (attach schedule) (Grants \$) 31a 32 36,527.23 | | | | | 200 | | |
| Test IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 4 of the instruction. A) Name and address | 1 Other program convices (attach schedule) | | | | - | | |
| List of Officers, Directors, Trustees, and Key Employees (List ach one even if not compensated See age 4 to 1the Instructions) (A) Name and address (A) Name and address (A) Name and address (B) Complementation (C) Componentation (C) Componentation address (B) Complementation (C) Componentation (C) Componentatio | | | Grants \$ | | | 26.5 | 27 22 |
| (C) Compensation (D) Contributions to (P) Twice provided (P) Twice paid, enter 4-2-3. enter 4-2- | | | on if not component | | | | |
| tiee Schedule Attached Attached | List of Officers, Directors, Trustees, and Key | | | , | | | |
| The Schedule Attached Continue | (A) Name and address | hours per week | (If not paid, | employee benefit | plans & | account a | nd |
| The properties of the particular of the particu | | devoted to position | enter -0) | deferred compa | nsation | other allows | nços |
| Per Information (Note the attachment requirement in General Instruction V, page 14) Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 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 990-7, attach a statement explaining your reason for not reporting the income Form 990-7 Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it filled a tax return on Form 990-7 for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? (if "Yes," attach a statement.) If a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 137a .00 If a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 137a .00 If the organization borrow from, or make any losans 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? If "Yes," attach has schedules specified in the line 39 instructions and enter the amount involved. 39b N/A .9501(c)/7) organizations. Enter. a initiation fees and capital contributions included on line 9 .99a .N/A .9501(c)/7) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 ▶ .00 section 4912 ▶ .00 section 4915 ▶ .00 .00 Socion 4911 ▶ .00 section 4912 ▶ .00 section 4955 ▶ .00 .00 If there Amount of tax on line 40c, above, reimbursed by the organization during the year under 4912, 4955, and 4958 ▶ .00 If there Amount of tax on line 40c, above, reimbursed by the organization of the amou | see Schedule Attached | | | | | | |
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| Enter amount of political expenditures, direct or indirect, as described in the instructions. State Stat | | • | 46 0 /// 113/- | _ 11 _441 | | | 1 |
| Did the organization file Form 1120-POL for this year? 3a 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? 3b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 3c 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 3c 501(c)(7) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 \(\sigma \) .00 (section 4912 \(\sigma \) .00 (section 4915 \(\sigma \) .00 (section 4916 \(\sigma \) .00 (section 4917 (section 4916 \(\sigma \) .00 (section 4917 (section 4918 \(\sigma \) .00 (section 4918 \(| | | | | itateme | | +- |
| 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 the schedule specified in the line 38 instructions and enter the amount involved. 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 60 Gross receipts, included on line 9, for public use of club facilities 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 501(c)(3) organizations. Enter: Amount of tax imposed on the organization 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 organization managers or disqualified persons during the year under 4912, 4955, and 4958 .00 d Enter: Amount of tax on line 40c, above, reimbursed by the organization 1 List the states with which a copy of this return is filed District of Columbia Telephone no (859) 244-8000 Located at 2760 Research Park Drive, Lexington, KY ZIP + 4 40511-8410 Under penalties of perjury. I declare that I have examined this return, and belief, it is true, cortext, and completely Declaration of preparer of the period covered by this return is signature. Firm's name (or yours) is signature of original and complete Declaration of preparer of the penalties of original and complete Declaration of preparer of the penalties of original and complete Declaration of preparer of the penalties of original and complete Declaration of preparer of the penalties of original and complete Declaration of preparer of the penalties of original and complete Declaration of preparer of the penalties of original and complete Declaration of the penalties of original and complete Declaration of the penalties of original and complete Declaration of the penalties of original and the penalties of original and the penalties o | | | instructions. | <u> </u> | | | 1 |
