



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

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 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE % JUNIOR COX. Address: 4805 MOUNT HOPE DRIVE, BALTIMORE, MD 21215

D Employer identification number: 13-1084135. E Telephone number: (410) 580-5777. 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? No. I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: WWW.NAACP.ORG

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts: 22,454,708

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

Table with 3 main sections: Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes sub-rows for detailed revenue and expense categories.

Part III 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
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23 Specific assistance to individuals (attach schedule)	0	0		
24 Benefits paid to or for members (attach schedule)	0	0		
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	390,576	0	390,576	0
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	0	0	0	0
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b and c	7,290,801	4,141,402	2,766,432	382,967
27 Pension plan contributions not included on lines 25a, b and c	0	0	0	0
28 Employee benefits not included on lines 25a - 27	0	0	0	0
29 Payroll taxes	0	0	0	0
30 Professional fundraising fees	0	0	0	0
31 Accounting fees	143,485	0	143,485	0
32 Legal fees	127,715	0	127,715	0
33 Supplies	138,782	101,235	33,117	4,430
34 Telephone	0	0	0	0
35 Postage and shipping	1,366,617	154,318	107,621	1,104,678
36 Occupancy	1,986,643	893,875	1,062,130	30,638
37 Equipment rental and maintenance	456,614	193,294	252,151	11,169
38 Printing and publications	697,100	473,034	32,339	191,727
39 Travel	589,600	234,175	316,036	39,389
40 Conferences, conventions, and meetings	4,248,812	3,954,717	208,285	85,810
41 Interest	0	0	0	0
42 Depreciation, depletion, etc (attach schedule)	0	0	0	0
43 Other expenses not covered above (itemize)				
a See Additional Data Table				
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	21,817,096	14,552,140	3,891,187	3,373,769

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 III Statement of Program Service Accomplishments (See the instructions.)

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.

<p>What is the organization's primary exempt purpose? ▶ TO ADVOCATE FOR CIVIL RIGHTS MINORITY GROUPS IN THE U S A</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See Additional Data Table</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>b</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	<p>14,552,140</p>

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		
Assets	45 Cash—non-interest-bearing		0	45	0	
	46 Savings and temporary cash investments		1,374,000	46	1,682,337	
	47a Accounts receivable	47a	1,032,844			
	b Less allowance for doubtful accounts	47b	171,000	679,982	47c	861,844
	48a Pledges receivable	48a	0			
	b Less allowance for doubtful accounts	48b	0	0	48c	0
	49 Grants receivable		0	0	49	0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		0	0	50b	0
	51a Other notes and loans receivable (attach schedule)	51a	0			
	b Less allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use		0	0	52	0
	53 Prepaid expenses and deferred charges		0	0	53	0
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	0	54a	0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		4,809,474	4,809,474	54b	3,851,770
55a Investments—land, buildings, and equipment basis	55a	0				
b Less accumulated depreciation (attach schedule)	55b	0	0	55c	0	
56 Investments—other (attach schedule)		1,608,373	1,608,373	56	1,608,373	
57a Land, buildings, and equipment basis	57a	7,200,850				
b Less accumulated depreciation (attach schedule)	57b	5,906,880	1,466,553	57c	1,293,970	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		2,878,994	2,878,994	58	3,784,765	
59 Total assets (must equal line 74) Add lines 45 through 58		12,817,376	12,817,376	59	13,083,059	
Liabilities	60 Accounts payable and accrued expenses		1,873,492	60	1,305,427	
	61 Grants payable		0	61	0	
	62 Deferred revenue		0	62	0	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	0	63	0
	64a Tax-exempt bond liabilities (attach schedule)		0	0	64a	0
	b Mortgages and other notes payable (attach schedule)		0	0	64b	0
	65 Other liabilities (describe <input type="checkbox"/> _____)		49,565	49,565	65	543,353
66 Total liabilities Add lines 60 through 65		1,923,057	1,923,057	66	1,848,780	
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		7,773,348	67	9,067,850	
	68 Temporarily restricted		3,120,971	68	2,166,429	
	69 Permanently restricted		0	69	0	
	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 and column (B) must equal line 21)		10,894,319	10,894,319	73	11,234,279
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		12,817,376	12,817,376	74	13,083,059

