

# Return of Organization Exempt From Income Tax

**2005**

Department of the Treasury  
Internal Revenue Service

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

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 **JUL 1, 2005** and ending **JUN 30, 2006**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or pnnr or type See Specific Instructions	<b>C</b> Name of organization <b>AMERICAN CIVIL RIGHTS INSTITUTE</b>		<b>D</b> Employer identification number <b>52-2004697</b>	
		Number and street (or P O box if mail is not delivered to street address) <b>1231 CAPITOL AVENUE</b>		Room/suite <b>306</b>	<b>E</b> Telephone number <b>(916) 444-2278</b>
		City or town, state or country, and ZIP + 4 <b>SACRAMENTO, CA 95816-5755</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <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? **N/A**  Yes  No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number **N/A**

**G** Website: **WWW.ACRI.ORG**

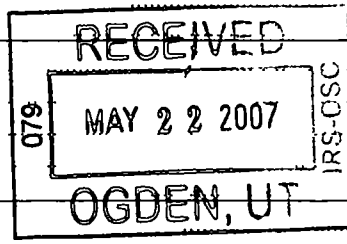
**J** Organization type (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527

**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 **1,771,297.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	1,699,410.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ <u>1,699,410.</u> noncash \$ _____)	1d		1,699,410.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		9,946.	
	5	Dividends and interest from securities	5		90.	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		18,440.	8a			
		9,900.	8b			
		8,540.	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>STMT 2</b>	8d		8,540.		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
b	Less direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
		b	Less cost of goods sold	10b		
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11		43,411.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,761,397.		
Expenses	13	Program services (from line 44, column (B))	13		1,113,014.	
	14	Management and general (from line 44, column (C))	14		157,637.	
	15	Fundraising (from line 44, column (D))	15		150,638.	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		1,421,289.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		340,108.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		233,012.	
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	20		395.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		573,515.	



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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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	300,000.	204,000.	45,000.	51,000.
26 Other salaries and wages	305,487.	207,731.	45,823.	51,933.
27 Pension plan contributions				
28 Other employee benefits	77,281.	52,917.	11,384.	12,980.
29 Payroll taxes	27,674.	15,217.	5,986.	6,471.
30 Professional fundraising fees				
31 Accounting fees	21,979.		21,979.	
32 Legal fees	37,548.	37,548.		
33 Supplies	13,777.	10,333.	1,378.	2,066.
34 Telephone	19,391.	14,543.	1,939.	2,909.
35 Postage and shipping	2,656.	2,656.		
36 Occupancy	29,559.	23,647.	5,912.	
37 Equipment rental and maintenance	6,241.	4,681.	625.	935.
38 Printing and publications	8,102.	648.		7,454.
39 Travel	62,780.	62,780.		
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	8,660.		8,660.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g <b>SEE STATEMENT 4</b>	43g	500,154.	476,313.	8,951.
44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,421,289.	1,113,014.	157,637.	150,638.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,  
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? <b>CIVIL RIGHTS EDUCATION</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
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.)	
<b>a TO SUPPORT EDUCATIONAL EFFORTS TO ELIMINATE RACIAL AND GENDER PREFERENCES IN GOVERNMENT PROGRAMS AND POLICIES AT THE STATE AND FEDERAL LEVEL THROUGH PUBLICATIONS, MEDIA, BROCHURES, BROADCASTS AND PUBLIC RELATIONS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>1,113,014.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>1,113,014.</b>

Form 990 (2005)

**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
<b>Assets</b>	45 Cash - non-interest-bearing	157,460.	45	157,419.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 815,542.		
	b Less: allowance for doubtful accounts	47b	47c	815,542.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	3,114.	53	5,491.
	54 Investments - securities <b>STMT 5</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	13,155.	54	3,650.
	55 a Investments - land, buildings, and equipment: basis	55a 77,690.		
b Less: accumulated depreciation	55b 59,862.	26,488.	55c 17,828.	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation	57b	57c		
58 Other assets (describe <b>SEE STATEMENT 6</b> )		391,288.	58	129,258.
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58		591,505.	59	1,129,188.
<b>Liabilities</b>	60 Accounts payable and accrued expenses	145,440.	60	145,673.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	213,053.	64b	410,000.
	65 Other liabilities (describe <b>SEE STATEMENT 6</b> )		65	
<b>66 Total liabilities.</b> Add lines 60 through 65)		358,493.	66	555,673.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	233,012.	67	573,515.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> 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	
<b>73 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)		233,012.	73	573,515.
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		591,505.	74	1,129,188.

