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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)

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 2005 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			D Employer identification number 94-3252009	
	Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Telephone number	
	344 40th Street			(510) 428-3939	
	City or town	State or country	ZIP + 4	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
	Oakland	CA	94609	<input type="checkbox"/> 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

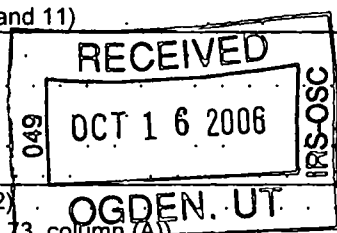
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,685,485

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 the instructions)

SCANNED OCT 20 2006

	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a		1,383,643	
	b Indirect public support	1b		0	
	c Government contributions (grants)	1c		0	
	d Total (add lines 1a through 1c) (cash \$ 1,379,943 noncash \$ 3,700)	1d			1,383,643
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			1,015
	3 Membership dues and assessments	3			0
	4 Interest on savings and temporary cash investments	4			0
	5 Dividends and interest from securities	5			408
	6 a 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
	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		300,000	8a	0	
	b Less cost or other basis and sales expenses	296,700	8b	0	
	c Gain or (loss) (attach schedule) Schedule 1	3,300	8c	0	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d		3,300
	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
	10 a Gross sales of inventory, less returns and allowances	10a		0	
	b Less cost of goods sold	10b		0	
	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			419
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,388,785
Expenses	13 Program services (from line 44, column (B))	13			1,184,566
	14 Management and general (from line 44, column (C))	14			169,468
	15 Fundraising (from line 44, column (D))	15			221,150
	16 Payments to affiliates (attach schedule)	16			0
	17 Total expenses (add lines 16 and 44, column (A))	17			1,575,184
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			-186,399
	19 Net assets or fund balances at beginning of year (from line 13, column (A))	19			1,122,114
	20 Other changes in net assets or fund balances (attach explanation) Unrelized gain on investment	20			772
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			936,487



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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 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 2 (cash \$ <u>5,665</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22	5,385	5,385	
23	Specific assistance to individuals (attach schedule) Schedule 3	23	6,489	6,489	
24	Benefits paid to or for members (attach schedule)	24	0	0	
25	Compensation of officers, directors, etc.	25	60,500	40,075	6,800
26	Other salaries and wages	26	815,299	630,207	67,782
27	Pension plan contributions	27	7,582	5,008	1,656
28	Other employee benefits	28	63,012	40,506	14,219
29	Payroll taxes	29	83,501	61,267	10,698
30	Professional fundraising fees	30	0	0	0
31	Accounting fees	31	30,538	390	30,148
32	Legal fees	32	0	0	0
33	Supplies	33	46,958	14,111	25,469
34	Telephone	34	41,649	1,657	36,755
35	Postage and shipping	35	12,708	5,806	5,052
36	Occupancy	36	116,377	10,399	105,718
37	Equipment rental and maintenance	37	9,109	422	8,687
38	Printing and publications	38	103,176	74,901	995
39	Travel	39	58,414	56,543	675
40	Conferences, conventions, and meetings	40	16,142	13,962	1,137
41	Interest	41	0	0	0
42	Depreciation, depletion, etc (attach schedule) Schedule 4	42	7,388	0	7,388
43	Other expenses not covered above (itemize):				
a	Schedule 5	43a	90,957	217,438	-153,711
b	-----	43b	0	0	0
c	-----	43c	0	0	0
d	-----	43d	0	0	0
e	-----	43e	0	0	0
f	-----	43f	0	0	0
g	-----	43g	0	0	0
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,575,184	1,184,566	169,468

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 \$ 5,343, (ii) the amount allocated to Program services \$ 3,256, (iii) the amount allocated to Management and general \$ 0, and (iv) the amount allocated to Fundraising \$ 2,087

