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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)

# 2004

## 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 2004 calendar year, or tax year beginning , and ending

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

Please use IRS label or print or type See Specific Instructions

**C Name of organization**  
Ella Baker Center for Human Rights

Number and street (or P O box if mail is not delivered to street address) Room/suite  
344 40th Street

City or town State or country ZIP + 4  
Oakland CA 94609

**D Employer identification number**  
94-3252009

**E Telephone number**  
(510) 428-3939

**F Accounting method.**  Cash  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
- 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 ▶

**G Website:** ▶ 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.**

**M** Check  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 ▶ 1,538,947

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

SCANNED SEP 20 '05

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support	1a		1,523,608		
	b	Indirect public support	1b		0		
	c	Government contributions (grants)	1c		0		
	d	<b>Total</b> (add lines 1a through 1c) (cash \$ 0 noncash \$ 0)				1d	1,523,608
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	8,483
	3	Membership dues and assessments				3	0
	4	Interest on savings and temporary cash investments				4	3,559
	5	Dividends and interest from securities				5	0
	6a	Gross rents	6a				
	b	Less rental expenses	6b				
	c	Net rental income or (loss) (subtract line 6b from line 6a)				6c	0
7	Other investment income (describe ▶ )				7	0	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
		0	8a	0			
		0	8b	0			
c	Gain or (loss) (attach schedule)	0	8c	0			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	0	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>						
a	Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a		0			
b	Less direct expenses other than fundraising expenses	9b		0			
c	Net income or (loss) from special events (subtract line 9b from line 9a)				9c	0	
10a	Gross sales of inventory, less returns and allowances	10a					
		10b					
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	0	
11	Other revenue (from Part VII, line 103)				11	3,297	
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	1,538,947	
Expenses	13	Program services (from line 44, column (B))				13	884,542
	14	Management and general (from line 44, column (C))				14	358,612
	15	Fundraising (from line 44, column (D))				15	82,353
	16	Payments to affiliates (attach schedule)				16	0
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))				17	1,325,507
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	213,440
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	783,627
	20	Other changes in net assets or fund balances (attach explanation) <b>Schedule 1</b>				20	125,047
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	1,122,114

**RECEIVED**  
 AUG 19 2005  
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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) <b>Schedule 2</b> (cash \$ 3,575 noncash \$ 0)	22 3,575	3,575		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25	Compensation of officers, directors, etc	25 44,410	32,750	6,100	5,560
26	Other salaries and wages	26 614,417	331,780	247,325	35,312
27	Pension plan contributions	27 0	0	0	0
28	Other employee benefits	28 60,193	2,654	57,489	50
29	Payroll taxes	29 51,637	28,219	20,289	3,129
30	Professional fundraising fees	30 0	0	0	0
31	Accounting fees	31 20,077	0	20,077	0
32	Legal fees	32 0	0	0	0
33	Supplies	33 29,393	13,877	14,080	1,436
34	Telephone	34 34,205	2,153	31,983	69
35	Postage and shipping	35 5,839	1,435	3,689	715
36	Occupancy	36 84,144	10,837	73,307	0
37	Equipment rental and maintenance	37 6,746	0	6,746	0
38	Printing and publications	38 42,610	24,928	10,922	6,760
39	Travel	39 35,934	34,412	756	766
40	Conferences, conventions, and meetings	40 13,083	10,725	2,025	333
41	Interest	41 0	0	0	0
42	Depreciation, depletion, etc (attach schedule) <b>Schedule 3</b>	42 5,218	0	5,218	0
43	Other expenses not covered above (itemize) <b>a Schedule 5</b>	43a 274,026	387,197	-141,394	28,223
b		43b 0			
c		43c 0			
d		43d 0			
e		43e 0			
f		43f 0			
44	<b>Total functional expenses</b> (add lines 22 through 43) <b>Organizations completing columns (B)-(D), carry these totals to lines 13—15</b>	44 1,325,507	884,542	358,612	82,353

