

990

Fiscal Year

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2001

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 2001 calendar year, or tax year beginning July 1 2001 and ending June 30 2002

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

C Name of organization: National Assoc of State Election Directors, PO Box 11910, Lexington, KY 40578-1910

D Employer identification number: 61 1228741, E Telephone number: 859 244-8000, F Accounting method: Cash

G Web site: WWW.nased.org

J Organization type: 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000

H and I not applicable to section 527 organizations, H(a) Is this a group return for affiliates? No, H(b) Yes enter number of affiliates: N/A, H(c) Are all affiliates included? No, H(d) Is this a separate return filed by an organization covered by a group ruling? Yes, I Enter 4 digit GEN: 5186

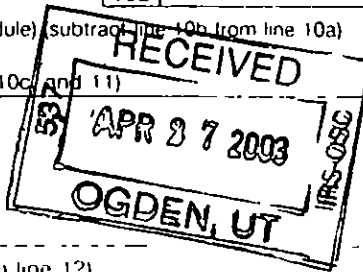
L Gross receipts Add lines 6b 8b 9b and 10b to line 12: 43,475.11

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

SCANNED MAY 07 03

Table with 21 rows and 4 columns: Description, Sub-column (A) or (B), Amount, and Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).



19 ✓

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 71.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	301.19	210.83	90.36	
34	Telephone	225.31	.00	225.31	
35	Postage and shipping	433.41	.00	433.41	
36	Occupancy	1,981.51	1,386.56	594.95	
37	Equipment rental and maintenance	207.95	.00	207.95	
38	Printing and publications	410.00	287.00	123.00	
39	Travel	2,130.25	1,491.17	639.08	
40	Conferences, conventions, and meetings	19,735.65	19,735.65		
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43a	Other expenses not covered above (itemize):				
b	See attached schedule	27,674.08	20,693.59	6,980.49	
c					
d					
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	53,099.35	43,804.80	9,294.55	-0-

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? education/research

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	Conferences - two held each year to allow a forum for exchange of information, trends and current issues attending state election directors approx 75 attendees (Grants and allocations \$ -0-) 43,804.80
b	(Grants and allocations \$)
c	(Grants and allocations \$)
d	(Grants and allocations \$)
e	Other program services (attach schedule) (Grants and allocations \$)
f	Total of Program Service Expenses (should equal line 44 column (B) Program services) <u>43,804.80</u>



Part IV Balance Sheets (See Specific Instructions on page 24)

Note		(A)		(B)
Where required attached schedules and amounts within the description column should be for end of year amounts only		Beginning of year		End of year
Assets	45 Cash—non interest bearing		45	
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50 Receivables from officers directors trustees and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule) ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments—land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment basis	57a		
	b Less accumulated depreciation (attach schedule)	57b		57c
58 Other assets (describe ▶ <u>Cash with Secretariat</u>)		40,004.96	58	30,380.72
59 Total assets (add lines 45 through 58) (must equal line 74)		40,004.96	59	30,380.72
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities (add lines 60 through 65)		- 0 -	66	- 0 -
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	40,004.96	67	30,380.72
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock trust principal or current funds		70	
	71 Paid-in or capital surplus or land building and equipment fund		71	
	72 Retained earnings endowment accumulated income or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72) column (A) must equal line 19 column (B) must equal line 21)	40,004.96	73	30,380.72
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	40,004.96	74	30,380.72

Form 990 is available for public inspection and for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore please make sure the return is complete and accurate and fully describes in Part III the organization's programs and accomplishments.



Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions page 26)

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

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

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

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid enter 0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Alice P Miller District of Columbia	resident (5)	-0-	-0-	-0-
Vicky Balogh Alabama	vice Pres. (3)	-0-	-0-	-0-
Linda Lamone Maryland	Treasurer (3)	-0-	-0-	-0-
Amy Naccarato Utah	secretary (3)	-0-	-0-	-0-
Denise Lamb New Mexico	Pres. - Elect	-0-	-0-	-0-

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If Yes, attach schedule -- see Specific Instructions on page 27



Part VI Other Information (See Specific Instructions on page 27.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity		✓
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		✓
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
b If "Yes" has it filed a tax return on Form 990-T for this year?	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement		✓
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?		✓
b If "Yes" enter the name of the organization: _____ 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	81a	-0-
b Did the organization file Form 1120-POL for this year?		✓
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?		✓
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
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
b 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?		✓
b If "Yes" did the organization include with every solicitation an express statement that such contributions or 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
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues, notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues, notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12 for public use of club facilities	86b	N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
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	✓
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ -0- section 4912 ▶ -0- section 4955 ▶ -0-		
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		
c Enter Amount of tax imposed on the organization managed under sections 4912, 4955, and 4958		
d Enter Amount of tax on line 89c above reimbursed by the organization		
90a List the states with which a copy of this return is filed ▶		
b Number of employees employed in the pay period that includes the filing date		
91 The books are in care of ▶ Council of State of _____ Located at ▶ 2760 Research Park Dr., _____		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E and enter the amount of tax exempt interest received or accrued during the year		

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts, unless otherwise indicated

	Unrelated business income		Excluded by Section 512(b)(1) or (2)		(E) Excluded or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue a <u>Conferences</u>					17,250.00
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					16,500.00
95 Interest on savings and temporary cash investments			74	526.79	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				526.79	33,750.00
105 Total (add line 104, columns (B), (D), and (E))					34,276.79

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

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)
93 a	Conferences to educate and inform state election directors relating to current issues and trends
94	Dues to offset cost of newsletters, website etc.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization during the year pay premiums directly or indirectly on a personal benefit contract? Yes No
- Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Please Sign Here: Wade S. Hittell Signature of officer Date: 3/25/03
Wade S. Hittell Controller Type or print name and title

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN (See instructions), EIN, State



SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e) 501(f) 501(k)
501(n) or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Supplementary Information—(See separate instructions)

2001

Department of the Treasury
Internal Revenue Service

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

Name of the organization

National Assoc of State Election Directors

Employer identification number

61 1228741

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None".)

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

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

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

1 During the year has the organization attempted to influence national state or local legislation including 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 ▶ \$ (Must equal amounts on line 38 Part VI A or line 1 of Part VI B)

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

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)

- a Sale exchange or leasing of property?
- b Lending of money or other extension of credit?
- c Furnishing of goods services or facilities?
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?
- e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships fellowships student loans etc? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

	Yes	No
1		✓
2a		✓
2b		✓
2c		✓
2d		✓
2e		✓
3		✓
4		✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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 supports organizations described in (1) lines 5 through 12 above or (2) section 501(c)(4) (5) or (6) if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public utility Section 509(a)(4) (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 computing from the actual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total			
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	7,819	8,084	7,926	7,749	31,578			
16 Membership fees received	17,025	18,137	13,819	16,091	65,072			
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	29,300	14,000	17,991	14,119	75,410			
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, 1997	1,452	1,380	991	970	4,793			
19 Net income from unrelated business activities not included in line 18								
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
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.								
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.								
23 Total of lines 15 through 22	55,596	41,601	40,727	38,929	176,853			
24 Line 23 minus line 17	26,296	27,601	22,736	24,810	101,443			
25 Enter 1% of line 23	556	416	407	389				
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e) line 24				26a	2,029		
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 1997 through 2000 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	101,443		
d Add Amounts from column (e) for lines	18	4,793	19		26d	4,793		
	22		26b	-0-	26e	96,650		
e Public support (line 26c minus line 26d total)					26e	96,650		
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f	95%		
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.							
(2000)	N/A	(1999)	N/A	(1998)	N/A	(1997)	N/A	
b For any amount included in line 17 that was received from each person (other than "disqualified persons") prepare a list for your records to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2000)	N/A	(1999)	N/A	(1998)	N/A	(1997)	N/A
c Add Amounts from column (e) for lines	15	N/A	16	N/A	27c	N/A		
	17	N/A	20	N/A	27d	N/A		
d Add Line 27a total	N/A	and line 27b total	N/A		27e	N/A		
e Public support (line 27c total minus line 27d total)					27e	N/A		
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	[27f]				27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g	N/A%		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h	N/A%		
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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 the grant on line 15.						-0-		