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

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

<p>What is the organization's primary exempt purpose? ► Services to victims of civil/human rights abuses</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</p>
<p>a Schedule 6</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ 5,385) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>1,184,846</p>
<p>b</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/></p>	<p>1,184,846</p>

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	513,086	45	572,254
	46 Savings and temporary cash investments	254,676	46	0
	47 a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	0	47c 0
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable	373,000	49	200,035
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use	0	52	0
	53 Prepaid expenses and deferred charges	2,107	53	9,276
	54 Investments—securities (attach schedule) Sch. 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0	54	202,193
	Liabilities	55 a Investments—land, buildings, and equipment basis	55a 0	
b Less: accumulated depreciation (attach schedule)		55b 0	0	55c 0
56 Investments—other (attach schedule)		0	56	0
57 a Land, buildings, and equipment, basis		57a 38,188		
b Less: accumulated depreciation (attach schedule) Schedule 4		57b 33,848	5,218	57c 4,340
58 Other assets (describe <input type="checkbox"/> Deposits)		8,700	58	6,900
59 Total assets (must equal line 74). Add lines 45 through 58	1,156,787	59	994,998	
Net Assets or Fund Balances	60 Accounts payable and accrued expenses	34,673	60	58,511
	61 Grants payable	0	61	0
	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 Total liabilities. Add lines 60 through 65	34,673	66	58,511	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	339,202	67	366,944
	68 Temporarily restricted	782,912	68	569,543
	69 Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,122,114	73	936,487	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,156,787	74	994,998	

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

a	Total revenue, gains, and other support per audited financial statements		a	1,390,177
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1 772		
2	Donated services and use of facilities	b2 620		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4 0		
	Add lines b1 through b4		b	1,392
c	Subtract line b from line a		c	1,388,785
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2 0		
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	1,388,785

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

a	Total expenses and losses per audited financial statements		a	1,575,804
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1 620		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4 0		
	Add lines b1 through b4		b	620
c	Subtract line b from line a		c	1,575,184
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2 0		
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	1,575,184

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name John Anner Str 344 40th Street City Oakland ST CA ZIP 94609	Title Chair Hr/WK 2	0	0	0
Name Lisa Spinali Str 344 40th Street City Oakland ST CA ZIP 94609	Title Interm Treasurer Hr/WK 1	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 Judy Appel 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	60,500	2,250	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 _____			

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

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 4		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

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

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name None Str City ST ZIP				
Name Str City ST ZIP				
Name Str City ST ZIP				
Name Str City ST ZIP				
Name Str City ST ZIP				
Name Str City ST ZIP				
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Name Str City ST ZIP				
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Name Str City ST ZIP				

Part VI Other Information (See 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 ► N/A 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 N/A		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

Yes	No
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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	620	
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 <i>501(c)(4), (5), or (6) organizations</i> 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 <i>501(c)(7) orgs</i> 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 <i>501(c)(12) orgs</i> 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 <i>501(c)(3) organizations</i> 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 <i>501(c)(3) and 501(c)(4) orgs</i> 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="California"/>			
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b		29
91 a The books are in care of <input type="text" value="Name Diana Frappier"/> Telephone no <input type="text" value="415-951-4844"/> Located at <input type="text" value="344 40th Street"/> City <input type="text" value="Oakland"/> ST <input type="text" value="CA"/> ZIP + 4 <input type="text" value="94609"/>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text" value="N/A"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="text" value="N/A"/>	91c		X
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	92	N/A	

Part VII Analysis of Income-Producing Activities (See 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	
93 Program service revenue					
a Speaker Fees					1,015
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	408	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	3,300	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a Miscellaneous Receipts			01	419	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		4,127	1,015
105 Total (add line 104, columns (B), (D), and (E))					5,142

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 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	Speaking fees are for speaking of Exec. Director at various events to educate attendees about issues related to our programs This would include the criminal/juvenile justice system, police misconduct and environmental justice.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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)

