I THE ENVELOPE PROVIDED

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

OMB No 1545-0047

Open to Public

Department of the Treasury

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service For the 2005 calendar year, or tax year beginning 2005, and ending 20 D Employer identification number C Name of organization Please Check if applicable THE ELECTION CENTER 54-1547880 Address change E Telephone number print or Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Name change type 12543 WESTELLA 281-293-0101 Initial return Specific City or town, state or country, and ZIP + 4 F Accounting method: X Cash Final return Instruc-HOUSTON, TEXAS 77077-3929 Other (specify) Amended return H and I are not applicable to section 527 organizations · Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ► N/A G Website: ▶ H(c) Are all affiliates included? ☐ Yes 🂢 No J Organization type (check only one) ► 🔀 501(c) (3) < (insert no) 🗌 4947(a)(1) or 📋 527 (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an Check here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000 The organization covered by a group ruling?

Yes

No 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 Group Exemption Number ▶ M Check ▶ 🔯 if the organization is not required 1,178,614 Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch B (Form 990, 990-EZ, or 990-PF) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received: 1a Direct public support 1b **b** Indirect public support . . . 1c c Government contributions (grants) 1d d Total (add lines 1a through 1c) (cash \$ noncash \$ 989 2 2 Program service revenue including government fees and contracts (from Part VII, line 93) 173,766 3 3 Membership dues and assessments . ,293 4 4 Interest on savings and temporary cash investments 13,840 5 5 Dividends and interest from securities . 6a 6a Gross rents 6b Less rental expenses 6c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe ▶ (B) Other (A) Securities Gross amount from sales of assets other 8a than inventory 8b **b** Less cost or other basis and sales expenses 8c c Gain or (loss) (attach schedule) 0 8d d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule). If any amount is from gaming, check here ▶ □

a Gross revenue (not including \$ 9a contributions reported on line 1a) 9b **b** Less direct expenses other than fundraising expenses 9c c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances . . . 10b Less: cost of goods sold

10c c profesional from sales of inventory (attach schedule) (subtract line 10b from line 10a). 0 11 1,178,614 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 Month ise wifes (right line 44, column (B)) 842,460 13 108,625 14 Management and defieral (from line 44, column (C)) . 15 Fondseisung (from line 44, column (D)) . . 16 16 Payments to affiliates attach schedule) . .

951,085 17 Total expenses (add lines 16 and 44, column (A)) . 17 <u>227,529</u> 18 18 Excess or (deficit) for the year (subtract line 17 from line 12) . 718,635

19 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 20 Other changes in net assets or fund balances (attach explanation) 946,164

Net assets or fund balances at end of year (combine lines 18, 19, and 20) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

21

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Part II Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions) Do not include amounts reported on line (C) Management (B) Program (A) Total (D) Fundraising and general 6b, 8b, 9b, 10b, or 16 of Part I Grants and allocations (attach schedule) 22 (cash \$ _____ noncash \$ _____ 22 0 If this amount includes foreign grants, check here ▶ □ Specific assistance to individuals (attach 0 23 24 Benefits paid to or for members (attach 24 104,244 78,183 26,061 25 Compensation of officers, directors, etc ... 25 100,138 85,117 15,021 26 Other salaries and wages 26 5,059 28,669 33,728 27 Pension plan contributions 27 4,930 870 5,800 28 28 Other employee benefits . . 16,445 13,978 2,467 29 29 30 30 Professional fundraising fees . 2,321 1,160 1,161 31 31 Accounting fees 1,014 2,028 1,014 32 32 3,371 11,285 14,656 33 33 Supplies 5,223 $6,\overline{684}$ 11,907 34 34 Telephone 3,896 15,583 11,687 35 35 27,642 23,219 4,423 36 36 2,633 974 3,607 37 37 Equipment rental and maintenance 20,574 17,899 2,675 38 38 Printing and publications 44,791 11,198 33,593 39 39 524,012 524,012 40 40 Conferences, conventions, and meetings 41 41 5,976 6,640 664 42 Depreciation, depletion, etc. (attach schedule) 42 Other expenses not covered above (itemize) 43 11,969 2,154 43a 9,815 INVESTMENT FEES KATRINA VICTIMS-SALVATION 43b 5,000 5,000 ARMY CONTRIBUTION 43c 0 C 43d 0 d 0 43e е Jo

T		43T	0				
g		43g	0				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	951,085	842,460	108,625		
	t Costs. Check ▶ ☐ If you are following SOP		d	dad in (D) Dec		☐ Yes	
	any joint costs from a combined educational campaign		-				□ N
	es," enter (i) the aggregate amount of these joint cost	s \$			to Program services	\$	
(iii) t	he amount allocated to Management and general \$, and (iv) the	e amount allocated	to Fundraising \$		
<u> </u>						Form 99 ((2005

|--|

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

pai on	rm 990 is available for public inspection and, for some people, serves as the primary or sole source of in ticular organization. How the public perceives an organization in such cases may be determined by the infolits return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, grams and accomplishments.	rmation presented
All of o	rat is the organization's primary exempt purpose? ► <u>EDUCATE/TRAIN ELECTION OFFICIA</u> organizations must describe their exempt purpose achievements in a clear and concise manner. State the numbe clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4 anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1)
	THE PRIMARY PURPOSE IS THE EDUCATION & TRAINING OF ELECTION OFFICIALS & THE EXCHANGE OF INFORMATION REGARDING ELECTION LAWS & HOW TO CONDUCT ELECTIONS AT THE FEDERAL, STATE AND LOCAL LEVELS.	dulessy
b	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	842,460
С	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶]
e	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule)]

) If this amount includes foreign grants, check here >

842,460 Form **990** (2005)

