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# Return of Organization Exempt From Income Tax

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

**2003**

**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 **2003** calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**C** Name of organization  
 Ella Baker Center for Human Rights  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 1230 Market Street PMB 409  
 City or town State or country ZIP + 4  
 San Francisco CA 94102

**D** Employer identification number  
 94-3252009

**E** Telephone number  
 415-951-4844

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Website: [www.ellabakercenter.org](http://www.ellabakercenter.org)

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,200,803**

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **N/A**  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number \_\_\_\_\_

**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 page 18 of the instructions)

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
<b>a</b> Direct public support	<b>1a</b>	1,149,273		
<b>b</b> Indirect public support	<b>1b</b>	0		
<b>c</b> Government contributions (grants)	<b>1c</b>	0		
<b>d</b> Total (add lines 1a through 1c) (cash \$ 1,149,273 noncash \$ 0)	<b>1d</b>		1,149,273	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		48,202	
<b>3</b> Membership dues and assessments	<b>3</b>		0	
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		3,328	
<b>5</b> Dividends and interest from securities	<b>5</b>		0	
<b>6a</b> Gross rents	<b>6a</b>			
<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		0	
<b>7</b> Other investment income (describe _____)	<b>7</b>		0	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b> Less: cost of other basis and sales expenses	<b>8a</b>	0	<b>8b</b>	0
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	0	<b>8c</b>	0
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			0
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	0		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	0		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		0	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		0	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		0	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		1,200,803	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		1,095,412	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		135,053	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		129,555	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		0	
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		1,360,020	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-159,217	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		528,398	
<b>20</b> Other changes in net assets or fund balances (attach explanation) Schedule 1	<b>20</b>		414,446	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		783,627	

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) Schedule 3 (cash \$ 88,459 noncash \$ 0)	88,459	88,459		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc	41,400	41,400	0	0
26	Other salaries and wages	542,619	417,394	53,825	71,400
27	Pension plan contributions	690	0	690	0
28	Other employee benefits	88,459	62,333	18,209	7,917
29	Payroll taxes	47,775	29,406	14,242	4,127
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	14,489	0	14,489	0
32	Legal fees	18,607	18,110	0	497
33	Supplies	25,551	14,099	6,615	4,837
34	Telephone	42,088	33,799	4,814	3,475
35	Postage and shipping	51,871	50,753	410	708
36	Occupancy	133,502	108,473	11,318	13,711
37	Equipment rental and maintenance	13,027	10,172	1,561	1,294
38	Printing and publications	92,228	88,714	314	3,200
39	Travel	31,293	23,187	3	8,103
40	Conferences, conventions, and meetings	27,304	20,375	2,804	4,125
41	Interest	0	0	0	0
42	Depreciation, depletion, etc (attach schedule) Schedule 5	5,208	4,189	667	352
43	Other expenses not covered above (itemize) a Insurance	3,707	3,082	-96	721
	b Dues and subscriptions	6,397	2,534	645	3,218
	c Bank charges	1,527	271	1,236	20
	d Other professional services	72,898	70,058	2,338	502
	e Community outreach	7,296	5,465	764	1,067
	f Miscellaneous	3,625	3,139	205	281
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,360,020	1,095,412	135,053	129,555

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 \$ 0, (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 page 25 of the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Services to victims of civil/human rights abuses	Program Service Expenses Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others
a Schedule 2 (Grants and allocations \$ )	1,095,412
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)	1,095,412