| such loans made in a prior year and still unpaid at the start of the period covered by this return? b if "Yes," attach the schedule specified in the line 36 instructions and enter the amount involved. 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 9 6 Gross recelpts, included on line 9, for public use of club facilities 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 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 organization managers or disqualified persons during the year under 4912, 4955, and 4958 d Enter: Amount of tax on line 40c, above, reimbursed by the organization Located at possible of period of State Governments 1 List the states with which a copy of this return is filed possible of State Governments 2 The books are in care of possible transaction from a prior year? If "Yes," attach an explanation Located at possible of State Governments 1 Located at possible of Period of State Governments 2 The books are in care of possible transaction from a prior year? If the possible of the possi | - | - | | | | | ┿ |
| b if "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 3 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 9 4 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 5 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 5 501(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 or amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 6 Enter: Amount of tax on line 40c, above, reimbursed by the organization 1 List the states with which a copy of this return is filled 2 The books are in care of Council of State Governments 1 Located at 2 760 Research Park Drive, Lexington, KY 2 IP + 4 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990, F7 in liquid form 1041. Check have and enter the amount of tax-exempt interest received or accrulated and belief, it is true, correct, and complete Declaration of preparer (1 Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete Declaration of preparer (1 Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete Declaration of preparer (2 Freparer's signature 1 Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete Declaration of preparer (2 Freparer's signature 3 Freparer's signature 4 Freparer's signature 5 Frem's name (or yours) 5 Frem's name (or yours) 6 Frem's name (or yours) | | | | | r were | any | 1 |
| b 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 39b N/A 39b | | | 1 | | | N/A | |
| b Gross receipts, included on line 9, for public use of club facilities 39b N/A 4955 D. 39b N/A 4956 D. 496 N. 496 | · | | | | | | |
| 3 501(c)(3) organizations. Enter: Amount of tax Imposed on the organization during the year under section 4911 ▶ .00 ; section 4912 ▶ .00 , section 4955 ▶ .00 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 organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ | | • | 10000 OII III IO O | | | | |
| 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 organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ | b Gross receipts, included on line 9, for public use | of club facilities . | L | 39Б | | <u>N/A</u> | |
| 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 organization managers or disqualified persons during the year under 4912, 4955, and 4958 d Enter: Amount of tax on line 40c, above, reimbursed by the organization List the states with which a copy of this return is filed The books are in care of Council of State Governments Located at 2760 Research Park Drive, Lexington, KY Section 4947(a)(1) nonexempt charitable trusts filing Form 990 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accru Under penalties of perjury, I declare that I have examined this return, and belief, it is true, cologit, and complete Declaration of preparer (Signature of officer Type or print name and title Preparer's signature Firm's name (or yours if self-employed), Firm's name (or yours if self-employed), Firm's name (or yours if self-employed), | Oa 501(c)(3) organizations. Enter: Amount of tax imposed of | on the organization 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 organization managers or disqualified persons during the year under 4912, 4955, and 4958 d Enter: Amount of tax on line 40c, above, reimbursed by the organization List the states with which a copy of this return is filed District of Columbia The books are in care of Council of State Governments Located at 2760 Research Park Drive, Lexington, KY Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrulate and enter the amount of tax-exempt interest received or accrulate and enter the amount of tax-exempt interest received or accrulate and belief, it is true, correct, and complete Declaration of preparer (Signature of officer Value of Form 1041 Check have and belief, it is true, correct, and complete Declaration of preparer (Freparer's signature Freparer's signature Firm's name (or yours if self-employed), if self-employed, | section 4911 ▶ ; section 4 | 912 ▶ | <u>.00</u> , section 4955 | · - | | .00 | - |