**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 \$ 8,000, (ii) the amount allocated to Program services \$ 6,560,  
 (iii) the amount allocated to Management and general \$ 880, and (iv) the amount allocated to Fundraising \$ 560

**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)
<b>a Schedule 4</b>	
(Grants and allocations \$ )	
<b>b</b>	
(Grants and allocations \$ )	
<b>c</b>	
(Grants and allocations \$ )	
<b>d</b>	
(Grants and allocations \$ )	
<b>e Other program services</b> (attach schedule) (Grants and allocations \$ )	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	884,542

**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>	<b>45</b>	Cash—non-interest-bearing		265,109	<b>45</b>	513,086
	<b>46</b>	Savings and temporary cash investments		205,816	<b>46</b>	254,676
	<b>47 a</b>	Accounts receivable	<b>47a</b> 0			
	<b>b</b>	Less: allowance for doubtful accounts	<b>47b</b> 0	0	<b>47c</b>	0
	<b>48 a</b>	Pledges receivable	<b>48a</b> 0			
	<b>b</b>	Less: allowance for doubtful accounts	<b>48b</b> 0	0	<b>48c</b>	0
	<b>49</b>	Grants receivable		318,500	<b>49</b>	373,000
	<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	<b>50</b>	0
	<b>51 a</b>	Other notes and loans receivable (attach schedule)	<b>51a</b> 0			
	<b>b</b>	Less: allowance for doubtful accounts	<b>51b</b> 0	0	<b>51c</b>	0
	<b>52</b>	Inventories for sale or use		0	<b>52</b>	0
	<b>53</b>	Prepaid expenses and deferred charges		1,436	<b>53</b>	2,107
	<b>54</b>	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	<b>54</b>	0
	<b>55 a</b>	Investments—land, buildings, and equipment basis	<b>55a</b> 0			
	<b>b</b>	Less: accumulated depreciation (attach schedule)	<b>55b</b> 0	0	<b>55c</b>	0
<b>56</b>	Investments—other (attach schedule)		0	<b>56</b>	0	
<b>57 a</b>	Land, buildings, and equipment, basis	<b>57a</b> 31,679				
<b>b</b>	Less: accumulated depreciation (attach schedule) <b>Schedule 3</b>	<b>57b</b> 26,461	10,437	<b>57c</b>	5,218	
<b>58</b>	Other assets (describe <b>Schedule 6</b> )		5,699	<b>58</b>	8,700	
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		806,997	<b>59</b>	1,156,787	
<b>Liabilities</b>	<b>60</b>	Accounts payable and accrued expenses		14,395	<b>60</b>	34,673
	<b>61</b>	Grants payable		8,975	<b>61</b>	0
	<b>62</b>	Deferred revenue		0	<b>62</b>	0
	<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule)		0	<b>63</b>	0
	<b>64 a</b>	Tax-exempt bond liabilities (attach schedule)		0	<b>64a</b>	0
	<b>b</b>	Mortgages and other notes payable (attach schedule)		0	<b>64b</b>	0
	<b>65</b>	Other liabilities (describe)		0	<b>65</b>	0
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65)		23,370	<b>66</b>	34,673	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>					
	<b>67</b>	Unrestricted		307,627	<b>67</b>	339,202
	<b>68</b>	Temporarily restricted		476,000	<b>68</b>	782,912
	<b>69</b>	Permanently restricted		0	<b>69</b>	0
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>					
	<b>70</b>	Capital stock, trust principal, or current funds			<b>70</b>	
	<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>	
	<b>72</b>	Retained earnings, endowment, accumulated income, or other funds			<b>72</b>	
<b>73</b>	<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)		783,627	<b>73</b>	1,122,114	
<b>74</b>	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		806,997	<b>74</b>	1,156,787	

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)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,538,947
<b>b</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>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	1,538,947
<b>d</b>	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)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	1,538,947