**Part IV Balance Sheets** (See page 25 of the instructions.)

			(A)		(B)	
			Beginning of year		End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
<b>Assets</b>	45	Cash—non-interest-bearing	524,947	45	265,109	
	46	Savings and temporary cash investments	0	46	205,816	
	47 a	Accounts receivable	0			
		<b>47a</b>				
	b	Less: allowance for doubtful accounts	0	0	47c	0
		<b>47b</b>				
	48 a	Pledges receivable	0			
		<b>48a</b>				
	b	Less: allowance for doubtful accounts	0	0	48c	0
		<b>48b</b>				
	49	Grants receivable	0	49	318,500	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0	
	51 a	Other notes and loans receivable (attach schedule)	0			
		<b>51a</b>				
	b	Less: allowance for doubtful accounts	0	3,451	51c	0
		<b>51b</b>				
	52	Inventories for sale or use	0	52	0	
	53	Prepaid expenses and deferred charges	0	53	1,436	
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0	
<b>Liabilities</b>	55 a	Investments—land, buildings, and equipment: basis	0			
		<b>55a</b>				
	b	Less: accumulated depreciation (attach schedule)	0	0	55c	0
		<b>55b</b>				
	56	Investments—other (attach schedule)	0	56	0	
	57 a	Land, buildings, and equipment: basis	31,679			
		<b>57a</b>				
	b	Less: accumulated depreciation (attach schedule) Schedule 4	21,242	0	57c	10,437
		<b>57b</b>				
	58	Other assets (describe <input type="checkbox"/> Schedule 5 )	0	58	5,699	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	528,398	59	806,997		
<b>Net Assets or Fund Balances</b>	60	Accounts payable and accrued expenses	0	60	14,395	
	61	Grants payable	0	61	8,975	
	62	Deferred revenue	0	62	0	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0	
	64 a	Tax-exempt bond liabilities (attach schedule)	0	64a	0	
	b	Mortgages and other notes payable (attach schedule)	0	64b	0	
	65	Other liabilities (describe <input type="checkbox"/> )	0	65	0	
66	<b>Total liabilities</b> (add lines 60 through 65)	0	66	23,370		
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>						
67	Unrestricted	528,398	67	307,627		
68	Temporarily restricted	0	68	476,000		
69	Permanently restricted	0	69	0		
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>						
70	Capital stock, trust principal, or current funds		70			
71	Paid-in or capital surplus, or land, building, and equipment fund		71			
72	Retained earnings, endowment, accumulated income, or other funds		72			
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	528,398	73	783,627		
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	528,398	74	806,997		

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 page 27 of the instructions)		N/A
a	Total revenue, gains, and other support per audited financial statements	a
b	Amounts included on line a but not on line 12, Form 990.	
(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 0
c	Line a minus line b	c 0
d	Amounts included on line 12, Form 990 but not on line a:	
(1)	Investment expenses not included on line 6b, Form 990 \$	
(2)	Other (specify) \$	
	----- \$	
	Add amounts on lines (1) and (2)	d 0
e	Total revenue per line 12, Form 990 (line c plus line d)	e 0

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		N/A
a	Total expenses and losses per audited financial statements	a
b	Amounts included on line a but not on line 17, Form 990	
(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 0
c	Line a minus line b	c 0
d	Amounts included on line 17, Form 990 but not on line a:	
(1)	Investment expenses not included on line 6b, Form 990 \$	
(2)	Other (specify) \$	
	----- \$	
	Add amounts on lines (1) and (2)	d 0
e	Total expenses per line 17, Form 990 (line c plus line d)	e 0

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of 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	(E) Expense account and other allowances
Anthony K. "Van" Jones 1230 Market Street #409, San Francisco, CA 94102	President/Exec Director 40 hours per week	41,400	2,436	11,422
John Anner 1440 Broadway, Suite 715, Oakland, CA 94612	Treasurer 3 hours per week	4,800	0	0
Rene Poitiven 715 Broadway, 8th Floor, New York, NY 10003	Secretary 1 hour per week	0	0	0
Monika Peek 4119 South Berkeley Ave, Chicago, IL 60653	Director 1 hour per week	0	0	0
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**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 page 28 of the instructions

Part VI Other Information (See page 28 of the instructions.)		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	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
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 <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
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	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="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	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>		
90 a	List the states with which a copy of this return is filed <input type="text" value="CA"/>		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	19
91	The books are in care of <input type="text" value="Name Ella Baker Centr for Human Rights"/> Telephone no <input type="text" value="415-951-4844"/> Located at <input type="text" value="54 Mint Street #300"/> City <input type="text" value="San Francisco"/> ST <input type="text" value="CA"/> Zip + 4 <input type="text" value="94103"/>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="92"/> N/A		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> Retreats, workshops, speaking and					
<b>b</b> training fees					13,710
<b>c</b> Referral fees					32,968
<b>d</b> Sale of educational material					1,524
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	3,328	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue. <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		3,328	48,202
<b>105</b> Total (add line 104, columns (B), (D), and (E))					51,530