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?		
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?		
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)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body faculty and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues brochures announcements and other written communications to the public dealing with student admissions programs and scholarships?		
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)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
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?		
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		
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		



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)		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		
38 Total lobbying expenditures (add lines 36 and 37)		
39 Other exempt purpose expenditures		
40 Total exempt purpose expenditures (add lines 38 and 39)		
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	
42 Grassroots nontaxable amount (enter 25% of line 41)		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
44 Subtract line 41 from line 38. Enter 0 if line 41 is more than line 38		

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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 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:	Yes	No	Amount
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.)			- 0 -

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)(7) 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

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.

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

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

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
N/A		



**National Assoc. of State Election Directors
61-1228741**

Form 990

For the fiscal year ending June 30, 2002

Page 2

Part II Statement of Functional Expenses

	<u>Total</u>	<u>Program Services</u>	<u>Mgmt & General</u>	<u>Fund- raising</u>
Line 43a				
Other expenses				
Reimbursement for staff support	12,940 83	9,058 58	3,882 25	
Reimbursement for staff benefits	3,317 37	2,322 16	995 21	
Photocopy	33 60		33 60	
Central service fees	24 82		24 82	
Credit card merchant fees	68 60		68 60	
Indirect cost	11,288 86	9,312 85	1,976 01	
	<u>27,674 08</u>	<u>20,693 59</u>	<u>6,980 49</u>	<u>0 00</u>

**National Assoc. of State Election Directors
61-1228741**

Form 990

For the fiscal year ending June 30, 2002

Page 1

Item B Initial Return

This association is part of group exemption of the Council of State Governments, GEN No. 5186. In prior years, one return was prepared that represented all activity for the members of the group. The return was filed under EIN # 61-1242494.

As a result of an IRS audit of the Group Return for the year ending June 30, 2000 it was suggested that in future each organization file a separate Form 990 (see attached).

To comply with the request of the IRS, this is the intital return filed under EIN # 61-1228741.

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box **Note Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868**
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy

Type or print:	Name of Exempt Organization Natl. Assoc. of State Election Dir.	Employer identification number 61 1228741
File by the extended due date for filing the return. See instructions	Number, street and room or suite no. If a P.O. box see instructions PO BOX 11910	For IRS use only
	City, town or post office, state and ZIP code. For a foreign address see instructions Lexington, KY 40578-1910	

Check type of return to be filed (File a separate application for each return)

- Form 990
- Form 990-EZ
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3 month extension on a previously filed Form 8868

- If the organization does not have an office or place of business in the United States check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group check this box If it is for **part** of the group check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **May 15** 20**03**
- 5 For calendar year _____, or other tax year beginning **July 1** 20**01** and ending **June 30** 20**02**
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **more information needed for a complete return**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ **0**

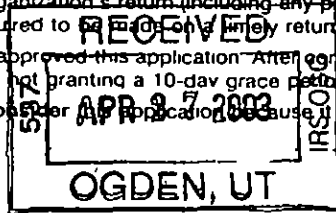
Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature **Charlotte P. Duran** Title **CPA** Date **2/14/03**

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be filed on time. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____



EXTENSION APPROVED
FFB 25 2003

LINDA WEISKOPF, FIELD DIRECTOR
SUBMISSION PROCESSING, OGDEN

Director

By _____

Date

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print:	Name
	Number and street (include suite, room, or apt no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)