(Grants and allocations

Г	ILL IA	Dalance Sneets (See the instructions	.)			
	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		54,616	45	199,614
	46	Savings and temporary cash investments .		54,433	46	135,629
			1 4= - 1			
		Accounts receivable	47a		1	0
	b	Less allowance for doubtful accounts	47b		47c	
			40.5	-	1 1	
	l .	Pledges receivable .	48a	-	400	0
			48b	<u> </u>	48c	
	49				49	
	50	Receivables from officers, directors, truste (attach schedule)	• • •		50	
	51a	Other notes and loans receivable (attach	1-4-1			
Assets		schedule)	51a			0
1SS		Less: allowance for doubtful accounts	51b		51c	
•	52	Inventories for sale or use	• • • • • • •		52	 -
	53	Prepaid expenses and deferred charges .		818,025	53	921,583
	54	Investments—securities (attach schedule) .	. ► ☐ Cost ☒ FMV	010,023	54	921,303
	55a	Investments—land, buildings, and				
		equipment. basis	55a	-		
	b	Less accumulated depreciation (attach	55b		55c	0
		schedule)			56	<u>~</u>
	56 57a	Investments—other (attach schedule) Land, buildings, and equipment basis .	57a 46,945		50	
	b	Less accumulated depreciation (attach	21 047	15 624		15 000
		schedule)	57b 31,847	15,634 1,340	5/C 58	15,098 1,340
	58	Other assets (describe ► SECURITY D	EPOSITS)	1,540	36	1,540
	59	Total assets (must equal line 74) Add lines	45 through 58	944,048	59	1,273,264
	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
	62	Deferred revenue			62	
es	63	Loans from officers, directors, trustees, and	key employees (attach			
Liabilities		schedule)			63	
iab	64a	Tax-exempt bond liabilities (attach schedule)	·		64a	··
_	b	Mortgages and other notes payable (attach s	schedule)	005 110	64b	
	65	Other liabilities (describe ► UNREALIZE	D GAINS)	225,413	65	327,100
	66	Total liabilities. Add lines 60 through 65.		225,413	66	327,100
	Orga	nizations that follow SFAS 117, check here ▶	and complete lines		~	
ģ		67 through 69 and lines 73 and 74				
ည	67	Unrestricted			67	
Ē	68	Temporarily restricted			68	
ă	69	Permanently restricted			69	
Net Assets or Fund Balances	Orga	inizations that do not follow SFAS 117, check complete lines 70 through 74	k here ▶ ☐ and			
6	70	Capital stock, trust principal, or current fund	S		70	
şţ	71	Paid-in or capital surplus, or land, building, a			71	
SSE	72	Retained earnings, endowment, accumulated	· ·	718,635	72	946,164
t A	73	Total net assets or fund balances (add line			-	
Ne		70 through 72,		710 605		046 164
	74	column (A) must equal line 19, column (B) m		718,635	73	946,164
	74	Total liabilities and net assets/fund balance	s. Add lines bb and /3	944,048	74	1,273,264

	(See the
b Amounts included on line a but not on Part I, line 12 1 Net unrealized gains on investments 2 Donated services and use of facilities 3 Recoveries of prior year grants 4 Other (specify): NO AUDITED FINANCIAL STATEMENTS ISSUED Add lines b1 through b4 c Subtract line b from line a d Amounts included on Part I, line 12, but not on line a: 1 Investment expenses not included on Part I, line 6b 2 Other (specify) Add lines d1 and d2 e Total revenue (Part I, line 12). Add lines c and d Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17: 1 Donated services and use of facilities 2 Prior year adjustments reported on Part I, line 20 3 Losses reported on Part I, line 20 4 Other (specify): Add lines b1 through b4 c Subtract line b from line a d Amounts included on Part I, line 17, but not on line a: 1 Investment expenses on included on Part I, line 6b 2 Other (specify) Add lines b1 through b4 c Subtract line b from line a d Amounts included on Part I, line 17, but not on line a: 1 Investment expenses not included on Part I, line 6b 2 Other (specify) Add lines d1 and d2 e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, d or key employee at any time during the year even if they were not compensated) (See the instructions) (A) Name and address SEE ATTACHED SCHEDULE # 1	N/A
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c Subtract line b from line a d Amounts included on Part I, line 17, but not on line a: 1 Investment expenses not included on Part I, line 6b. 2 Other (specify) Add lines d1 and d2 e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, door key employee at any time during the year even if they were not compensated) (See the instructions) (A) Name and address Title and average hours per week devoted to position SEE ATTACHED SCHEDULE # 1	•
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1 Investment expenses not included on Part I, line 6b. 2 Other (specify) Add lines d1 and d2 e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, d or key employee at any time during the year even if they were not compensated) (See the instructions) (A) Name and address Title and average hours per week devoted to position (B) (C) Compensation (I) Contributions to employee benefit plans & deferred compensation plans SEE ATTACHED SCHEDULE # 1	0
Add lines d1 and d2 e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, dor key employee at any time during the year even if they were not compensated) (See the instructions) (A) Name and address Title and average hours per week devoted to position (B) (C) Compensation (If not paid, enter week devoted to position) (B) (C) Compensation (If not paid, enter compensation plans) (B) (C) Compensation (If not paid, enter compensation plans)	
Add lines d1 and d2 e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, down or key employee at any time during the year even if they were not compensated) (See the instructions) (A) Name and address (B) (C) Compensation (ID) Continutions to employee benefit plans & deferred compensation plans SEE ATTACHED SCHEDULE # 1	
Add lines d1 and d2 e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, door 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 (I) Contributions to employee benefit plans & deferred compensation plans SEE ATTACHED SCHEDULE # 1	
Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, door 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 (ID) Combinibutions to employee benefit plans & deferred compensation plans SEE ATTACHED SCHEDULE # 1	^
Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, don't key employee at any time during the year even if they were not compensated) (See the instructions) (A) Name and address Title and average hours per week devoted to position SEE ATTACHED SCHEDULE # 1	0
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 SEE ATTACHED SCHEDULE # 1	0
(A) Name and address Title and average hours per week devoted to position (B) Title and average hours per week devoted to position (C) Compensation (I) Contributions to employee benefit plans & deferred compensation plans SEE ATTACHED SCHEDULE # 1	r, director, trustee,
SEE ATTACHED SCHEDULE # 1	
	and other allowances
143,709 18,621	
	-

Pane	f
rauc	•

-	000	(2005)