Please Sign Here

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

Signature of officer: Anthony K. VAN Jones Date: 10-3-06

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

Paid Preparer's Use Only

Preparer's signature: Ghaffari Zaragoza LLP Date: 9/15/2006 Check if self-employed:

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

1330 Broadway, Ste. 430, Oakland, CA 94612 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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **Ella Baker Center for Human Rights**
Employer identification number: **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
Diana Frappier 344 40th Street, Oakland, CA 94609	Director of Operations 40 hours/week	50,516	5,002	0

Total number of other employees paid over \$50,000 ▶ 0

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services ▶ 0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of other contractors receiving over \$50,000 for other services ▶ 0

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)		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			
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?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V and Schedule 8	2d	X
e	Transfer of any part of its income or assets?	2e	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)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	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?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

(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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,469,108	830,773	1,335,842	957,453	4,593,176
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	11,780	48,202	17,055	2,421	79,458
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	3,559	3,328	2,548	5,758	15,193
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	1,484,447	882,303	1,355,445	965,632	4,687,827
24 Line 23 minus line 17	1,472,667	834,101	1,338,390	963,211	4,608,369
25 Enter 1% of line 23	14,844	8,823	13,554	9,656	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 92,167
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 1,532,588
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 4,608,369
d Add Amounts from column (e) for lines 18 15,193 19 0					26d 1,547,781
22 0 26b 1,532,588					26e 3,060,588
e Public support (line 26c minus line 26d total)					26f 66.41%
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 " Do not file this list with your return. Enter the sum of such amounts for each year				N/A
(2004) (2003) (2002) (2001)					
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 11b, 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					
(2004) (2003) (2002) (2001)					
c Add Amounts from column (e) for lines 15 0 16 0					27c 0
17 0 20 0 21 0					27d 0
d Add. Line 27a total 0 and line 27b total 0					27e 0
e Public support (line 27c total minus line 27d total)					27f 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27g 0.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 0.00%
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 2001 through 2004, 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	0
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0
41	Lobbying nontaxable amount Enter the amount from the following table—		
	If the amount on line 40 is—	The lobbying nontaxable amount is—	
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0
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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
45	Lobbying nontaxable amount	0	207,553	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	0	51,888	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

N/A

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(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

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

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
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? ▶ Yes No

b If "Yes," complete the following schedule

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

Ella Baker Center for Human Rights
EIN: 94-3252009
Year Ended December 31, 2005
Schedules Attached to Form 990

Schedule 1 - Part I, Line 8c(A) - Gain (loss) from sales of securities

Proceeds	\$300,000
Cost/Basis	<u>(296,700)</u>
Realized gain	<u><u>\$3,300</u></u>

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

Name and address	Purpose of grant	Amount
Californians For Justice 1611 Telegraph Avenue, Suite 1550 Oakland, CA 94612	General support	\$100
Center for Young Women's Development 1550 Bryant Street San Francisco, CA 94103	Award dinner	75
Urban Habitat, Inc. 436 14th Street, Suite 1205 Oakland, CA 94612	Social Equity Caucus	2,500
International Human Right Initiative P.O. Box 3585 Oakland, CA 94609	Support conference	100
Women of Color Resource Center donation 1611 Telegraph Ave, Suite 303 Oakland, CA 94612	Fashioning Resistance to Militarism	35
Korean Community Center of the East Bay 4390 Telegraph Ave, Suite A Oakland, CA 94609	General Support	75
Labor/Community Strategy Center 3780 Wilshire Blvd, Suite 200 Los Angeles, CA 90010	General support	200
March on Washington 2243 Ajax Street Montgomery, AL 36108	March on Washingt	100

Ella Baker Center for Human Rights
EIN: 94-3252009
Year Ended December 31, 2005
Schedules Attached to Form 990