**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	1,761,397.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	1,761,397.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	<b>Total revenue</b> (Part I, line 12). Add lines c and d		e	1,761,397.

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

a	Total expenses and losses per audited financial statements		a	1,421,289.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	1,421,289.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	<b>Total expenses</b> (Part I, line 17). Add lines c and d		e	1,421,289.

**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
WARD CONNERLY 2215 21ST STREET SACRAMENTO, CA 95818	CHAIRMAN 30.00	300,000.	0.	0.
THOMAS L. RHODES 215 LEXINGTON AVENUE NEW YORK, NY 10016	VICE CHAIRMAN 1.00	0.	0.	0.



Part VI Other Information (continued)

Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a X

b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)

82b N/A

83 a Did the organization comply with the public inspection requirements for returns and exemption applications?

83a X

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b X

84 a Did the organization solicit any contributions or gifts that were not tax deductible?

84a X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

N/A

84b

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

N/A

85a

b Did the organization make only in-house lobbying expenditures of \$2,000 or less?

N/A

85b

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.

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?

N/A

85g

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?

N/A

85h

86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12

86a N/A

b Gross receipts, included on line 12, for public use of club facilities

86b N/A

87 501(c)(12) organizations. Enter: a Gross income from members or shareholders

87a N/A

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b N/A

88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?

If "Yes," complete Part IX

88 X

89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.

b 501(c)(3) and 501(c)(4) organizations 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

0.

d Enter: Amount of tax on line 89c, above, reimbursed by the organization

0.

90 a List the states with which a copy of this return is filed CA

b Number of employees employed in the pay period that includes March 12, 2005

90b 8

91 a The books are in care of JENNIFER BOLLENBACH Telephone no (916) 444-2278 Located at 2131 CAPITOL AVENUE, SUITE 306, SACRAMENTO, CA ZIP + 4 95818

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)?

Yes No

91b X

If "Yes," enter the name of the foreign country N/A

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c X

If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

92 N/A

Form 990 (2005)

**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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
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			14	9,946.	
96 Dividends and interest from securities			14	90.	
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					8,540.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a REIMBURSED COSTS					42,686.
b MISCELLANEOUS					725.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		10,036.	51,951.
105 Total (add line 104, columns (B), (D), and (E))					61,987.

**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)
▼	SEE STATEMENT 7

**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	%			
	%			
	%			
	%			

**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 (a), 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: *Ward Connerly* Date: 5/14/07 Type or print name and title: WARD CONNERLY, DIRECTOR/CHARIM

Paid Preparer's Use Only: Preparer's signature: *John P. Allen, CPA* Date: 5/14/07 Check if self-employed:  Preparer's SSN or PTIN: P00097776

Firm's name (if yours if self-employed), address, and ZIP + 4: GALLINA LLP, 8001 FOLSOM BLVD., 2ND FLOOR, SACRAMENTO, CA 95826-2621

EIN: Phone no: (916) 383-4020



**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 4947(a)(1) Nonexempt Charitable Trust

**2005**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization: **AMERICAN CIVIL RIGHTS INSTITUTE**  
Employer identification number: **52 2004697**

**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
JENNIFER BOLLENBACH 2131 CAPITOL AVE, STE 306, SACRAMENTO	DIR OF ADMIN 40.00	75,589.		
WARD CONNERLY 2215 21ST STREET, SACRAMENTO, CA 95818	CHAIRMAN BD 40.00	300,000.		
DIANE SCHACHTERLE 2131 CAPITOL AVE, STE 306, SACRAMENT	ASSIST DIR 40.00	66,022.		
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
CONNERLY & ASSOC., WARD CONNERLY 2215 21ST STREET, SACRAMENTO, CA 95818	SPEAKER, EXPENSE REIMB & ADVISORY	458,871.
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	