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,325,507
<b>b</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>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	1,325,507
<b>d</b>	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)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	1,325,507

**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
Name John Anner Str 344 40th Street City Oakland ST CA ZIP 94609	Title Chair Hr/WK 2	10,331	0	0
Name Lisa Spinali Str 344 40th Street City Oakland ST CA ZIP 94609	Title Interim Treasurer Hr/WK 4	0	0	0
Name Juliet Ellis Str 344 40th Street City Oakland ST CA ZIP 94609	Title Director Hr/WK 1	0	0	0
Name Anthony Jones Str 344 40th Street City Oakland ST CA ZIP 94609	Title Exec. Director Hr/WK 40	44,410	2,640	0
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			

**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)

Table with columns for question number, question text, and Yes/No columns. Includes rows 76 through 92 with various organizational details and financial information.

**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, training, educational events &					
<b>b</b> speaking fees					7,047
<b>c</b> Referral fees					311
<b>d</b> Membership Dues					1,125
<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	3,559	
<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> Misc Receipts			01	3,297	
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		6,856	8,483
<b>105</b> Total (add line 104, columns (B), (D), and (E))					15,339

**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)
93a & b	Fees from participants in retreats, trainings, educational and speaking events to educate attendees about issues related to EBC's programs which include criminal/juvenile justice system, police misconduct & environmental justice.
93c	Attorney referral fees relate to services provided to BAPW clients which is directly related to EBC's exempt purposes
93d	Through membership of panel attorneys, EBC is able to maintain a system to refer clients to qualified attorneys

**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. Jones Date: 8/15/2005

Type or print name and title: Anthony K. Jones, Executive Director Date: 8/15/2005

**Paid Preparer's Use Only**

Preparer's signature: Ghaffari Zaragoza LLP Date: 8/1/2005 Check if self-employed:

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

440 Grand Ave., Ste. 208, Oakland, CA 94610 Phone no: (510)834-6542

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2004**

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

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
Name <b>None</b>				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Total number of other employees paid over \$50,000	<b>None</b>			

**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
Name McKinsey & Co. Check here if a business <input checked="" type="checkbox"/>		
Str P.O. Box 7247-7255		
City Philadelphia		
ST PA ZIP 19170 Country	Consulting	197,534
Name Check here if a business <input type="checkbox"/>		
Str		
City		
ST ZIP Country		
Name Check here if a business <input type="checkbox"/>		
Str		
City		
ST ZIP Country		
Name Check here if a business <input type="checkbox"/>		
Str		
City		
ST ZIP Country		
Name Check here if a business <input type="checkbox"/>		
Str		
City		
ST ZIP Country		
Total number of others receiving over \$50,000 for professional services	<b>None</b>	



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

		Yes	No
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 ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i 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		X
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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3 a	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	Do you have a section 403(b) annuity plan for your employees?		X
4 a	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
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Schedule 7**  
See Part V, Form 990

**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 5 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	830,773	1,335,842	957,453	788,861	3,912,929
16 Membership fees received	0	0	0	0	0
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	48,202	17,055	2,421	13,850	81,528
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,328	2,548	5,758	20	11,654
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	882,303	1,355,445	965,632	802,731	4,006,111
24 Line 23 minus line 17	834,101	1,338,390	963,211	788,881	3,924,583
25 Enter 1% of line 23	8,823	13,554	9,656	8,027	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	78,492
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 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	1,174,272
c Total support for section 509(a)(1) test Enter line 24, column (e)	▶	26c	3,924,583
d Add Amounts from column (e) for lines 18 <u>11,654</u> 19 <u>0</u> 22 <u>0</u> 26b <u>1,174,272</u>	▶	26d	1,185,926
e Public support (line 26c minus line 26d total)	▶	26e	2,738,657
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	69.78%

