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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)

2003

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

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

A For the 2003 calendar year, or tax year beginning 7/1/2002, and ending 6/30/2003

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
NAACP NATIONAL VOTER FUND
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2001 L STREET NW 1050
 City or town State or country ZIP + 4
WASHINGTON DC 20036

D Employer identification number
52-2242476

E Telephone number
202-898-0960

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: WWW.NAACPNVF.ORG

J Organization type (check only one) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,403,538

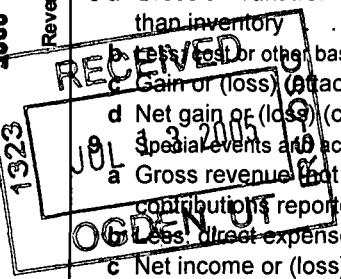
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ _____
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ _____

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

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support		1a		0
b Indirect public support		1b		
c Government contributions (grants)		1c		
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)		1d		0
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		1,394,892
3 Membership dues and assessments		3		0
4 Interest on savings and temporary cash investments		4		2,886
5 Dividends and interest from securities		5		0
6a Gross rents		6a		
b Less: rental expenses		6b		
c Net rental income or (loss) (subtract line 6b from line 6a)		6c		0
7 Other investment income (describe <u>▶</u> _____)		7		0
8a Gross amount from sales of assets other than inventory		(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses		8a	0	0
c Gain or (loss) (attach schedule)		8b	0	0
d Net gain or (loss) (combine line 8c, columns (A) and (B))		8c	0	0
e Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		8d		0
a Gross revenue (including \$ _____ of contributions reported on line 1a)		9a		0
b Less: direct expenses other than fundraising expenses		9b		0
c Net income or (loss) from special events (subtract line 9b from line 9a)		9c		0
10a Gross sales of inventory, less returns and allowances		10a		
b Less: cost of goods sold		10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c		0
11 Other revenue (from Part VII, line 103)		11		5,760
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12		1,403,538
13 Program services (from line 44, column (B))		13		996,951
14 Management and general (from line 44, column (C))		14		447,617
15 Fundraising (from line 44, column (D))		15		105,738
16 Payments to affiliates (attach schedule)		16		0
17 Total expenses (add lines 16 and 44, column (A))		17		1,550,306
18 Excess or (deficit) for the year (subtract line 17 from line 12)		18		-146,768
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		73,205
20 Other changes in net assets or fund balances (attach explanation)		20		0
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21		-73,563

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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.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	22	133,600	133,600		
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. and benefits	25	120,000	120,000		
26	Other salaries and wages and benefits	26	117,301	59,439	57,862	
27	Pension plan contributions	27	0			
28	Other employee benefits	28	0			
29	Payroll taxes	29	0			
30	Professional fundraising fees	30	105,738		105,738	
31	Accounting fees	31	0			
32	Legal fees	32	0			
33	Supplies Office expense	33	106,176	562	105,614	
34	Telephone	34	29,080		29,080	
35	Postage and shipping	35	0			
36	Occupancy	36	179,939		179,939	
37	Equipment rental and maintenance	37	0			
38	Printing and publications	38	0			
39	Travel	39	62,022	62,022		
40	Conferences, conventions, and meetings	40	0			
41	Interest	41	0			
42	Depreciation, depletion, etc. (attach schedule)	42	16,393		16,393	
43	Other expenses not covered above (itemize): a Taxes	43a	4,088		4,088	
	b Professional fees	43b	372,738	358,218	14,520	
	c insurance	43c	38,625		38,625	
	d Field Office Expenses	43d	1,496		1,496	
	e Voter contact & Media	43e	116,007	116,007		
	f See attached spreadsheet	43f	147,103	147,103		
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,550,306	996,951	447,617	105,738