| 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 organization managers or disqualified persons during the year under 4912, 4955, and 4958 d Enter: Amount of tax on line 40c, above, reimbursed by the organization List the states with which a copy of this return is filed District of Columbia The books are in care of Council of State Governments Located at 2760 Research Park Drive, Lexington, KY Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrulate and enter the amount of tax-exempt interest received or accrulate and enter the amount of tax-exempt interest received or accrulate and belief, it is true, correct, and complete Declaration of preparer (Signature of officer Value of Form 1041 Check have and belief, it is true, correct, and complete Declaration of preparer (Freparer's signature Freparer's signature Firm's name (or yours if self-employed), if self-employed, | b 501(c)(3) and (4) organizations. Did the organization | on engage in any section 4 | 958 excess benefi | t transaction | during | g the | 1 |
| c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ | | | | | | | |
| List the states with which a copy of this return is filled District of Columbia The books are in care of Council of State Governments Located at Z760 Research Park Drive, Lexington, KY Section 4947(a)(1) nonexempt charitable trusts filing Form 990 F7 in liqu of Form 1041. Chock have and enter the amount of tax-exempt interest received or accruing and belief, it is true, covert, and complete Declaration of greparer (Signature of officer Type or print name and title Preparer's signature Firm's name (or yours if self-employed), | c Amount of tax imposed on organization managers or dis | qualified persons during the y | ear under 4912, 495 | 5, and 4958 ► | | | .00 |
| List the states with which a copy of this return is filed District of Columbia The books are in care of Council of State Governments Located at 2760 Research Park Drive, Lexington, KY Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrulate and belief, it is true, correct, and complete Declaration of greparer (Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete Declaration of greparer (Type or print name and title Preparer's signature Firm's name (or yours if self-employed), First 1-mployed), | | | | • | | | .00 |
| The books are in care of Council of State Governments Located at 2760 Research Park Drive, Lexington, KY Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accru Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete Declaration of preparer (Signature of officer Type or print name and title Preparer's signature if self-employed), Preparer's first-employed), | 1 List the states with which a copy of this return is file | ed District of Columb | la | | | | |
| Located at 2760 Research Park Drive, Lexington, KY 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 F7 in lieu of Form 1041. Check here and enter the amount of tax-exempt interest received or accru Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete Declaration of preparer (Signature of officer Type or print name and title Preparer's signature if self-employed), Firm's name (or yours if self-employed), | 2 The books are in care of ▶ Council of State Go | overnments | | hone no 🕨 | (859 |) 244-8000 | } |
| Section 4947(a)(1) nonexempt charitable trusts filing Form 990 F7 in liqu of Form 1011. Check here and enter the amount of tax-exempt interest received or accru. Under penalties of perjury, I declare that I have examined this return, I and belief, it is true, correct, and complete Declaration of preparer (Signature of officer Type or print name and title Preparer's signature Firm's name (or yours if self-employed), | Located at > 2760 Research Park Drive, Lexin | - 4 1/3/ | | | 405 | 11-8410 | |
| and enter the amount of tax-exempt interest received or accru Under penalties of perjury, I declare that I have examined this return, I and belief, it is true, correct, and complete Declaration of preparer (Signature of officer Type or print name and title Preparer's signature Firm's name (or yours if self-employed), | | | | | | | • • • • • • |
| lease ign ere Comparison of perjury, 1 declare that I have examined this return, 1 and belief, it is true, copiect, and complete Declaration, of preparer (Signature of officer | and enter the amount of tax-exempt interest rece | eived or accru | | | | | |
| lease ign ere Signature of officer Type or print name and title Preparer's signature Firm's name (or yours if self-employed), | | | | | | | |
| Signature of officer Signature of officer Type or print name and title Preparer's signature Firm's name (or yours if self-employed), | and belief, it is true, correct, and complete Declara | on of preparer (| | | | | |
| aid reparer's see Only Signature of officer Wade Littr Type or print name and title Preparer's signature Firm's name (or yours if self-employed), | lease // // // // // // | Helt The second | | | | | |
| aid reparer's see Only Signature of officer Wade Littr Type or print name and title Preparer's signature Firm's name (or yours if self-employed), | Sign Signature of Afficial | V-40 | | | | | |
| Type or print name and title aid | lere Signature of officer | · +1 c | | | | | |
| aid Preparer's signature Firm's name (or yours if self-employed), | Wade | 1171 | | | | | |
| reparer's se Only if self-employed), | Type or print name and title | | | | | | |
| reparer's se Only if self-employed), | Preparer's | | | | | | |
| se Only if self-employed), | signature | | | | | | |
| address and ZIP + 4 | ' I him's name for yours k | | | | | | |
| | address and ZIP + 4 | | | | | | |