	V-A Current Officers, Directors, Trustees	and Koy Employed	ne (continued)			Yes	No No
Part	enter the total number of officers, directors, and tru			h husiness at hoard	Γ	163	100
n	neetings		► <u>6</u>	<u> </u>			
	Are any officers, directors, trustees, or key employ						
e	employees listed in Schedule A, Part I, or high contractors listed in Schedule A, Part II-A or I	nest compensated pi II-B related to each	other through	family or business			
	elationships? If "Yes," attach a statement that ide				75b		X
c [Do any officers, directors, trustees, or key employemployees listed in Schedule A, Part I, or high	ees listed in Form 990), Part V-A, or hig	phest compensated			
c	contractors listed in Schedule A, Part II-A or II-B, re	ceive compensation fi	om any other org	anizations, whether	<u> </u>	<u> </u>	
	ax exempt or taxable, that are related to this orgar Note Related organizations include section 509(a			r common control?	75c		X
C	f "Yes," attach a statement that identifies th organization and the other organization(s), ncluding amounts paid to each individual by	and describes t	he compensation	hip between this on arrangements,			
	Does the organization have a written conflict of in	terest policy?			75d		
Part	V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee receperson below and enter the amount of compositions.	ceived compensation or	other benefits (de	escribed below) during	the ye	ear, lis	ormer st that
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Experunt and lowance	i other
NONI	<u> </u>	NONE	NONE	NONE		<u>N</u>	ONE
·							
		_					
-							
Part	VI Other Information (See the instruction	s)				Yes	No
	Did the organization engage in any activity not p				76		X
	description of each activity				77		X
	Were any changes made in the organizing or gov if "Yes," attach a conformed copy of the changes		. not reported to	uie IIVO:			*
78a [Did the organization have unrelated business gro	ss income of \$1,000	or more during t	he year covered by	78a		X
	his return?				78b		A
79 \	Was there a liquidation, dissolution, termination, of a statement	=	on during the ye	ear? If "Yes," attach	79		Х
80a l	s the organization related (other than by associa common membership, governing bodies, truste						X
	organization?	/A			80a		 ^
-		and check whether it					
	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this			N/A	81b	N	A
	Sid the organization me form 1120-r OE for this	your	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		990	

Pai	t 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?	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			
020	(See instructions in Part III)	83a	Х	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N	A
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	84b	N	A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N	A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N	A
D	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			,
_	N/A			;
	Dues, assessments, and similar diriodits from members	İ	,	ĺ .
	Section 162(e) lobbying and political expenditures	1		
	Aggregate hondeductible difficult of section coco(s)(1)(1) and holders.	1		,
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 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
00	501(c)(7) orgs Enter a Initiation fees and capital contributions included on			
86	line 12	÷		1
h	Gross receipts, included on line 12, for public use of club facilities	1		
	501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A	1	160	
87 L		1	1	, ,,
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		á	× #
	sources against amounts due of reserved from them?	1		· **
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	` *	X
89a	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	į	X_
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year			
	under sections 4912, 4955, and 4958			N/A
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			N/A
90a	List the states with which a copy of this return is filed ▶ N/A			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)			_
91a	instructions) The books are in care of \triangleright DOUG LEWIS, EXEC DIRECTOR Telephone no \triangleright 281-29	<u>3-0</u>	101	·
	Located at ▶ 12543 WESTELLA HOUSTON, TEXAS ZIP + 4 ▶ 77077-392	9		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
С	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country \blacktriangleright N/A	91c	<u> </u>	X _
92	Section 4947(a)(1) nonexempt chantable 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		_	▶ □ N/A
		Earn	. 990	(2005)

Pari			usiness income		tion 512, 513, or 514	(E)
indicate	Enter gross amounts unless otherwise ed	(A)	(B)	(C)	(D)	Related or exempt function
	Program service revenue	Business code	Amount	Exclusion code	Amount	income
	CONFERENCES, WORKSHOPS AND					
b	TUITION					661,065
С						
d						
e						
f	Medicare/Medicaid payments					
	Fees and contracts from government agencies					328,650
_	Membership dues and assessments .					173,766
95	Interest on savings and temporary cash investments			ļ		1,293
	Dividends and interest from securities					13,840
97	Net rental income or (loss) from real estate:					
а	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property				·	
	Other investment income					<u> </u>
100	Gain or (loss) from sales of assets other than inventory			ļ		<u> </u>
101	Net income or (loss) from special events				·	
	Gross profit or (loss) from sales of inventory					
_	Other revenue a			<u> </u>		
b				 	<u> </u>	
С			<u> </u>		·	
d			ļ	-		
е						1 170 61
104	Subtotal (add columns (B), (D), and (E))		<u> </u>	<u></u>		1,178,614
	Total (add line 104, columns (B), (D), and (E)).				·	1,178,614
	Line 105 plus line 1d, Part I, should equal the a					
Part \	• • • • • • • • • • • • • • • • • • • •					
Line I					mportantly to the	accomplishment
<u>93</u>	of the organization's exempt purposes (other			purposes)		·
<u> </u>	SEE ATTACHED SOFFORTING	SIAIEMEN	π 2			
_		<u> </u>				
	- 					<u> </u>
Part	Information Regarding Taxable Subsi	diaries and Di	sregarded Entit	ies (See the I	nstructions)	
		(B)		100 1000 1110 1		(E)
		ercentage of nership interest	(C) Nature of a	ctivities	(D) Total income	End-of-year assets
	partitioning, or disregarded criticy own	%		-		433613
						
		%				
Part 2	X Information Regarding Transfers Assoc		sonal Benefit Cor	ntracts (See ti	he instructions)	<u> </u>
			Jona Bonon Co.			
	Did the organization, during the year, receive any funds, directly build the organization, during the year, pay premium the year, pay pay premium the year, pay pay premium the year, pay					
	e: If "Yes" to (b), file Form 8870 and Form 4720					
	Under penalties of periury, I declare that I have examine	d this return, incl				
	and belief, it is true correct, and complete. Declaration	of preparer (oth				
Please	9 7 . 100	مرا الما				
Sign	Signature of officer	~~~				
Here						
	Type or print name and title					
Paid	Preparer's signature	9				
Preparer	S Firm's name (or yours A ATAM CHADIEC	WEINER,				
Jse Only	if self-employed),	STE#530				
	address, and ZIP + 4	フェロガンンひ				

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2005

Department of the Treasury Internal Revenue Service

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

Name of the organization THE ELECTION CENTER 55-1578880 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one If there are none, enter "None") (d) Contributions to (e) Expense (b) Title and average hours (a) Name and address of each employee paid more (c) Compensation account and other employee benefit plans & than \$50,000 per week devoted to position deferred compensation allowances NONE Total number of other employees paid over \$50,000 NONE 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 NONE 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 NONE Total number of other contractors receiving over \$50,000 for other services NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

