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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)

2005

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 2005 calendar year, or tax year beginning 07-01, 2005, and ending 06-30, 20 05

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

C Name of organization: NAACP - National Voter Fund; D Employer identification number: 52-2242476; E Telephone number: (202) 898-0969; F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations; H(a) Is this a group return for affiliates? 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? Yes

G Website

J Organization type (check only one) X 501(c) ( ) (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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number; M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 2,939,931

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

Table with 21 rows and 4 columns: Description, 1a, 1b, 1c, Total. Includes a 'RECEIVED' stamp dated SEP 15 2006 from IR 033 OGDEN, UT.

SCANNED SEP 27 2006

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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 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 \$ <u>205,342</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 205,342	205,342		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 45,107	45,107		
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28 765	765		
29	Payroll taxes	29 117	117		
30	Professional fundraising fees	30 50,290			50,290
31	Accounting fees	31 43,165		43,165	
32	Legal fees	32 11,813		11,813	
33	Supplies	33 20,016		20,016	
34	Telephone	34 5,336		5,336	
35	Postage and shipping	35 103,833		103,833	
36	Occupancy	36 94,889		94,889	
37	Equipment rental and maintenance	37 8,423		8,423	
38	Printing and publications	38 9,226		9,226	
39	Travel	39 67,173	60,515	6,658	
40	Conferences, conventions, and meetings	40 39,700	39,700		
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	Consultant	43a 330,142	290,837	39,305	
b	Voter contacts	43b 854,613	854,613		
c	Field office supports	43c 39,154		39,154	
d	Insurance	43d 10,732		10,732	
e	Other expenses	43e 8,470		8,470	
f	Taxes	43f 29,580		29,580	
g		43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,977,886	1,496,996	430,600	50,290

**Joint Costs.** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part IV Balance Sheets** (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)	
		Beginning of year		End of year	
45	Cash - non-interest-bearing	380,363	45	1,150,199	
46	Savings and temporary cash investments		46		
47 a	Accounts receivable		47a		
b	Less allowance for doubtful accounts	4,600	47b		47c
48 a	Pledges receivable		48a		
b	Less allowance for doubtful accounts		48b		48c
49	Grants receivable		49		
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
51 a	Other notes and loans receivable (attach schedule)		51a		
b	Less allowance for doubtful accounts		51b		51c
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		54		
55 a	Investments - land, buildings, and equipment basis		55a		
b	Less accumulated depreciation (attach schedule)		55b		55c
56	Investments - other (attach schedule)		56		
57 a	Land, buildings, and equipment basis	72,636	57a		
b	Less accumulated depreciation (attach schedule)	27,534	57b	43,820	57c
58	Other assets (describe )	75,051	58	45,102	91,293
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	503,834	59	1,286,594	
60	Accounts payable and accrued expenses	243,193	60	131,410	
61	Grants payable		61		
62	Deferred revenue	121,647	62		
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
64 a	Tax-exempt bond liabilities (attach schedule)		64a		
b	Mortgages and other notes payable (attach schedule)		64b		
65	Other liabilities (describe )		65	53,884	
66	<b>Total liabilities.</b> Add lines 60 through 65	364,840	66	185,294	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted	138,994	67	1,101,300	
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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	138,994	73	1,101,300	
74	<b>Total liabilities and net assets / fund balances.</b> Add lines 66 and 73	503,834	74	1,286,594	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**  
(See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	2,939,931
<b>b</b>	Amounts included on line a but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	2,939,931
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>	<b>e</b>	2,939,931

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,977,886
<b>b</b>	Amounts included on line a but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	1,977,886
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>	<b>e</b>	1,977,886

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(E) Expense account and other allowances
KWESI MFUME 1200 G ST. NW. WASH. DC 2005	Pres. & Bd mb 1	0	0	0
HEATHER BOOTHER 1200 G ST. NW. WASH. DC 20005	Bd. Member 1	0	0	0
JULIAN BOND 1200 G ST. NW. WASH. DC 20005	Bd. Member 1	0	0	0
PETER GRAHAM COHN 1200 G ST. NW. WASH. DC 20005	Bd. Member 1	0	0	0
WILLIAM BRACKET 1200 G ST. NW. WASH. DC 20005	Bd. Member 1	0	0	0
GREGORY MOORE 1200 G ST. NW. WASH. DC 20005	Exec. Director 40	45,655	0	0
(The Ex. Director's annual compensation is \$120,000).	0	0	0	0



Part VI Other Information (continued)		Yes	No
<b>82 a</b> 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? . . . . .	<b>82a</b>		X
<b>b</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) . . . . .	<b>82b</b>		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	<b>83a</b>	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>83b</b>	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>	X	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>84b</b>	X	
<b>85 501(c)(4), (5), or (6) organizations a</b> Were substantially all dues nondeductible by members? . . . . .	<b>85a</b>	X	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>85b</b>		X
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			
<b>c</b> Dues, assessments, and similar amounts from members . . . . .	<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures . . . . .	<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<b>85g</b>		X
<b>h</b> 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? . . . . .	<b>85h</b>		
<b>86 501(c)(7) orgs Enter a</b> Initiation fees and capital contributions included on line 12 . . . . .	<b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . . .	<b>86b</b>		
<b>87 501(c)(12) orgs Enter a</b> Gross income from members or shareholders . . . . .	<b>87a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>87b</b>		
<b>88</b> 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 . . . . .	<b>88</b>		X
<b>89 a</b> 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
<b>b</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 . . . . .	<b>89b</b>		X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____			
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ _____			
<b>90 a</b> List the states with which a copy of this return is filed ▶ <u>Wash., District of Columbia</u>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions) . . . . .	<b>90b</b>		1
<b>91 a</b> The books are in care of ▶ <u>Gregory Moore, Ex. Dir.</u> Telephone no ▶ <u>202-898-0967</u> Located at ▶ <u>1200 G Street, NW. Wash. DC</u> ZIP + 4 ▶ _____			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>91b</b>		X
If "Yes," enter the name of the foreign country ▶ _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . .	<b>91c</b>		X
If "Yes," enter the name of the foreign country ▶ _____			
<b>92</b> 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 . . . . . ▶	<b>92</b>		



**Part VII Analysis of Income-Producing Activities** (See 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 . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue a <u>MISC. INCOME</u>					4,390
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .					4,390
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					4,390

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 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 the instructions)

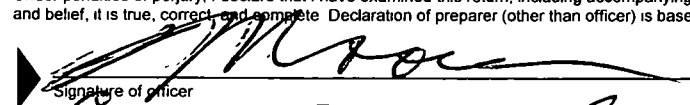
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

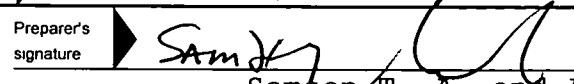
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

- (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:  Date: 9/3/2006  
 Signature of officer: Gregory T. Moore, Executive Director 2005-06  
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: 09-03-2006 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst W):  
 Firm's name (or yours if self-employed) address, and ZIP + 4: Samson T. A. and Assoc. PLLC, 9826 Linwood Avenue, Lanham MD 20706  
 EIN: 37-1525885 Phone no: 301-731-3301

**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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information -- (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

NAACP - National Voter Fund

52-2242476

**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 ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶

**Part II-A 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	(b) Type of service	(c) Compensation
None		

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

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