**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 page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93b	Fees received for retreats, trainings, workshops and speaking related to human rights.
93c	Legal referral fees for BAPW clients. Cases referred to attorneys related to human rights.
93d	Sale of educational material related to human rights

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

**Please Sign Here**

Signature of officer: Anthony K. "VAN" Jones Date: 8-13-04

Type or print name and title: ANTHONY K. "VAN" JONES, EXECUTIVE DIRECTOR

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**Paid Preparer's Use Only**

Preparer's signature: Ghaffari, Zaragoza & Setchko LLP Date: 8/3/2004 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Ghaffari, Zaragoza & Setchko LLP EIN: 57-1155648

440 Grand Avenue, Suite 208, Oakland, CA 94610 Phone no: 510-834-6542

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

OMB No 1545-0047

**2003**

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

Employer identification number

Ella Baker Center for Human Rights

94-3252009

**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	NONE			

**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)

	Yes	No
<b>1</b> 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 ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
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.		
<b>2</b> 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)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <span style="float:right">See Part V, Form 990</span>	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	X	
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

**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 ▶ \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 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.)
- 11 a** 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.)
- 11 b** 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 safety. 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 converting from the accrual to the cash method of accounting

Table with columns for Calendar year (or fiscal year beginning in), (a) 2002, (b) 2001, (c) 2000, (d) 1999, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 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." 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. c Add: Amounts from column (e) for lines; d Add. Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)); 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.

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)

N/A

	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 )		
34 a 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)

N/A

Check **a**  if

Check **b**  if

**Limits on Lobbying Expenditures**

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

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

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					0
<b>48</b> Grassroots nontaxable amount					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures					0

**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)

N/A

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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (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.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A' in column (c).

52 a 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 (with 'X' checked in 'No' box)

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A' in column (b).

Ella Baker Center for Human Rights  
Schedules Attached to Form 990  
Year Ended December 31, 2003  
EIN: 94-3252009

**Schedule 1 - Part I, Line 20, Other changes in net assets or fund balances at beginning of year**

Record unconditional restricted commitments received prior to 12/31/02	\$387,924
Record unconditional unrestricted commitments received prior to 12/31/02	45,220
Record unrecorded liabilities at 12/31/02	(45,764)
Record net assets of Wartimes at 12/31/02, a group the organization fiscally sponsors	27,066
	\$414,446

**Schedule 2 - Part III, Statement of program service accomplishments**

	Expenses
<p><b>Bay Area Police Watch</b> - Police Watch assisted hundreds of victims of police abuse by documenting their incidents and providing them with information about their rights and legal remedies, and when warranted, referring them to our panel of cooperating attorneys who work on a pro bono basis. We also worked with Helpline callers and other community members in San Francisco and Oakland, CA to provide them with the technical assistance and skills they need to take action in their communities to get an officer disciplined or a policy changed.</p> <p style="padding-left: 40px;">Grants and allocations \$0</p>	\$156,586
<p><b>Books Not Bars</b> - After two years of grassroots organizing, media advocacy and community education, in May of 2003, Books Not Bars won our campaign to stop the dramatic expansion and relocation of the Alameda County Juvenile Hall. For the remaining months of 2003, Books Not Bars utilizes similar tactics to carry out a statewide public education campaign to persuade a broad public in favor of a reversal of the fiscal and moral tradeoff between education and incarceration.</p> <p style="padding-left: 40px;">Grants and allocations \$0</p>	346,903
<p><b>Books Not Bars Family Advocacy Project (FAP)</b> - The FAP provided parents and other guardians of incarcerated youth with information, skills and leadership development opportunities so that they could effectively advocate both for their own children and for positive reforms of the juvenile justice system. The FAP also successfully ran a membership group of low-income youth of color in Oakland, CA. The youth group utilized cultural expression, skills trainings, political education and grassroots organizing to build youth leadership and promote alternatives to incarceration and other opportunities for young people negatively impacted by the criminal justice system.</p> <p style="padding-left: 40px;">Grants and allocations \$0</p>	45,594
<p><b>FIERCE</b> - FIERCE recruited dozens of new members to their LGBTSTQ youth group, implemented an intensive education and organizing youth internship program and <i>coordinated regular outreach, education and mobilization activities related to their</i> campaign to halt the gentrification and increased policing of the Sixth Precinct in NYC and the criminalization of primarily homeless LGBTSTQ youth of color who congregate there.</p> <p style="padding-left: 40px;">Grants and allocations \$76,619</p>	207,824
<p>Other programs</p> <p style="padding-left: 40px;">Grants and allocations \$10,031</p>	338,505
	\$1,095,412