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

a	Total revenue, gains, and other support per audited financial statements	a	22,454,708
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	0
2	Donated services and use of facilities	b2	0
3	Recoveries of prior year grants	b3	0
4	Other (specify) _____	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	22,454,708
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2	d	0
e	Total revenue (Part I, line 12) Add lines c and d	e	22,454,708

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

a	Total expenses and losses per audited financial statements	a	21,817,096
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	0
2	Prior year adjustments reported on Part I, line 20	b2	0
3	Losses reported on Part I, line 20	b3	0
4	Other (specify) _____	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	21,817,096
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2	d	0
e	Total expenses (Part I, line 17) Add lines c and d	e	21,817,096

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
ANGELA CICCOLO 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	GENERAL COUNSEL 37 5	130,624	8,386	0
DENNIS C HAYES 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	President 37 5	240,000	11,566	0

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>64</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	No
d Does the organization have a written conflict of interest policy?	75d	No

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
BENJAMIN HOOKS 200 WAGNER PLACE 408 MEMPHIS, TN 38108	0	24,000	0	0
MYRLIE EVERS WILLIAMS 64770 KELLY COURT BEND, OR 97701	0	10,800	0	0

Part VI Other Information <i>(See the instructions.)</i>	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	No
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	No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a 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	Yes
b If "Yes," enter the name of the organization <input type="checkbox"/> See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures (See line 81 instructions) <u>81a</u> 0	81a	
b Did the organization file Form 1120-POL for this year?	81b	No

Part VI Other Information (continued)

Yes No

82a 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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of
91b 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?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

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

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (IMAGE AWARDS, FREEDOM FUND DINNER, CONVENTION, REGIONAL OFFICES), Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, and Subtotal.

Note: Line 105 plus line 1e, 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.)

Table with 2 columns: 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). See Additional Data Table.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (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. Row 1: CRISIS PUBLISHING, 4805 MOUNT HOPE DRIVE, BALTIMORE, MD21215, 13-1530050, 100.00%, MAGAZINE PUBLICATION, 1,682,574, 270,077.

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).




Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

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 _____ JUNIOR COX CFO Type or print name and title	2008-11-14 Date

Paid Preparer's Use Only	Preparer's signature  Joseph Wilson	Date 2008-11-14	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ThompsonCobbBazilioandAssociates 1101 15th St Suite 400 Washington, DC 20005			EIN  Phone no  (202) 778-3474

SCHEDULE A
(Form 990 or 990EZ)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2007

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF
COLORED PEOPLE

Employer identification number

13-1084135

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
VICANGELO BULLUCK 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	Exec Director/CEO 37 5	104,000	7,280	0
CHARLES WHITE 4805 MOUNT HOPE DRIVE 4816 Brookstone Terrace BALTIMORE, MD 21215	EMPLOYEE 37 5	90,000	5,651	0
NELSON RIVERS 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	FIELD OPERATIONS 37 5	110,000	5,824	0
HILLARY SHELTON 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	DIRECTOR 37 5	114,400	8,008	0
JUNIOR COX 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	CFO 37 5	124,800	8,736	0
Total number of other employees paid over \$50,000	32			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
PLUS THREE LP PO BOX 27462 NEW YORK, NY 100877462 COMMUNITY COUNSELING SERVICES	CONSULTING	84,500
PO BOX 27462 NEW YORK, NY 100877462 OMP	CONSULTING	320,949
1726 M STREET SUITE 300 WASHINGTON, DC 20036 GORDON FEINBLATT ROTHMAN HOFFERBERGER LLC	CONSULTING	193,362
1101 15TH STREET NW SUITE 400 WASHINGTON, DC 20005 THOMPSON COBB BAZILIO AND ASSOCIATES	LEGAL	63,953
1101 15TH STREET NW SUITE 400 WASHINGTON, DC 20005	ACCOUNTING SERVICES	138,532
Total number of others receiving over \$50,000 for professional services	2	