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- 1	'ao	е	_

ding of money or other extension of credit? alshing of goods, services, or facilities? ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? asfer of any part of its income or assets? you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments) you have a section 403(b) annuity plan for your employees? ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)? you maintain any separate account for participating donors where donors have the right to provide advice on use or distribution of funds?	la l	X
Inizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities Ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the sactions.) 2. exchange, or leasing of property? 2. ding of money or other extension of credit? 2. inshing of goods, services, or facilities? 2. ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2. inshing of goods, services, or facilities? 3. inshing of go	et de	X X X X X X
stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the sactions.) e, exchange, or leasing of property? ding of money or other extension of credit? pishing of goods, services, or facilities? ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? prisfer of any part of its income or assets? you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments.) you have a section 403(b) annuity plan for your employees? you maintain any separate account for participating donors where donors have the right to provide advice on use or distribution of funds? you provide credit counseling, debt management, credit repair, or debt negotiation services? Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	et de	X X X X X X
ding of money or other extension of credit? mishing of goods, services, or facilities? ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? misfer of any part of its income or assets? you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments) you have a section 403(b) annuity plan for your employees? ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)? you maintain any separate account for participating donors where donors have the right to provide advice on use or distribution of funds? you provide credit counseling, debt management, credit repair, or debt negotiation services? Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	et de	X X X X X X
ding of money or other extension of credit? Inshing of goods, services, or facilities? Inshing of goods, services, or facilities? Inshing of goods, services, or facilities? Inster of any part of its income or assets? Inster of any part of its income of any part of any pa	ec e e e e e e e e e e e e e e e e e e	X X X X X X
ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Insert of any part of its income or assets? Insert of any part of its income of any part of its	ed ee e	X X X X X
ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Inster of any part of its income or assets? Inster of any part of its income of its incom	Ba Bb Bc	X X X X
rester of any part of its income or assets? you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments) you have a section 403(b) annuity plan for your employees? ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)? you maintain any separate account for participating donors where donors have the right to provide advice on use or distribution of funds? you provide credit counseling, debt management, credit repair, or debt negotiation services? Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	da Bb Bc	X X X
you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments) you have a section 403(b) annuity plan for your employees? ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)? you maintain any separate account for participating donors where donors have the right to provide advice on use or distribution of funds? you provide credit counseling, debt management, credit repair, or debt negotiation services? Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	Bb Bc Bc	X X
ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)? you maintain any separate account for participating donors where donors have the right to provide advice on use or distribution of funds? you provide credit counseling, debt management, credit repair, or debt negotiation services? Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	a	X
you maintain any separate account for participating donors where donors have the right to provide advice on use or distribution of funds? you provide credit counseling, debt management, credit repair, or debt negotiation services? Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	а	Х
use or distribution of funds? you provide credit counseling, debt management, credit repair, or debt negotiation services? Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)		
Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)		
Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	<u></u>	
·		
A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)		
A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)		
A Rederal, state, or local government or governmental unit Section 170(b)(1)(A)(v)		
A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital and state	l's name	e, cit
An organization operated for the benefit of a college or university owned or operated by a governmental unit Section (Also complete the Support Schedule in Part IV-A)	170(b)(1)(A)(ı
An organization that normally receives a substantial part of its support from a governmental unit or from the general p Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	oublic	
A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)		
An organization that normally receives (1) more than 331/s% of its support from contributions, membership fees, and from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 331/s% from gross investment income and unrelated business taxable income (less section 511 tax) from businesses ac	of its si	uppoi
described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509	9(a)(2) (ation: Chec
Provide the following information about the supported organizations (See page 6 of the instructions)		
(a) Name(s) of supported organization(s) (b) Line null		
(a) Name(s) of supported organization(s) (b) Line null		
(a) Name(s) of supported organization(s) (b) Line null		
	organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509 the box that describes the type of supporting organization Provide the following information about the supported organizations (See page 6 of the instructions) (a) Name(s) of supported organization(s)	organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) the box that describes the type of supporting organization Type 1 Type 2 Type 3 Provide the following information about the supported organizations (See page 6 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								
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total			
15	Gifts, grants, and contributions received (Do								
	not include unusual grants See line 28)					0			
16	Membership fees received	147,375	156,739	151,325	152,311	607,750			
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	436,364	562,221	456,248	486,824	1,941,657			
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	3,798	7,524	5,982	10,381	27,685			
19	Net income from unrelated business					_			
	activities not included in line 18					0			
20	Tax revenues levied for the organization's								
	benefit and either paid to it or expended on								
	its behalf					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			
22	Other income Attach a schedule Do not								
	include gain or (loss) from sale of capital assets			640 555	640 516	0			
23	Total of lines 15 through 22	587,537		613,555	649,516	2,577,092			
24	Line 23 minus line 17	151,173	164,263						
25	Enter 1% of line 23	5,875	7,265	6,136	6,495				
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in columi	n (e), line 24	▶ <u>26a</u>	12,709			
b	Prepare a list for your records to show the nan	ne of and amount	contributed by	each person (other	er than a	ia i			
	governmental unit or publicly supported organiz	•	_	-		112,000			
	amount shown in line 26a Do not file this list wi	-		these excess am		635,435			
С	Total support for section 509(a)(1) test Enter lii			0	▶ <u>26c</u>	000,400			
d	Add Amounts from column (e) for lines 18	27,685 0	19	0	264	139,685			
			26b 112,0	00	► 26d ► 26e	495,750			
e f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera	tor) divided by 1	ine 26c (denomi	natori)	≥ 26e	78.02%			
27	Organizations described on line 12: a For person," prepare a list for your records to show	or amounts includ	led in lines 15, 1 total amounts rec	6, and 17 that w	ere received from	m a "disqualified qualified person."			
	Do not file this list with your return. Enter the	e sum of such an	nounts for each y	ear	,, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,	quamica porcon			
	(2004)		(2002)		(2001)				
	(2004) (2003) For any amount included in line 17 that was received	and from each non	_ (2002)	equalified persons	_ (2001)	for your records to			
ь	show the name of, and amount received for each v	vear, that was mor	e than the larger	of (1) the amount of	on line 25 for the v	ear or (2) \$5,000			
	(Include in the list organizations described in lines 5	5 through 11b. as w	/ell as individuals)	Do not file this list	st with your retur	n. After computing			
	the difference between the amount received and amounts) for each year	the larger amount	described in (1)	or (2), enter the s	um of these differ	ences (the excess			
	(2004) (2003)		(2002)		(2001)				
	(2004)		_ (2002)						
r	Add Amounts from column (e) for lines 15		16						
•			21		▶ 27c				
d		and line 27b tota			▶ 27d				
e	Public support (line 27c total minus line 27d to				▶ 27e	T			
f	Total support for section 509(a)(2) test Enter an	•	s, column (e)	▶ 27f					
g	Public support percentage (line 27e (numera				▶ 27g	%			
_ <u>h</u>	Investment income percentage (line 18, colu				ator)) 🕨 27h	%			
28	Unusual Grants: For an organization describe	d in line 10. 11.	or 12 that receiv	ed any unusual o	grants during 20	01 through 2004,			
	prepare a list for your records to show, for ear	ch year, the name	e of the contribut	or, 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