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	N/A		
(2003) ..... (2002) ..... (2001) ..... (2000) .....			
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			
(2003) ..... (2002) ..... (2001) ..... (2000) .....			
c Add Amounts from column (e) for lines 15 <u>0</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u>	▶	27c	0
d Add Line 27a total <u>0</u> and line 27b total <u>0</u>	▶	27d	0
e Public support (line 27c total minus line 27d total)	▶	27e	0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	▶	27f	0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	0.00%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

None

**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)

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

**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	0
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	0	0
38	Total lobbying expenditures (add lines 36 and 37)	0	0
39	Other exempt purpose expenditures	0	1,325,527
40	Total exempt purpose expenditures (add lines 38 and 39)	0	1,325,527
41	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		
41		0	207,553
42	Grassroots nontaxable amount (enter 25% of line 41)	0	51,888
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	0

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

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
45	Lobbying nontaxable amount	207,553	0	0	0	207,553
46	Lobbying ceiling amount (150% of line 45(e))					311,330
47	Total lobbying expenditures	0	0	0	0	0
48	Grassroots nontaxable amount	51,888	0	0	0	51,888
49	Grassroots ceiling amount (150% of line 48(e))					77,832
50	Grassroots lobbying expenditures	0	0	0	0	0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions ) 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

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

Yes	No	Amount
		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 11 of the instructions )

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash (ii) Other assets
b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column contains 'X' for all rows.

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.

Schedule table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

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?

Response area with Yes/No checkboxes. 'No' is selected with an 'X'.

b If "Yes," complete the following schedule

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

**Ella Baker Center for Human Rights**  
**Schedules Attached to Form 990**  
**Year Ended December 31, 2004**  
**EIN: 94-3252009**

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

Record temporarily restricted commitments received prior to 12/31/03	\$152,500
Spun-off Wartimes in 2004, a group the organization fiscally sponsored	<u>(27,453)</u>
	<u>\$125,047</u>

**Schedule 2 - Part III, Line 22, Grants and allocations**

Name and address	Purpose of grant	Amount
Leadership Excellence 1629 Telegraph Avenue, 5th Floor Oakland, CA 94612	The National Hip Hop Convention	\$300
East Meets West Foundation P.O. Box 29292 Oakland, CA 94604	Support work of program	1,000
Labor/Community Strategy Center 3780 Wilshire Blvd, Suite 1200 Los Angeles, CA 90010	Advertisement in program booklet	300
EBASE 1714 Franklin Street, Suite 325 Oakland, CA 94612	Advertisement in event program booklet	125
Korean Community Center of the East Bay 4390 Telegraph Avenue, Suite A Oakland, CA 94609	Advertisement in 27th anniversary program booklet	250
United for Peace and Justice Times Square Station, P.O. Box 607 New York, NY 10108	Support work of program	250
Pena Pacha Mama/TEAM! 1630 Powell Street San Francisco, CA 94102	Support work of program	100

**Ella Baker Center for Human Rights  
Schedules Attached to Form 990  
Year Ended December 31, 2004  
EIN: 94-3252009**

**Schedule 2 - Part III, Line 22, Grants and allocations (Continued)**

Name and address	Purpose of grant	Amount
CTWO 1218 East 21st Street Oakland, CA 94606	Advertisement in event booklet	100
Malcom X Grassroots Movement P.O. Box 3585 Oakland, CA 94609	Support work of program	450
No on Measure Y 3746 39th Avenue Oakland, CA 94619	Support work of program	100
October 22nd Coalition P.O. Box 2627 New York, NY 10009	Support work of program	100
Equal Justice Society 3608 16th Street San Francisco, CA 94114	Support work of program	250
Just Cause P.O. Box 3596 Oakland, CA 94609	Sponsorship for annual event	250
		3,575

**Schedule 3 - 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	\$21,243	\$5,218	\$26,461
		\$31,679	\$21,243	\$5,218	\$26,461

**Ella Baker Center for Human Rights**  
**Schedules Attached to Form 990**  
**Year Ended December 31, 2004**  
**EIN: 94-3252009**

