

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)

2006

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 2006 calendar year, or tax year beginning 07-01, 2006, and ending 06-30, 20 07

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

C Name of organization: BLACK BOX VOTING. Number and street: 330 SW 43RD ST. Room/suite: K547. City or town, state or country, and ZIP + 4: Renton WA 98057

D Employer identification number: 20-1242136. E Telephone number: (425) 793-1030. F Accounting method: Cash [X] Accrual [] Other (specify) []

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

H and I are not applicable to section 527 organizations.

- H(a) Is this a group return for affiliates? Yes [] No [X]
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? Yes [] No []
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X]

G Website:

J Organization type (check only one) [X] 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 159,663

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for contributions, program revenue, membership dues, interest, dividends, rents, sales of assets, special events, and inventory. Total revenue is 159,663 and total expenses is 278,509, resulting in a deficit of 118,846.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	80,000	72,000	4,000	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	47,006	18,802	28,204	
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29	21,793	13,359	8,434	
30	Professional fundraising fees	30	900	900		
31	Accounting fees	31	9,655		9,655	
32	Legal fees	32	29,466	24,335	5,131	
33	Supplies	33	11,466	8,368	1,952	
34	Telephone	34	9,963	6,175	3,788	
35	Postage and shipping	35	4,696	2,938	72	
36	Occupancy	36	15,209		15,209	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	15,041	15,041		
39	Travel	39	16,776	15,273	1,503	
40	Conferences, conventions, and meetings	40	262		262	
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	7,636		7,636	
43	Other expenses not covered above (itemize): STM167					
a	TEMP LABOR	43a	7,920	7,920		
b	INSURANCE	43b	380	370	10	
c	MISCELLANEOUS	43c	340	157	183	
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	278,509	185,638	86,039	6,832

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

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

What is the organization's primary exempt purpose? ► INVTGT&RPRT ELECTION PROBLEMS

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 See SERVICES

(Grants and allocations \$) If this amount includes foreign grants, check here ► 53,835

b See SERVICES

(Grants and allocations \$) If this amount includes foreign grants, check here ► 40,841

c See SERVICES

(Grants and allocations \$) If this amount includes foreign grants, check here ► 31,558

d See SERVICES

(Grants and allocations \$) If this amount includes foreign grants, check here ► 59,404

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 185,638

Part IV Balance Sheets (See the instructions.)

		(A)		(B)	
		Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
45	Cash - non-interest-bearing	343,932	45	162,427	
46	Savings and temporary cash investments		46		
47 a	Accounts receivable	111			
47 b	Less: allowance for doubtful accounts		47c	111	
		4,000			
48 a	Pledges receivable		48a		
48 b	Less: allowance for doubtful accounts		48b		
49	Grants receivable		49		
50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
50 b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
51 a	Other notes and loans receivable (attach schedule)		51a		
51 b	Less: allowance for doubtful accounts		51b		
52	Inventories for sale or use		52		
53	Prepaid expenses and deferred charges		53		
54 a	Investments - publicly-traded securities	Cost FMV	54a		
54 b	Investments - other securities (attach schedule)	Cost FMV	54b		
55 a	Investments - land, buildings, and equipment: basis	37,081			
55 b	Less: accumulated depreciation (attach schedule) STM114	24,571	55c	12,510	
56	Investments - other (attach schedule)	23,202	56		
57 a	Land, buildings, and equipment: basis		57a		
57 b	Less: accumulated depreciation (attach schedule)		57b		
58	Other assets, including program-related investments (describe STM117)	1,267	58	1,267	
59	Total assets (must equal line 74). Add lines 45 through 58	372,401	59	176,315	
60	Accounts payable and accrued expenses	67,442	60	5,758	
61	Grants payable		61		
62	Deferred revenue		62		
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
64 a	Tax-exempt bond liabilities (attach schedule)		64a		
64 b	Mortgages and other notes payable (attach schedule)		64b		
65	Other liabilities (describe)		65		
66	Total liabilities. Add lines 60 through 65	67,442	66	5,758	
Organizations that follow SFAS 117, check here and complete lines 67 through 69 and lines 73 and 74.					
67	Unrestricted		67		
68	Temporarily restricted		68		
69	Permanently restricted		69		
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.					
70	Capital stock, trust principal, or current funds	0	70	0	
71	Paid-in or capital surplus, or land, building, and equipment fund	0	71	0	
72	Retained earnings, endowment, accumulated income, or other funds	304,959	72	186,113	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	304,959	73	186,113	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	372,401	74	191,871	

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

a	Total revenue, gains, and other support per audited financial statements		a	159,663
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	159,663
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	159,663

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

a	Total expenses and losses per audited financial statements		a	278,509
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	278,509
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	278,509

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
David H. Dudley II 330 SW 43rd St Suite K PMB 547 Renton WA 98057	Pres Bd Dir 4 hrs/wk	0	0	0
Jim March 330 SW 43rd St Suite K PMB 547 Renton WA 98057	Sec. Bd Dir 2 hrs/wk	0	0	0
Vickie Karp 330 SW 43rd St Suite K PMB 547 Renton WA 98057	Bd of Dir 2 hrs/wk	0	0	0
Rev Alfonso Meadows Jr. 330 SW 43rd St Suite K PMB 547 Renton WA 98057	Bd of Dir 2 hrs/wk	0	0	0
Gail Thomas 330 SW 43rd St Suite K PMB 547 Renton WA 98057	Bd of Dir 1 hr/mo	0	0	0
Agrippa Williams 330 SW 43rd St Suite K PMB 547 Renton WA 98057	Bd of Dir 1 hr/mo	0	0	0
Bev Harris 330 SW 43rd St Suite K PMB 547 Renton WA 98057	Director 40+ hr/wk	80,000/yr	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 3
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75b X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."
75c X
If "Yes," attach a statement that includes the information described in the instructions.
d Does the organization have a written conflict of interest policy?
75d X

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

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. The table is currently empty.

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
76 X
77 Were any changes made in the organizing or governing documents not reported to the IRS?
77 X
If "Yes," attach a conformed copy of the changes.
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78a X
b If "Yes," has it filed a tax return on Form 990-T for this year?
78b N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
79 X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80a X
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81 a Enter direct and indirect political expenditures. (See line 81 instructions.)
81a
b Did the organization file Form 1120-POL for this year?
81b X