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

Name and address	Purpose of grant	Amount
Liberty Hill Foundation 3982 South Figueroa Street, Suite 209 Los Angeles, CA 90037	Ride for Justice"	250
Real Cost of Prison Project 5 Warfield Place Northampton, MA 01060	To help with shipping of educational comic books	30
Center for Third World Organizing 1218 E. 21st Street Oakland, CA 94606	General support	70
Women of Color Resource Center donation 1611 Telegraph Ave, Suite 303 Oakland, CA 94612	Sisters of Fire Award:	200
Next Generation 51 Essex, Suite 2 San Anselmo, CA 94960	General support	250
FFLIC Hurricane Relief Fund 920 Platt Street Sulphur LA 70600	Juvenile justice in LA	500
APOL RC 4227 Knoll Avenue Oakland, CA 94619	a caravan of relief to gulf coast	450
October 22nd Coalition PO Box 2627 New York, NY 10009	022 National Day of Protest	100
United for Peace and Justice PO Box 607, Time Square Station New York, NY 10108	General support	100
Just Cause PO Box 3596 Oakland, CA 94609	Annual event sponsorship	250
		<u>250</u>
		<u>\$5,385</u>

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Schedules Attached to Form 990

Schedule 3 - Part III, Line 23, Specific assistance to individuals

Direct cash assistance was provided to victims of Katrina \$6,489

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	\$38,188	\$26,460	\$7,388	\$33,848
		<u>\$38,188</u>	<u>\$26,460</u>	<u>\$7,388</u>	<u>\$33,848</u>

Schedule 5 - Part II, line 43 - Other expenses

	(A) Total	(B) Program services	(C) Mgmt. and general	(D) Fundraising
Professional services	\$61,018	\$50,051	\$10,967	\$0
Client expense & community outreach	1,637	1,617	0	20
Insurance	7,967	0	7,967	0
Dues, memberships and subscriptions	7,693	4,655	1,982	1,056
Staff development	11,429	6,635	2,371	2,423
Bank Charges	738	41	387	310
Miscellaneous	475	0	275	200
Shared cost allocaion	(0)	154,439	(177,660)	23,221
	<u>\$90,957</u>	<u>\$217,438</u>	<u>(\$153,711)</u>	<u>\$27,230</u>

Ella Baker Center for Human Rights
EIN: 94-3252009
Year Ended December 31, 2005
Schedules Attached to Form 990

Schedule 6 – Part III – Statement of Program Service Accomplishments

Expenses

Books Not Bars

\$ 732,097

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: \$4,355

Reclaim the Future

\$ 452,469

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: \$1,030

Total Expenses \$ 1,184,566

Ella Baker Center for Human Rights

EIN: 94-3252009

Year Ended December 31, 2005

Schedules Attached to Form 990

Schedule 7 - Part IV, Line 54, Investments

Money market Fund	\$74
US Treasury Bills	<u>202,119</u>
	<u>\$202,193</u>

Schedule 8 - Schedule A, Part III, Line 2d - Reimbursement of expenses

<u>Name</u>	<u>Amount</u>	<u>Purpose of reimbursement</u>
Anthony Jones, Executive Director	\$1,632	Meeting and travel expenses
Lisa Spinali, Interim Treasurer	\$1,560	Training and supplies

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

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

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

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

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

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

- The books are in the care of Ella Baker Center for Human Rights
Telephone No. 510-428-3939 FAX No N/A
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/2006

5 For calendar year 2005, or other tax year beginning _____ and ending _____

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

7 State in detail why you need the extension Additional time is needed to gather sufficient information in order to file a complete informational return.

8 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

Signature and Verification

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

Signature A. Duckars Title CPA Date 8/15/06

Notice to Applicant—To Be Completed by the IRS

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

Director _____ By _____ Date _____

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

Type or print	Name Ghaffari Zaragoza LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 1330 Broadway, Suite 430
	City or town, province or state, and country (including postal or ZIP code) Oakland, CA 94612

EXTENSION APPROVED

AUG 22 2006

FIELD DIRECTOR, OGDEN
SUBMISSION PROCESSING
8868 (Rev 12-2004)