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?	Program Service Expenses Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a PROMOTION OF THE QUALITY LIFE OF MINORITY AMERICAN CITIZENS THROUGH DIRECT AND GRASSROOT LOBBYING ON CIVIL RIGHTS ISSUES, ISSUE ADVOCACY AND PUBLIC EDUCATION ON CIVIL RIGHTS ISSUE VOTER AND GET OUT THE VOTE EFFORTS DIRECTED PRIMARILY AT AFRICAN AMERICAN TRAINING REGARDING GRASSROOTS LOBBYING, VOTER (Grants and allocations \$ 1,394,892)	996,951
b EDUCATION AND GET OUT TO VOTE. (Grants and allocations \$)	
c (Grants and allocations \$)	
d (Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	996,951

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	274,926	45	60,429	
	46	Savings and temporary cash investments		46		
	47 a	Accounts receivable	250,000			
	b	Less: allowance for doubtful accounts	0	47c	250,000	
	48 a	Pledges receivable	0			
	b	Less: allowance for doubtful accounts	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)	0			
	b	Less: allowance for doubtful accounts	0	51c	0	
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges		53	7,072	
	54	Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a	Investments—land, buildings, and equipment: basis	0			
	b	Less: accumulated depreciation (attach schedule)	0	55c	0	
56	Investments—other (attach schedule)		56	0		
57 a	Land, buildings, and equipment: basis	55,678				
b	Less: accumulated depreciation (attach schedule)	40,790	21,207	57c	14,888	
58	Other assets (describe <input type="checkbox"/> See attached worksheet)		3,889	58	156	
59 Total assets (add lines 45 through 58) (must equal line 74)			300,022	59	332,545	
Liabilities	60	Accounts payable and accrued expenses	227,017	60	324,424	
	61	Grants payable		61		
	62	Deferred revenue		62	81,684	
	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 <input type="checkbox"/>)		0	65	0
66 Total liabilities (add lines 60 through 65)			227,017	66	406,108	
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	73,205	67	-73,563	
	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)			73,205	73	-73,563	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)			300,222	74	332,545	

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.)

a	Total revenue, gains, and other support per audited financial statements	a	1,403,538
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	1,403,538
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,403,538

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

a	Total expenses and losses per audited financial statements	a	1,550,306
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	1,550,306
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,550,306

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 KWEISI MFUME Str 2001 L ST NW 1050 City WASHINGTON ST DC ZIP 20036	Title Pres & Board Me Hr/WK 1 hr	0	0	0
Name HEATHER BOOTH Str 2001 L ST NW 1050 City WASHINGTON ST DC ZIP 20036	Title Board Member Hr/WK 1 hr	0	0	0
Name JULIAN BOND Str 2001 L ST NW 1050 City WASHINGTON ST DC ZIP 20036	Title Board Member Hr/WK 1 HR	0	0	0
Name PETER G COHN Str 2001 L ST NW 1050 City WASHINGTON ST DC ZIP 20036	Title Board Member Hr/WK 1 HR	0	0	0
Name WILLIAM BRACKE Str 2001L ST NW 1050 City WASHINGTON ST DC ZIP 20036	Title Board Member Hr/WK 1 HR	0	0	0
Name GREGORY T MOC Str 2001 L ST NW 1050 City WASHINGTON ST DC ZIP 20036	Title Executive Direc Hr/WK 40 HRS	120,000	0	0
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- 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	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ NAACP & AMERICAN FOR EQUALITY 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	
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	N/A
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	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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	
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	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
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 ▶ DC		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	4
91	The books are in care of ▶ Name NAACP NATIONAL VOTER FUND Telephone no. ▶ 202-898-0960 Located at ▶ 2001 L STREET NW # 1050 City WASHINGTON ST DC Zip + 4 ▶ 20036		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here 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 Contribution					1,394,892
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					2,886
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Other income					5,760
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	1,403,538
105 Total (add line 104, columns (B), (D), and (E))					1,403,538

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).
▼	

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
	%		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).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: GREGORY T. MOORE, EXECUTIVE DIRECTOR Date: 5/20/05

Paid Preparer's Use Only

Preparer's signature: SANDY [Signature] Date: 5/20/05 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SANDY & ASSOCIATES
9826 LINWOOD AVENUE
LANHAM, MD 20706

EIN: 52-2159475 Phone no.: 301/731-3301