Private School Questionnaire (See page 7 of the instructions.) Part V N/A (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 29 other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, 30 programs, and scholarships? 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 31 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) Does the organization maintain the following 32a Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c with student admissions, programs, and scholarships? 32d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to 33 33a Students' rights or privileges? 33b Admissions policies? 33c Employment of faculty or administrative staff? 33d Scholarships or other financial assistance? 33e Educational policies? 33f f Use of facilities? 33g Athletic programs? 33h h Other extracurricular activities? 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? 34b 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

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

Pa	Int VI-A Lobbying Expenditures by El (To be completed ONLY by an		zation that filed	d Form 57	68)		N/A
Che	ck 🏲 a 🔲 if the organization belongs to an affilia	ated group Che	eck ▶ b 🗌 ify	ou checked	" a " ar	d "limited control"	provisions apply
	Limits on Lobbyi	•				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
_	(The term "expenditures" mea	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1			Organizations
36	Total lobbying expenditures to influence public			-	36 37		
37	Total lobbying expenditures to influence a legis		ct lobbying)		38		
38	Total lobbying expenditures (add lines 36 and	37)			39		
39	Other exempt purpose expenditures				40		
40	Total exempt purpose expenditures (add lines	•			40	* * * * * * * * * * * * * * * * * * * *)×
41	Lobbying nontaxable amount Enter the amount		-			*	,×
			ble amount is—				**
		of the amount on	nine 40 he excess over \$50	00 000			,
		•	e excess over \$1,0	1 1	41		
		-	e excess over \$1,5	1 1			*,
	Over \$17,000,000 \$1,000	•	E CACCOS OVER WIT,O	00,000			`
42	Grassroots nontaxable amount (enter 25% of I	•		,	42		
43	Subtract line 42 from line 36 Enter -0- if line 4	•	ne 36		43	-	
44	Subtract line 41 from line 38 Enter -0- if line 4				44		
							^
	Caution: If there is an amount on either line 43	3 or line 44, you r	nust file Form 47	20			<u> </u>
_	See the instructions for	Lob	bying Expenditu	res During		ar Averaging Pe	
	Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003		(d) 2002	(e) Total
<u>45</u>	Lobbying nontaxable amount	· · · · · · · · · · · · · · · · · · ·	ă.	₩ .		· · · · · · · · · · · · · · · · · · ·	
46	Lobbying ceiling amount (150% of line 45(e))	<i>i</i> .	.7	,*	•	e de la companya de l	
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))		## x ##	**		** ************************************	
50	Grassroots lobbying expenditures			N/A			
Pa	rt VI-B Lobbying Activity by Noneled (For reporting only by organization)	ting Public Cl tions that did	narities not complete P		See	page 11 of the	instructions)
	ng the year, did the organization attempt to influmpt to influence public opinion on a legislative m				ling a	ny Yes No	Amount
а	Volunteers						7
b	Paid staff or management (Include compensation	on in expenses re	eported on lines of	through h.)		
С	Media advertisements						
d	Mailings to members, legislators, or the public						<u> </u>
е	Publications, or published or broadcast statement	ents					
f	Grants to other organizations for lobbying purp						
g	Direct contact with legislators, their staffs, gove			-		-	
h	Rallies, demonstrations, seminars, conventions, Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a state	h h.)			ovina	activities	

Schedule	A (Form 990 or 990-EZ)	2005				Р	age 6
Part V			ransfers To and Transe page 12 of the instruct	sactions and Relationshi	ps With Nonc	harit	able
				ollowing with any other organization 527, relating to political org		ction 5	i01(c)
a Tra	ansfers from the repo	orting organization	to a noncharitable exempt o	rganization of		Yes	No
) Cash				51a(i)		\overline{X}
•) Other assets				a(ii)		X
b Otl	her transactions						!
(i) Sales or exchange	es of assets with a	noncharitable exempt organ	zation	b(i)		<u>X</u>
(ii) Purchases of asse	ets from a nonchar	itable exempt organization		b(ii)		<u>X</u>
(iii) Rental of facilities,	equipment, or oth	ner assets		b(iii)		X
(iv) Reimbursement ai	rrangements			b(iv)		X
(v) Loans or loan gua	rantees			b(v)		X
(vi) Performance of se	ervices or members	ship or fundraising solicitation	s	b(vi)		X
c Sh	aring of facilities, eq	uipment, mailing li	sts, other assets, or paid em	ployees	С		<u>X</u>
go	ods, other assets, or	services given by	the reporting organization	lule Column (b) should always should the organization received less boods, other assets, or services received.	than fair market v		
(a)	(b)		(c)	,	d)		
Line no	Amount involved	Name of nonc	chantable exempt organization	Description of transfers, transact	tions, and sharing arra	ingeme	ents
N/A					·		
					<u>.</u> .		
<u> </u>							
_							
_							
de		1(c) of the Code (or	ther than section 501(c)(3)) or	one or more tax-exempt organ in section 527?	ızatıons ▶ □ Yes	X	No
	(a)	-	(b)	(6	c)		
	Name of organiza	ation	Type of organization	Description of			
N/A					··· -		
							
	 				<u> </u>		

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

(Rev January 2006) Department of the Treasury Internal Revenue Service Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