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 individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DRAFT PO BOX 10631 BROOKLYN, NY 11245 SHARE GROUP	FUNDRAISING EXPENSES	440,000
PO BOX 55183 BOSTON, MA 02205 AFCO	FUNDRAISING EXPENSES	393,835
260 FRANKLIN STREET SUITE 310 BOSTON, MA 02110 MARRIOTT INTERNATIONAL	GENERAL LIABILITY INSURANCE	526,603
5151 POOKS HILL ROAD BETHESDA, MD 20814 ARAMARK	LODGING AND BANQUET SERVICES	592,083
1101 MARKET STREET PHILADELPHIA, PA 19107	CATERING FOR ANNUAL CONVENTION	653,957
Total number of other contractors receiving over \$50,000 for other services	3	

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>568,390</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(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 detailed description of the lobbying activities</p>	1	Yes	
<p>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 transactions.) </p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) </p>	3a	Yes	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		No
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a	Yes	
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization 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)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state**
- 10** 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)
- 11a** 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** 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 1/3%** 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 33 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					<input type="checkbox"/>

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	12,541,016	12,598,028	11,574,804	10,553,864	47,267,712
16 Membership fees received	3,330,370	3,317,820	3,495,386	3,215,538	13,359,114
17 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	6,711,025	7,413,017	6,124,076	7,577,498	27,825,616
18 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 by the organization after June 30, 1975	283,843	335,364	755,668	243,280	1,618,155
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 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	0	0	0	0	0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	437,626	533,499	718,860	569,844	2,259,829
23 Total of lines 15 through 22	23,303,880	24,197,728	22,668,794	22,160,024	92,330,426
24 Line 23 minus line 17	16,592,855	16,784,711	16,544,718	14,582,526	64,504,810
25 Enter 1% of line 23	233,039	241,977	226,688	221,600	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 1,290,096
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 64,504,810
d Add Amounts from column (e) for lines 18 1,618,155 19 0					26d 3,877,984
22 26b 0					
e Public support (line 26c minus line 26d total)					26e 60,626,826
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 93.99%
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 sum of such amounts for each year (2006) (2005) (2004) (2003)					
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 11b, 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 (2006) (2005) (2004) (2003)					
c Add Amounts from column (e) for lines 15 16 17 20					27c
21 and line 27b total					
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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)

	Yes	No
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	
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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	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)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
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)		

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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		0
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		568,390
38	Total lobbying expenditures (add lines 36 and 37)	0	568,390
39	Other exempt purpose expenditures		21,248,706
40	Total exempt purpose expenditures (add lines 38 and 39)	0	21,817,096
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	0	1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	0	250,000
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
46 Lobbying ceiling amount (150% of line 45(e))					6,000,000
47 Total lobbying expenditures	568,390	724,226	671,996	558,219	2,522,831
48 Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
49 Grassroots ceiling amount (150% of line 48(e))					1,500,000
50 Grassroots lobbying expenditures	0	0	0	0	0

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 **c** through **h**.)
- c** Media advertisements
- d** Mailings 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** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

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 noncharitable exempt organization of
 - (i)** Cash
 - (ii)** Other assets
- b** Other transactions
 - (i)** Sales or exchanges of assets with a noncharitable exempt organization
 - (ii)** Purchases of assets from a noncharitable exempt organization
 - (iii)** Rental of facilities, equipment, or other assets
 - (iv)** Reimbursement arrangements
 - (v)** Loans or loan guarantees
 - (vi)** Performance of services or membership or fundraising solicitations