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

OMB No. 1545-0047

Supplementary Information—(See separate instructions.)

Department of the Treasury ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Internal Revenue Service **Employer Identification number** Name of the organization **National Association of State Election Directors** 61:1228741 Compensation of the Five Highest Pald Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (o) Exponso (b) Title and average hours (a) Name and address of each employee paid more (c) Componention nployee benefit plans & account and other per week devoted to position than \$50,000 deterred compensation allowances None Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service None

Total number of others receiving over \$50,000 for

professional services

None

| Sche | dule / | A (Form 990 or 990-EZ) 2004 | | P | age 2 |
|--------|------------------------|---|------------|---------|---|
| Pai | t III | Statements About Activities (See page 2 of the instructions.) | | Yes | No |
| 1 | or Par Org | ring the year, has the organization attempted to influence national, state, or local legislation, including any ampt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities \$ | 1 | | ✓ ———————————————————————————————————— |
| 2 | Du sub wit ow | ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any estantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.) | | | |
| а | Sal | le, exchange, or leasing of property? | 2a | | ✓_ |
| b | Ler | nding of money or other extension of credit? | 2b | | <u>/</u> |
| С | Fur | rnishing of goods, services, or facilities? | 2c | | 1 |
| d | Pa | yment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | | <u> </u> |
| е | | insfer of any part of its income or assets? | 2е | | ✓ |
| За | | you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how | 1 _ 1 | | ✓ |
| | | determine that recipients qualify to receive payments) | 3a | | |
| | | you have a section 403(b) annuity plan for your employees? | 3b | | ✓ |
| 4a | | you maintain any separate account for participating donors where donors have the right to provide advice | | | ✓ |
| b | | the use or distribution of funds? you provide credit counseling, debt management, credit repair, or debt negotiation services? | 4a 4b | | |
| | | | | | |
| _ | rt I\ | |) | | |
| The | orga | anization 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)(li). (Also complete Part V) | | | |
| 7 | 닏 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). | | | |
| 8 9 | | A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the ho | spital's i | name | , city, |
| | | and state ▶ | | | |
| 10 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit. See (Also complete the Support Schedule in Part IV-A.) | ction 170 |)(b)(1) | (A)(iv). |
| 11a | Ø | An organization that normally receives a substantial part of its support from a governmental unit or from the gen 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) | eral pub | lic Se | ection |
| 11b | | A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A) | | | |
| 12 | | An organization that normally receives (1) more than 33%% of its support from contributions, members | | | |
| | | receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no must support from gross investment income and unrelated business taxable income (less section 511 tax) from busy the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Parl | usinesse | | |
| 13 | | An organization that is not controlled by any disqualified persons (other than foundation managers) and supdescribed 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)(3).) | ports or | | |
| | | Provide the following information about the supported organizations. (See page 5 of the instruction | s.) | | |
| | | (a) Name(s) of supported organization(s) | ne numb | | |
| | | TIC TIC | m above | | |
| | | | | | |
| | | | | | |
| 4.4 | | An expension and and an expension to test for militial conference of the conference | ation=) | | |
| 14 | لسا | An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instru | ctions)_ | | |

Schedule A (Form 990 or 990-EZ) 2004 Page 3 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 Gifts, grants, and contributions received. (Do 9,198 7,819 17,017 not include unusual grants. See line 28.). 16 19,000 16,500 17,025 69,900 Membership fees received 17,375 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 41,615 52,625 17.250 29,300 140,790 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 270 2,429 180 527 1,452 by the organization after June 30, 1975 from unrelated income activities not included in line 18. 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22, 59,170 71,895 43,475 55,596 230,136 24 Line 23 minus line 17 17,555 19,270 26,225 26,296 89.346 719 556 25 Enter 1% of line 23 592 435 1.786 26a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 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 0 26b amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts ▶ 26c 89,346 c Total support for section 509(a)(1) test: Enter line 24, column (e) Add: Amounts from column (e) for lines: 19 18 2.429 26d 26b 86,917 260 e Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2003) N/A (2002) N/A (2001) N/A (2000) 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 year (2003) N/A (2002) N/A (2001) N/A (2000) N/A c Add Amounts from column (e) for lines: 15 N/A 27c 27d and line 27b total Add Line 27a total. 27e Public support (line 27c total minus line 27d total)

Unusual Grants: 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 Do not file this list with your return. Do not include these grants in line 15

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

Total support for section 509(a)(2) test: Enter amount from line 23, column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator))

27g

27h

%

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 nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | Yes | No |
|-----|---|-----|---------|----------|
| 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? | 30 | | |
| 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? | 31 | | |
| | If "Yes," please describe; if "No," please explain. (If you need more space, attach a coparate statement.) | | | |
| | | | | |
| | | | | |
| 32 | Does the organization maintain the following. | | | |
| a | | 32a | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| С | | 32c | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | | : | |
| | | | ŀ | |
| 33 | Does the organization discriminate by race in any way with respect to: | | | |
| а | Students' rights or privileges? | 33a | | |
| b | Admissions policies? | 33b | | |
| С | Employment of faculty or administrative staff? | 33c | | |
| d | Scholarships or other financial assistance? | 33d | | |
| е | Educational policies? | 33e | | |
| f | Use of facilities? | 33f | - | <u> </u> |
| g | Athletic programs? | 33g | | |
| h | Other extracurricular activities? | 33h | | |
| | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) | | | |
| | | | | |
| | | | ļ | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| | 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 | 35 | <u></u> | L |