	(S) shown on return						- 1	ntilying number
	ELECTION CENTER						54	1-1578880
	ess or activity to which this form rela-	tes						
	M 1120		Daniel II. dan Ca	-4: 170				
AT ASS	Note: If you have ar	ense Cenain v listed property.	Property Under Secomplete Part V before	ction 179 vou complete Pa	art I.			
1	Maximum amount. See the						1	\$105,000.
2	Total cost of section 179 pr		=				2	
3	Threshold cost of section 1						3	\$420,000.
4	Reduction in limitation. Sub	otract line 3 from I	ine 2. If zero or less, ent	ter -0			4	
5	Dollar limitation for tax year	r. Subtract line 4	from line 1. If zero or les	s, enter -0 If n	narried fili	ing	_	
	separately, see instructions					(6) = 1	5	
6_	(a)	Description of property		(b) Cost (business	s use only)	(C) Elected cos	st	
						·		
7	Listed property. Enter the a	amount from line 1			7			
8	Total elected cost of section				'' 		8	Formung of in annual ships in
9	Tentative deduction. Enter			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9	
10	Carryover of disallowed de						10	
11	Business income limitation						11	
12	Section 179 expense dedui					,,,,	12	
13	Carryover of disallowed de		*					
Note	Do not use Part II or Part							
Par	t II Special Depreci	ation Allowan	ce and Other Depre	eciation (Do r	ot include	e listed property.) (See	instructions.)
14	Special allowance for certa Liberty or GO Zone propert	ın aircraft, certain	property with a long pro	duction period,	and quali	fied New York		
				vice during the	tax year (see instrs) .	14	
15	Property subject to section				•		15 16	
16 Par	Other depreciation (including	<u> </u>	nclude listed property.) (\$	Can instructions	· · · · ·		10	
1 211	titi maono pepiec	nation (but not n	Section					
17	MACRS deductions for ass	ets placed in serv					17	5,419
18	If you are electing to group	•	•	-			<u> </u>	
	asset accounts, check here	e .				. •	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		 Assets Placed 	in Service During 2005 1	Tax Year Using 1	the Gener		Syster	n
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conven		I	(g) Depreciation deduction
19a	3-year property				<u> </u>			
	5-year property		6,104.	5	HY	200D	B	1,221.
	7-year property.				<u> </u>			
	10-year property	,	,		ļ			
	15-year property				 			
	20-year property			25	 	C /T		ļ
	25-year property,	· · · · · · · · · · · · · · · · · · ·		25 yrs	304	S/L		
n	Residential rental property			27.5 yrs	MM			
	 			27.5 yrs	MM			
'	Nonresidential real property			39 yrs	MM			
		Assets Blaced in	Service During 2005 Ta	y Voor Heine th			Sycto	<u></u>
20.2	Class life .	- Assets Placed II	Service During 2005 14	x rear Using th	Alterna	S/L		
	12-year	, ;		12 yrs	 	S/L		
	40			40 yrs	MM			
Par		structions)	<u> </u>	-10 YIU	1 1111			
	Listed property. Enter amount				.,, , ,		21	
	Total. Add amounts from line 12, the appropriate lines of your return	lines 14 through 17lin	es 19 and 20 in column (g), an orporations — see instructions.	d line 21 Enter here	and on	<u> </u>	22	76,640
23	For assets shown above an the portion of the basis attr	•	•		23		Į.	

•			
:	•	2/31	/05
			ms
٠		Z	FEE: 1

2005 FEDERAL DEPRECIATION SCHEDULE

PAGE 1

THE ELECTION CENTER

54-1578880

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS PCI.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC, BAL DFPR	SALVAG /BASIS _REDUCT_	DEPR. BASIS _	PRIOR DEPR	METHOD	LIFE	_RATE_	CURRENT DEPR.
FORN	A 1120														
1	COPIER	5/15/92	88	3						886	886	200DB HY	7		0
2	TYPEWRITER	10/15/92	12	9						129	129	200DB HY	7		0
3	FURNITURE	6/29/94	1,50)						1,500	1,500	200DB HY	7		0
4	FILING CABINETS	11/15/95	38	כ						380	380	200DB HY	7		0
5	VACUUM CLEANER	11/15/95	10	1						104	104	200DB HY	5		0
6	DESK	5/08/96	10)						100	100	200DB MQ	7		0
7	USED HPIII LASERJET PRINT	10/03/96	27	5						275	275	200DB MQ	5		0
8	COPIER	11/04/96	4,84	3						4,843	4,843	200DB MQ	5		0
9	OVERHEAD PROJECTOR	11/06/96	50	כ						500	500	200DB MQ	5		0
10	UPS'S	11/30/96	1,19	В						1,198	1,198	200DB MQ	5		0
11	FAX MACHINE	11/30/96	23	9						239	239	200DB MQ	5		0
12	REFRIGERATOR & MICROWAVE	8/25/97	73	0						730	730	200DB HY	5		0
13	TELEPHONE SYSTEM	7/09/97	3,28	5						3,285	3,285	200DB HY	5		0
14	PUT900/WAR150/SW230	11/14/97	1,28	0						1,280	1,280	200DB HY	5		0
15	COPIER DUPLEX UNIT	7/09/97	1,10	0						1,100	1,100	200DB HY	5		0
16	FURNITURE AND EQUIPMENT	1/01/03	21,18	2						21,182	8,214	200DB HY	7	17490	3,705
17	FURNITURE AND EQUIPMENT	1/01/04	3,11	0			1,55	5		1,555	222	200DB HY	7	.24490	381
18	COMPUTER EQUIPMENT	1/01/05	6,10	4				_		6,104		200DB HY	5	20000	1,221
	TOTAL		46,94	5	0	() 1,55	5 (0	45,390	24,985				5,307
	TOTAL DEPRECIATION		46,94	- <u>5</u>	0	() 1,55	5 (00	45,390	24,985				5,307
	GRAND TOTAL DEPRECIATION		46,94	<u>5</u>	0	(1,55	5(20	45,390	24,985				5,307

THE ELECTION CENTER EIN # 54-1578880 FORM 990 YEAR ENDED DECEMBER 31, 2005 SUPPORTING SCHEDULE # 1

PAGE 4, PART V – OFFICERS, DIRECTORS, TRUSTEE AND KEY EMPLOYEES

NAMES AND TITLES	HOURS PER WEEK	СОМР	BENEFITS
1. HONORABLE ERNEST HAWKINS, CHAIRMAN THE ELECTION CENTER P.O. BOX 965, ELK GROVE, CA 95624 916-686-7928	30	35,465	0
2. HONORABLE ALICE MILLER, BOARD MEMBE EXECUTIVE DIRECTOR, DC BOARD OF ELEC 441 FOURTH ST NW, STE # 250 WASHINGTON, DC 20001 202-727-2525		0	0
3. ROBERT MONTJOY, BOARD MEMBER PROFESSOR, PUBLIC ADMINISTRATION UNIVERSITY OF NEW ORLEANS 2000 LAKESHORE DRIVE, NEW ORLEANS,			
LA, 70148 504-280-5499 4. HONORABLE JULIE PEARSON, BOARD MEMB	15 ER	4,000	0
PENNINGTON COUNTY AUDITOR 315 ST. JOSEPH STREET RAPID CITY, SD 57701 605-394 2152 EXT # 10	-2892 10	0	0
5. HONORABLE BROOK THOMPSON, BOARD ME DIRECTOR OF ELECTIONS, STATE OF TENNES 312 EITH AVE NORTH, NASHVILLE, TN 37243 615-741-7956		0	0
6. R. DOUG LEWIS, EXECUTIVE DIRECTOR THE ELECTION CENTER 12543 WESTELLA, SUITE 100		104.244	10 (21
HOSTON, TEXAS 77077-3929	55	104,244	18,621
		<u>143,709</u>	<u>18,621</u>