**Schedule 4 - Part III, Statement of program service accomplishments**

Expenses

**Books Not Bars** grew our Families for BNB membership to more than 250 members across the state and our local youth group membership to over 200 members. We surveyed hundreds of parents and youth impacted by the CYA and created a reform platform. BNB staff and parent members met with the CYA Director and other officials; we also held several public forums and media events related to this platform. As a direct result, CYA Director Walter Allen reduced the use of 23-hour a day lockdown, closed the infamous Tamarack "dungeon" unit in the Preston CYA facility, established families councils at all the CYA facilities, and traveled twice to Missouri (a state with a more "restorative" model juvenile justice system). BNB produced, released and distributed a documentary on CYA that has since won two national awards. The film was distributed to juvenile justice officials across the state. BNB also provided hundreds of hours of individual advocacy assistance for parents of incarcerated youth.

Grants and allocations: \$2,325

\$635,711

**Bay Area Police Watch** provided hundreds of hotline callers with information about their rights and legal and other remedies for police abuse; held more than a dozen community and media events, including rallies, protests, community meetings, accountability sessions and press conferences; facilitated more than a dozen workshops/legal clinics on a range of legal issues related to police/criminal justice system misconduct and accountability; engaged in weekly policy advocacy work to expose, challenge and reform harmful police practices and policies; BAPW has helped to form and facilitate regular meetings of several networks and adhoc coalitions working on police accountability issues and related issues in the Bay Area.

Grants and allocations: \$200

133,377

**Reclaim the Future** educated and inspired diverse audiences, from local law students to statewide labor leaders to international mayors, with our solutions-oriented "green jobs not jails" vision. We created venues for building trust, laying a foundation for genuine alliances between environmental justice, economic justice and ecology organizations that would otherwise not have intersected. We positively impacted the UN World Environment Day 2005 Accords and festivities. We convinced a national training program of urban youth (YouthBuild) to go "green." And we made significant progress in our efforts to mobilize the broad range of constituencies, including prison re-entry programs, socially responsible businesses and policy leaders, necessary to launch our first demonstration project.

Grants and allocations: \$1,050

115,454

\$884,542



**Ella Baker Center for Human Rights**  
**Schedules Attached to Form 990**  
**Year Ended December 31, 2004**  
**EIN: 94-3252009**

**Schedule 5 - Part II, line 43 - Other expenses**

	(A) Total	(B) Program services	(C) Mgmt. and general	(D) Fundraising
Professional services	\$233,518	\$10,204	\$223,314	\$0
Client expense	4,556	4,471	0	85
Insurance	3,426	300	3,791	(665)
Dues and subscriptions	5,420	3,973	769	678
Staff development	17,261	13,985	2,591	685
Bank Charges	720	25	429	266
Miscellaneous	9,125	8,375	750	0
Shared cost allocaion	0	345,864	(373,038)	27,174
	<u>\$274,026</u>	<u>\$387,197</u>	<u>(\$141,394)</u>	<u>\$28,223</u>

**Schedule 6 - Part IV, Line 58, Other assets**

Deposits	\$7,560
Misc. receivables	<u>1,140</u>
	<u>\$8,700</u>

**Schedule 7 - Schedule A, Line 2c, Furnishing of goods, services, or facilities**

John Anner, Board Chair, took leave from board for fiscal year 2004 without voting on any board motions and performed consulting services for organization and board development. Ella Baker Center paid him \$10,331 for his services.

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

OMB No 1545-1709

▶ 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).

**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)

**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.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>Ella Baker Center for Human Rights</b>	Employer identification number <b>94-3252009</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O. box, see instructions <b>344 - 40th Street</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Oakland, CA 94609</b>	

**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 |

• The books are in the care of ▶ Ella Baker Center for Human Rights .....

Telephone No. ▶ (510) 428-3939 ..... FAX No. ▶ (510) 428-3940 .....

• 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-months for a **Form 990-T corporation**) extension of time until 8/15/2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2004 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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.