**Ella Baker Center for Human Rights**  
**Schedules Attached to Form 990**  
**Year Ended December 31, 2003**  
**EIN: 94-3252009**

**Schedule 3 - Part III, Line 22, Grants and allocations**

Name and address	Purpose of grant	Amount
FIERCE 437 W 16th Street LL New York, NY 10011	Start-up	\$76,619
Center for Young Women's Dey 1550 Bryant Street, Suite 100 San Francisco, CA 94103	Outreach & Community building	150
Independent Media Institute 77 Federal Street San Francisco, CA 94107	Outreach & Community building	250
Pueblo 1920 Park Blvd Oakland, CA 94606	Outreach & Community building	740
Wilderness Youth Project 3905 State St. #7-518 Santa Barbara, CA 93013	Outreach & Community building	300
C-Beyond 1846B Grant Street Concord, CA 94520	Outreach & Community building	50
Columbia Human Rights Committee 1230 Market Street #409 San Francisco, CA 94102	Outreach & Community building	200
Young Women United for Oakland 710 Cambell Street Oakland, CA 94607	Outreach & Community building	100
Norther Ca Community Loan Fund 870 Market Street #677 San Francisco, CA 94102	Outreach & Community building	50
Insight Arts 1545 West Morse Chicago, IL 60626	Outreach & Community building	10,000
		<u>\$88,459</u>

**Schedule 4 - Part II, line 42 and Part IV, line 57 - Depreciation and fixed assets**

Description	Method/life	Cost	Prior Depreciation	Current Depreciation	Accumulated Depreciation
Equipment	SL/3 years	\$31,679	\$16,034	\$5,208	\$21,242
		<u>\$31,679</u>	<u>\$16,034</u>	<u>\$5,208</u>	<u>\$21,242</u>

**Ella Baker Center for Human Rights  
Schedules Attached to Form 990  
Year Ended December 31, 2003  
EIN: 94-3252009**

**Schedule 5 - Part IV, Line 58, Other assets**

Employee advances	\$5,589
Misc. receivables	110
	<u>\$5,699</u>



# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

\* If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I and check this box

\* If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II (on page 2 of this form)

NOTE: DO NOT COMPLETE PART II UNLESS YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868.

**PART I** AUTOMATIC 3-MONTH EXTENSION OF TIME - Only submit original (no copies needed)

NOTE: FORM 990-T CORPORATIONS requesting an automatic 6-month extension - check this box and complete Part I only   
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

TYPE OR PRINT	Name of Exempt Organization Ella Baker Center for Human Rights in California	EMPLOYER IDENTIFICATION NUMBER 94-3252009
	Number, street, and room or suite no. If a P.O. box, see instructions. P O. Box: 1230 Market Street #409	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. San Francisco, CA 94102	

CHECK TYPE OF RETURN TO BE FILED (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

\* 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 will cover.

1 I request an automatic 3-month (6-month, for 990-T CORPORATION) extension of time until 8/16/2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  calendar year 2003 or  tax year beginning \_\_\_\_\_ , and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3 a 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 . . . . . \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit . . . . . \$ 0

c BALANCE DUE. Subtract line 3b from line 3a. 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 <u>Genevieve Zaragoza</u>	Title Certified Public Accountant	Date 5/10/2004
For Paperwork Reduction Act Notice, see Instruction	(HTA)	Form <b>8868</b> (12-2000)