THE ELECTION CENTER EIN # 54-1578880 FORM 990 YEAR ENDED DECEMBER 31, 2005 SUPPORTING SCHEDULE # 2

PAGE 6, PART VIII RELATIONSHIP OF ACTIVITIES TO EXEMPT PURPOSE:

SEE ATTACHED PAGES

ABOUT THE ELECTION CENTER

The Election Center is a nonprofit 501(c)(3) tax-exempt organization under the regulations of the Internal Revenue Service. The Election Center's purpose is to promote, preserve, and improve democracy. The Center is also known as the National Association of Election Officials.

Its members are almost exclusively government employees whose profession it is to serve in voter registration and elections administration, i.e., voter registrars, elections supervisors, elections directors, city clerk/city secretary, county clerk, county recorder, state legislative staff, state election director and Secretary of State for each of the individual states, territories, and the District of Columbia.

The Center provides its members a faxcasting service which informs and updates state, city and other elections and voter registration officials regarding legislation, regulations, court decisions, and Justice Department rulings which affect the conduct of voter registration or elections administration. Additionally, the Center performs research for such governmental units concerning the similarities and differences in state or local laws, regulations, or practices concerning voter registration and elections administration.

As the election profession's premier organization for training and certification of election and voter registration administrators, The Center also conducts annual conferences and several regional workshops and seminars throughout each year which are designed specifically for government elections units. Each of these programs is designed to improve the methods of operation and efficiency of the affected offices. The result is improved service to voters, the public, the taxpayers and to government. The Center trains between 600 and 1,000 election and voter registration administrators every year.

Continuing professional education is the cornerstone of continuous improvement of democracy through The Election Center's Professional Education Program. A joint effort of The Center and Auburn University's public administration faculty, the Professional Education Program offers college level instruction for professional growth and development of government officials in the elections and voter registration process. These classes are conducted in several locations throughout each year. The Professional Education Program won an award as the most outstanding continuing education program in America from the National College and University Continuing Education Association (1995).

The Center sponsors an annual Professional Practices contest to get government officials to submit a professional paper on the best of their office programs and practices. Such papers are then duplicated and made available to government officials throughout the U.S. for improving their own operations.

Acting as a catalyst for new ideas or working with difficult issues, it was through The Election Center:

- That state directors of elections formed the National Association of State Election Directors (NASED) and served as an incubator for NASED until the organization could operate on its own (1989).
- That the nation's elections administrators developed the first Code of Ethics for voter registrars and elections administrators (1997).

- That the United States Postal Service created the only logo for any mailer outside of the USPS itself. The national Elections Mail Logo identifies for voters and for postal employees official mail related to citizens participation in the democratic process.
- That the USPS and the elections community created the National Task Force on Postal Issues and an elections mail program that significantly improves the ability of election offices to reach voters with mail and to lower mail costs to state and local jurisdictions.
- That created the National Task for on Voting Accessibility, a joint effort of the elections community and the disability community, to improve the ability of the nation's disabled and elderly to participate unassisted in voting, and to improve voting technology for such citizens.
- That formed the National Task Force on Election Reform which was a report of the nation's elections administrators on problems and solutions related to Election 2000 and Election 2004.
- That has trained the elections officials of developing nations.
- That serves as the best single source for news and information organizations concerning elections.

Member governments can also utilize many other services such as surveys, peer review programs, consulting services, technology reviews, recruiting services for employees, and other consulting related services. The consulting services are only for voter registration and elections offices. Due to the unique nature of the responsibilities for voter registration and elections administration, nothing else in industry, or government, is comparable to these functions. These services are fee based but are designed to save jurisdictions tax dollars for services at a fraction of corporate costs for such services. Additionally, the services are performed by people who have an understanding and knowledge of the special requirements necessary for the operations of these offices.

A small professional staff is maintained to develop and administer these programs and to provide research services for members, legislators, local, state and federal elections officials. Research projects can involve in-depth surveys of major issues or specific portions of laws affecting voter registration and elections.

The Center's members also include suppliers of election products and services, including voting systems, voter registration software, voting booths, ballots, election supplies, etc. Members are able to visit with the providers of those goods and services at the national conference where members can learn what is available in the latest technology and election products.

With more than 1,000 members nationwide, The Election Center has the largest number of the state and local election and voter registration administrators as members of any elections related organization in America.

THE ELECTION CENTER EIN # 54-1578880 FORM 990 YEAR ENDED DECEMBER 31, 2005 SUPPORTING SCHEDULE # 3

BEGINNING

END

OF YEAR

OF YEAR

FORM 990 PAGE 3 LINE 54 – INVESTMENTS:

CENTURY MANAGEMENT

\$ <u>818,025</u>

\$ 921,583

Form **8868** (Rev December 2004)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