| Pai | t VI-A Lobbying Expenditures by El (To be completed ONLY by an | | | | | instructions | S.) | <u>. </u> |
|----------------|--|--------------------|---------------------|---------------|---------|---------------------------------------|---------------------|--|
| Chec | k ▶ a ☐ if the organization belongs to an affilia | | | | | d "limited cont | rol" provisions app | ıly. |
| | Limits on Lobbyi | • | | | | (a) Affiliated grou totals | 10. 1124 0.001 | Ing |
| | (The term "expenditures" mea | ns amounts paid | or incurred.) | | | | organization | 3 |
| 36 | Total lobbying expenditures to influence public | | . • | | 36 | | | |
| 37 | Total lobbying expenditures to influence a legis | • | t lobbying) | | 37 | | - | |
| 38 | Total lobbying expanditures (add lines 36 and | 37) | | | 38 | | | |
| 39 | Other exempt purpose expenditures | | | | 39_ | | | |
| 40 | Total exempt purpose expenditures (add lines | | | | 40 | | | |
| 41 | Lobbying nontaxable amount. Enter the amour | | • | | | | | |
| | N | obbying nontaxa | | ` | | | | |
| | | of the amount on | = | | | | | |
| | | 000 plus 15% of th | | | 41 | | | |
| | | 000 plus 10% of th | | | | | | |
| | | 000 plus 5% of the | e excess over \$1, | ,000,000 | | | | |
| 42 | Over \$17,000,000. \$1,000 Grassroots nontaxable amount (enter 25% of i | • | | • | 42 | | | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 4 | • | 26 | | 43 | · · · · · · · · · · · · · · · · · · · | | |
| 4 4 | Subtract line 41 from line 38. Enter -0- if line 4 | | | | 44 | | | |
| | Odoblest mio 41 nom mo os. Entor 30 m mo 4 | 1 13 more than m | 10 00 | | | | | |
| | Caution: If there is an amount on either line 43 | or line 44, you n | nust file Form 47 | 20 | | | | |
| | (Some organizations that made a section See the instructions f | or lines 45 throug | | of the insti | ruction | ns) | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2003 | (c) 2002 | | (d) 2001 | (e) Total | |
| 45 | Lobbying nontaxable amount | | | | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | | | | |
| 47 | Total lobbying expenditures . | | | | | | | |
| 48 | Grassroots nontaxable amount | | | | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | | | | |
| 50 | Grassroots lobbying expenditures . | | | | | - | | |
| Pa | t VI-B Lobbying Activity by Nonelectivity (For reporting only by organization) | | | Part VI-A) | (See | page 11 of | the instruction | ns.) |
| | ng the year, did the organization attempt to infli | | | | ding a | ıny Yes I | No Amount | t |
| atter | npt to influence public opinion on a legislative r | natter or referend | lum, through the | use of | | | | |
| а | Volunteers | | | | | | <u>√</u> | |
| b | Paid staff or management (Include compensat | ion in expenses r | eported on lines | c through h | .) | | <u> </u> | |
| С | Media advertisements | | | | | | / — | |
| d | Mailings to members, legislators, or the public | | | | | | <u> </u> | |
| е | Publications, or published or broadcast statem | ents | | | | | <u> </u> | |
| f | Grants to other organizations for lobbying purp | | | | | | <u> </u> | |
| g | Direct contact with legislators, their staffs, gov | | | | | | <u> </u> | |
| h | Rallies, demonstrations, seminars, conventions | • | ires, or any other | means | | | <u> </u> | .00 |
| i | Total lobbying expenditures (Add lines c throu if "Yes" to any of the above, also attach a stall | • . | etailed description | on of the lob | bvina | activities | | .00 |