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (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 fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
NAACP NATIONAL VOTER FUND	501 (C) (4)	USE OF NAACP'S NAME

TY 2007 Investments - Other Schedule

Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF
COLORED PEOPLE

EIN: 13-1084135

Software ID: 07000149

Software Version: v1.00

Description	Book Value	Cost/FMV
INVESTMENTS IN AFFILIATES	1,608,373	C

TY 2007 Investments - Securities Schedule

Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF
COLORED PEOPLE

EIN: 13-1084135

Software ID: 07000149

Software Version: v1.00

Description	Book Value	Cost/FMV
CORPORATE BONDS	514,937	F
GOVERNMENT SECURITIES	551,585	F
OTHER	97,091	F
EQUITIES	916,930	F
MONEY MARKET	98,477	F
MUTUAL FUNDS	1,672,750	F

TY 2007 Land etc. Schedule

Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF
COLORED PEOPLE

EIN: 13-1084135

Software ID: 07000149

Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAND AND BUILDING/FURNITURE AND EQUIPMENT	7,200,850	5,906,880	1,293,970

TY 2007 Other Assets Schedule

Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF
COLORED PEOPLE

EIN: 13-1084135

Software ID: 07000149

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
OTHER ASSETS	244,685	111,757
DUE FROM AFFILIATES	2,634,309	3,673,008

TY 2007 Other Changes in Net Assets Schedule

Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF
COLORED PEOPLE

EIN: 13-1084135

Software ID: 07000149

Software Version: v1.00

Description	Amount
EXCESS OF REVENUE OVER EXPENSES	-297,652

TY 2007 Other Liabilities Schedule

Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF
COLORED PEOPLE

EIN: 13-1084135

Software ID: 07000149

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
OTHER LIABILITIES	49,565	245,701
PENSION LIABILITY	0	297,652

Additional Data

Software ID: 07000149

Software Version: v1.00

EIN: 13-1084135

Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF
COLORED PEOPLE

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<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
a INDIRECT COST ALLOCATION	43a	-737,775	3,220,199	-4,510,665	552,691
b ADVERTISING	43b	101,615	92,218	9,082	315
c OTHER EXPENSES	43c	191,441	19,547	171,894	0
d SUBSCRIPTION FEES	43d	1,524,265	132,783	1,387,283	4,199
e AWARDS	43e	812,367	560,597	251,770	0
f EDUCATION AND TRAINING	43f	33,165	28,006	5,159	0
g PROFESSIONAL FEES	43g	1,437,314	299,854	197,106	940,354
h BUSINESS INSURANCE	43h	745,846	5,610	740,236	0
i BANK CHARGES	43i	184,888	24,592	136,960	23,336
j TAXES AND REGISTRATION	43j	87,225	22,684	62,475	2,066

Form 990, Part III - Program Service Accomplishments:

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Education, General/Other EDUCATION - ADVOCATE FOR EDUCATIONAL EQUITY THROUGHOUT THE UNITED STATES (0 PERFORMANCES) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	761,828
b Education Policy Programs REGIONAL AND FIELD OFFICES - TO WORK AT LOCAL LEVEL TO IMPROVE THE EDUCATION, SOCIAL AND ECONOMIC STATUS OF MINORITIES AND PROVIDE GUIDANCE FOR AMERICA YOUTH (0 PERFORMANCES) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	4,265,729
c Public Safety, Disaster Services, General/Other DISASTER RELIEF - PROVIDE ASSISTANCE TO VICTIMS OF HURRICANE KATRINA IN THE GULF COAST AREA (0 PERFORMANCES) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	301,184
d Civil Rights Programs, General/Other VOTER EMPOWERMENT (0 PERFORMANCE) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	347,241
e Medical Research, General/Other RESEARCH AND ADVOCACY (0 PERFORMANCE) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	925,627
f International, Foreign Affairs & National Security INTERNATIONAL AFFAIRS (0 PERFORMANCE) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	176,934
g Unknown/Unclassified IMAGE AWARDS (0 PERFORMANCES) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	1,924,311
h LEGAL (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
i Religious Programs, General/Other RELIGIOUS AFFAIRS (0 PERFORMANCE) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	210,899
j Civil Rights, Social Action & Advocacy Programs, G HEALTH ADVOCACY (0 PERFORMANCES) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	174,494
k Civil Rights, Social Action & Advocacy Programs, G CONVENTION - THE CONSTITUTION OF THE NAACP MANDATES THAT A CONVENTION BE HELD EVERY YEAR TO ESTABLISH POLICIES AND PROGRAMS OF ACTIONS FOR THE UPCOMING YEAR (0 PERFORMANCES) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	3,343,378
l Youth Development Programs, General/Other YOUTH AND COLLEGE (0 PERFORMANCE) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	697,547
m Business Development Programs, General/Other FINANCIAL EMPOWERMENT INITIATIVE (0 PERFORMANCES) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
n Economic Development Programs ECONOMIC DEVELOPMENT (0 PERFORMANCES) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	188,988
o Youth Development Programs, General/Other MEMBERSHIP SERVICES (0 PERFORMANCES) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	1,165,935
p Prison Ministry Programs PRISON PROJECT (0 PERFORMANCE) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	68,045

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
NAACP NATIONAL VOTER FUND	X	
NAACP SPECIAL CONTRIBUTION FUND	X	

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

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).
94	MEMBERSHIPS DUES AND ASSESSMENTS
93 b	TO RECOGNIZE THE CONTRIBUTIONS OF MINORITIES IN THE ARTS
103 a	OTHER INCOME
93 c	TO PROVIDE SERVICES TO ORGANIZATIONS LOCAL BRANCHES
93 a	TO ESTABLISH AND SUPPORT THE ORGANIZATIONS POLICIES
93 d	TO PROVIDE TRAINING FOR LOCAL UNITS

TY 2007 Other Income Schedule

Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF
COLORED PEOPLE

EIN: 13-1084135

Software ID: 07000149

Software Version: v1.00

Description	2006	2005	2004	2003	Total
OTHER INCOME	437,626	533,499	718,860	569,844	2,259,829

TY 2007 Scholarship Award Statement

Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF
COLORED PEOPLE

EIN: 13-1084135

Software ID: 07000149

Software Version: v1.00

Statement: EACH STUDENT GOES THROUGH AN APPLICATION PROCESS TO DETERMINE NEED AND ELIGIBILITY. THE REQUEST FOR APPLICATIONS IS PUBLISHED. APPLICATIONS ARE EVALUATED BY A COMMITTEE OF BOARD MEMBERS. IMMEDIATE FAMILY MEMBERS OF BOARD AND STAFF ARE NOT ELIGIBLE FOR SCHOLARSHIPS OR LOANS.

TY 2007 Self Dealing Statement

Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF
COLORED PEOPLE

EIN: 13-1084135

Software ID: 07000149

Software Version: v1.00

Line Number	Explanation
2d	SEE PART V-A

*** 990 Online Filers. Please fax completed and signed form to 866-699-3916

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No 1545-1879

For calendar year 2007, or tax year beginning 1/1/2007, and ending 12/31/2007

2007

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF

13

1084135

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

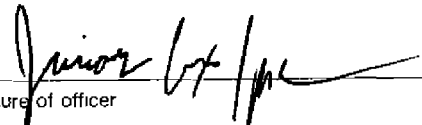
1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>\$22,454,708</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies)

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶  ▶ 11/17/08 ▶ JUNIOR COX, CFO

Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no ()		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no ()	

Joseph Wilson 11/17/08 Joseph Wilson, ThompsonCobbBazifordAssociates 1101 15th St Suite 400, Washington, DC 20005 202 778-3474