 If you are Do not comp 	iling for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (not automatic) 3-Month Extension, complete only Part II (of lete Part II unless you have already been granted an automatic 3-month extension on a part II unless you have already been granted an automatic 3-month extension on a part II unless you have already been granted an automatic 3-month extension on a part II unless you have already been granted an automatic 3-month extension on a part II unless you have already been granted an automatic 3-month extension.	on page 2 of this form). previously filed Form 8868
Part I	Automatic 3-Month Extension of Time—Only submit original (no copies ne	eded)
Form 990-T	corporations requesting an automatic 6-month extension—check this box and comp	lete Part Lonly ▶ □
All other con Partnerships	porations (including Form 990-C filers) must use Form 7004 to request an extension of REMICs, and trusts must use Form 8736 to request an extension of time to file Form	f time to file income tax retums. 1065, 1066, or 1041.
returns noted (not automat	iling (e-file). Form 8868 can be filed electronically if you want a 3-month automatic exilibelow (6 months for corporate Form 990-T filers). However, you cannot file it electronic) 3-month extension, instead you must submit the fully completed signed page 2 (electronic filing of this form, visit www.irs.gov/efile.	nically if you want the additional
Type or	Name of Exempt Organization	Employer identification number
print	THE ELECTION CENTER	54-1578880
File by the due date for	Number, street, and room or suite no lif a P O box, see instructions	
filing your return See	12543 WESTELLA, SUITE # 100	
instructions.	City, town or post office, state, and ZIP code For a foreign address, see instructions HOUSTON, TEXAS 77077	
Chack type	of return to be filed (file a separate application for each return).	
☑ Form 990		☐ Form 4720
☐ Form 990	· · · · · · · · · · · · · · · · · · ·	☐ Form 5227
☐ Form 990		☐ Form 6069
☐ Form 990	· · · · · · · · · · · · · · · · · · ·	☐ Form 8870
Telephone If the orga If this is for the wh	are in the care of ► MR. DOUG LEWIS No. ► 281-293-0101 FAX No. ► 281-293-0453 nization does not have an office or place of business in the United States, check this r a Group Return , enter the organization's four digit Group Exemption Number (GEI ole group, check this box ► If it is for part of the group, check this box ► Islns of all members the extension will cover	box ▶ □ N) If this
	t an automatic 3-month (6-months for a Form 990-T corporation) extension of time un	
to file th	e exempt organization return for the organization named above. The extension is for the	organization's return for:
	calendar year 20 or	
▶ □	tax year beginning, 20, and ending	, 20
2 If this ta	ax year is for less than 12 months, check reason 🔲 Initial return 🔲 Final return [Change in accounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative ta ndable credits. See instructions	
made, i	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax nclude any prior year overpayment allowed as a credit	<u>\$</u>
with F	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sysons	stem) See
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 845	
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 12-2004)

Form 8868 (Rev	12-2004)			Page 2
	filing for an Additional (not automatic) 3-Month Extension, complete only Part II a			
	omplete Part II if you have already been granted an automatic 3-month extension on a pre	viously filed F	orm 8868	
	filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	 		
	Additional (not automatic) 3-Month Extension of Time—Must File Origin			
Type or print print NFile by the Mexicanded date for filling the return See instructions	Name of Exempt Organization	Employer id		number
്റ്റ ്റ്റ് print	THE ELECTION CENTER	54-1578		
File by the	Number, street, and room or suite no. If a P O box, see instructions	For IRS use	only	
extended due date for	12543 WESTELLA, SUITE # 100			
不 只 filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
instructions	HOUSTON, TEXAS 77077			
m Check type	of return to be filed (File a separate application for each return)			
Form 990	Form 990-T (sec 401(a) or 408(a) trust)	□ F	orm 5227	
Form 99	· · · · · · · · · · · · · · · · · · ·	_	Form 6069	
Form 99	· · · · · · · · · · · · · · · · · · ·	_	Form 8870	
Form 99			-	
STOP: Do no	ot complete Part II if you were not already granted an automatic 3-month extension of	on a previous	ly filed For	m 8868.
(50)	are in the care of ► MR. DOUG LEWIS			
· -	No. \triangleright 281-293-0101 FAX No \triangleright 281-293-0453	_		
	nization does not have an office or place of business in the United States, check this	s hox		▶ □
	r a Group Return, enter the organization's four digit Group Exemption Number (GEN			, <u> </u>
	le group, check this box [If it is for part of the group, check this box [If it is for part of the group, check this box [If it is for part of the group, check this box [If it is for part of the group, check this box [If it is for part of the group, check this box [If it is for part of the group, check this box [If it is for part of the group, check this box [If it is for part of the group, check this box [If it is for part of the group, check this box [If it is for part of the group, check this box [If it is for part of the group, check this box] [If it is for part of the group, check this box] [If it is for part of the group, check this box] [If it is for part of the group, check this box]			
	EINs of all members the extension is for.			.,.
	st an additional 3-month extension of time until NOVEMBER 15	, 20>06		,
	endar year 2005, or other tax year-beginning, 20, and endit			, 20 .
	ax year is for less than 12 months, check reason Initial return Final return		a accountin	•
	n detail why you need the extension SEE ATTACHED.	□ Change ii	accounting	g penou
7 State II	I detail why you need the extension <u>obb minime</u> .	· -		
			· · · · ·	
On If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative t	av less anv	•	
	application is for Form 990-bL, 990-FF, 990-1, 4720, or 6009, enter the tentative translations	ax, less ally	\$	0.00
		d antimated		
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits an			
•	yments made. Include any prior year overpayment allowed as a credit and any a usly with Form 8868	amount paid	\$	0.00
•	te Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required	rod donoort	<u> </u>	
	D coupon or, if required, by using <u>EFTPS (Electronic Federal Tax Payment System)</u> See		\$	0.00
- VVILLI I	Signature and Verification	111011 00110110		
Under penalties	of perjury, I declare that I have examined this form, including accompanying schedules and statements, and	to the best of my	y knowledge a	and belief,
it is true, correct	t, and complete, and that I am authorized to prepare this form		-	·
Signature ► (Mulan CPA Title >	Date ► (08-15-2	2006
Signature : C				
	Notice to Applicant—To Be Completed by the IRS			
Z \ ''	e approved this application. Please attach this form to the organization's return		aum halaura	سررام مطاهم
date of	e not approved this application. However, we have granted a 10-day grace period from the later the organization's return (including any prior extensions). This grace period is considered to be a	or the date sn a valid extension	own below o n of time for	elections
otherwis	se required to be made on a timely return. Please attach this form to the organization's return			
☐ We hav	e not approved this application. After considering the reasons stated in item 7, we cannot grant	your request for	r an extensio	n of time
	Ve are net granting la 100 m) grace period			
	not consider this application because it was filed after the extended due date of the return for	which an exter	nsion was re	quested
☐ Other				
	凝 AUG 1 8 2006 당			
	Βy			
Director	alling Order Enter the address if you want the copy of this application for an a	Date	onth outon	non.
		idditional 3-in	Onth exten	51011
	Name and approximate the one entered above			
	Name ALAN CHALRES WEINER, P.C.EXTENSION APPROVED Number and street (include suite, room, or apt. no.) or a P.Q. box mumber			
_	Number and street (making quite record or and no law a D.O. how street			
Type or				
print			·	
	HOUSTON, TEXAS 77036			
	City or town, province or state, and country (including postal-on ZIAR COUNTY), HOUSTON, TEXAS 77036		0000	
	▼ -			