| Schodul | e A (Form 99 | 0 or 990-EZ) | 2004 | | | | Р | age 6 |
|-----------------------------|--------------|--------------|---------------------|---|--|-------------|---------|----------|
| Part | | | | nsfers To and Transaction 1 of the instructions.) | s and Relationships With Nonch | aritable | Exe | mpt |
| | | | | | following with any other organization on 527, relating to political organization | | in se | ction |
| | | | | to a noncharitable exempt orga | | | Yos | No |
| | | | | to a mononamable exempt enga- | | 51a(i) | | |
| | • • | | | | • • | a(II) | | 1 |
| | Other trans | | | • | | | | |
| | | | as of assats with a | noncharitable exempt organizat | ion | P(I) | | ✓ |
| | | - | | table exempt organization . | | b(ii) | | 1 |
| | | | | • | b(iii) | | 1 | |
| | | | | er assets | · | b(lv) | | 7 |
| | | | arantees | | | b(v) | | 7 |
| | | • | | hip or fundraising solicitations | | b(vi) | | 1 |
| | - | | | sts, other assets, or paid employ | 2004 | C | | 1 |
| | • | | | | Column (b) should always show the fai | r market | value | of the |
| ç | goods, othe | r assets, o | r services given by | the reporting organization if the | ne organization received less than fair s, other assets, or services received | market v | /alue i | n any |
| (a) | | (b) | | (c) | (d) | | | |
| Line n | o Amoui | nt involved | Name of nonc | haritable exempt organization | Description of transfers, transactions, and | sharing arr | angem | ents |
| | | | None | | | | | |
| | | | | | | | | |
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| | | | | | —————————————————————————————————————— | | | |
| (| described i | n section 5 | | other than section 501(c)(3)) or i | ne or more tax-exempt organizations in section 527? | Ye | s 🔽 | Ž No |
| (a) Name of organization | | | zation | (b) Type of organization | (c) Description of relations | hip | | - |
| None | | | | | | | | |
| | | | | | | | | |
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National Assoc. of State Election Directors 61-1228741

Form 990-EZ
For the fiscal year ending June 30, 2005
Page 1
Part I Expenses

| | | Total |
|---------|----------------------------------|-----------|
| Line 16 | Other expenses | |
| | Reimbursement for staff support | 11,542 82 |
| | Reimbursement for staff benefits | 2,530 66 |
| | Supplies | 1,347 78 |
| | Photocopy | 724 90 |
| | Central service fees | 21.60 |
| | Credit card merchant fees | 50.98 |
| | Telephone | 38 80 |
| | Equipment lease/maintenance | 158 61 |
| | Travel | 2,389 76 |
| | Meeting expense | 33,380 50 |
| | Indirect cost | 2,759 25 |
| | _ | |
| | _ | 54,945 66 |

National Association of State Election Directors 61-1228741

Form 990-EZ
For the fiscal year ending June 30, 2005
Page 2
Part III Statement of Program Service Accomplishments

| | Expenses |
|---|-----------|
| Conferences for members to share information, hear pertinent speakers on election issues and develop a network among the elections com- | 36,527 23 |
| munity 2 conferences per year | 36,527 23 |

National Association of State Election Directors 61-1228741

Form 990-EZ
For the fiscal year ending June 30, 2005
Page 2
Part IV
List of Officers

List of Officers, Trustees, and Key Employees

| Name and Address | Title and Average Hours | Compensation | Benefits and Def. Comp. | Expense Account |
|--|--------------------------------|--------------|-------------------------|--------------------|
| Linda Lamone P O Box 11910 Lexington, KY 40578-1910 | President 5 hours | -0- | -0- | -0- |
| Kevin Kennedy P O Box 11910 Lexington, KY 40578-1910 | President Elect 4 hours | -0- | -0- | -0- |
| Kathy Rogers P.O Box 11910 Lexington, KY 40578-1910 | Vice-President 3 hours | -0- | -0- | -0- |
| Brad Bryant P O Box 11910 Lexington, KY 40578-1910 | Treasurer 4 hours | -0- | -0- | -0- |
| Ramon de la Cruz P O Box 11910 Lexington, KY 40578-1910 | Board Member 1 hour | -0- | -0- | -0- |
| Marci Andio P O Box 11910 Lexington, KY 40578-1910 | Board Member 1 hour | -0- | -0- | -0- |
| Sandy Steinbach P O Box 11910 Lexington, KY 40578-1910 | Board Member 1 hour | -0- | -0- | -0- |
| Bill Compton P O Box 11910 Lexington, KY 40578-1910 | Board Member 1 hour | -0- | -0- | -0- |
| Chris Thomas P O Box 11910 Lexington, KY 40578-1910 | Board Member 1 hour | -0- | -0- | -0- |
| Peggy Nighswonger P O Box 11910 Lexington, KY 40578-1910 | Board M ember 1 hour | -0- | -0- | -0- |
| Jim Silrum P O Box 11910 Lexington, KY 40578-1910 | Board Member 1 hour | -0- | -0- | -0- |
| Denise Lamb P O Box 11910 Lexington, KY 40578-1910 | Immed Past Pres 1 hour | -0- | -0- | -0- |