<b>Part III Statements About Activities</b> (See page 2 of the instructions )		Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (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	1		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
<b>a</b> Sale, exchange, or leasing of property?	2a		X
<b>b</b> Lending of money or other extension of credit?	2b		X
<b>c</b> Furnishing of goods, services, or facilities?	2c		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
<b>e</b> Transfer of any part of its income or assets?	2e		X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b		X
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
<b>b</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 ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) 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)	2,304,565.	1,913,396.	1,429,634.	654,848.	6,302,443.
16 Membership fees received					
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					
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	7,354.	2,866.	1,444.	5,230.	16,894.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	101,778.	287,602.	SEE STATEMENT 8 175,180.	266,932.	831,492.
23 Total of lines 15 through 22	2,413,697.	2,203,864.	1,606,258.	927,010.	7,150,829.
24 Line 23 minus line 17	2,413,697.	2,203,864.	1,606,258.	927,010.	7,150,829.
25 Enter 1% of line 23	24,137.	22,039.	16,063.	9,270.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	143,017.
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	0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	7,150,829.
d Add Amounts from column (e) for lines 18 <u>16,894.</u> 19 _____ 22 <u>831,492.</u> 26b _____	26d	848,386.
e Public support (line 26c minus line 26d total)	26e	6,302,443.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	88.1358%

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: <b>N/A</b>	(2004)	(2003)	(2002)	(2001)
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A		
d Add Line 27a total _____ and line 27b total _____	27d	N/A		
e Public support (line 27c total minus line 27d total)	27e	N/A		
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) <b>N/A</b>	27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 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

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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 )	32d	
<hr/> <hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/> <hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

Schedule A (Form 990 or 990-EZ) 2005

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount 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		
	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		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

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

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



## FOOTNOTES

STATEMENT 1

## SCHEDULE OF AGGREGATE COMPENSATION FROM A RELATED ORGANIZATION:

AMERICAN CIVIL RIGHTS COALITION, FEIN 52-2006786	42,686.
PAYMENTS FOR SPEAKING AND CONSULTING SERVICES PAID TO WARD CONNERLY	
PRINCIPAL OFFICERS OR CREATOR	445,000.
STATEMENT REGARDING ACTIVITIES WITH DIRECTORS, TRUST WARD CONNERLY IS AN EMPLOYEE AND CHAIRMAN OF AMERICAN CIVIL RIGHTS INSTITUTE. HE WAS PAID A SALARY IN THE AMOUNT OF \$300,000. HE RECEIVED FEES FOR SPEAKING ENGAGEMENTS INTERVIEW WHICH ARE CONDUCTED THROUGHOUT THE UNITED STATES. THE AMOUNT PAID TO CONNERLY ASSOCIATES AND WARD CONNERLY FOR SPEAKING FEES AND INTERVIEWS TOTALED \$1,274,413 OF WHICH \$458,871 WAS PAID AND EXPENSED BY AMERICAN CIVIL RIGHTS INSTITUTE AND \$815,542 WAS RECORDED AS RECEIVABLE BY AMERICAN CIVIL RIGHTS INSTITUTE. SALARY EXPENSE RECORDED AND PAID BY AMERICAN CIVIL RIGHTS INSTITUTE TOTALED \$22,267 WHICH WAS SUBSEQUENTLY REIMBURSED BY AMERICAN CIVIL RIHGTS COALITION.	458,871.
THE BEGINNING BALANCES FOR ACCOUNTS RECEIVABLE, ACCOUNTS PAYABLE AND RETAINED EARNINGS HAS BEEN CHANGED DUE TO THE AVAILABILITY OF MORE ACCURATE INFORMATION RESULING IN A INCREASE IN COMPENSATION OF TO WARD CONNERLY FOR THE YEARS PRIOR TO 2005. THIS ADJUSTMENT RESULTED IN THE DECREASE IN THE ACCOUNTS RECEIVABLE BALANCE BY \$755,794 AND AN INCREASE IN NOTES PAYABLE TO WARD CONNERLY BY \$23053.	778,847.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
INVESTMENTS	18,440.	9,900.	0.	8,540.
TOTAL TO FORM 990, PART I, LINE 8	18,440.	9,900.	0.	8,540.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON APPRECIATED SECURITIES ON HAND	395.
TOTAL TO FORM 990, PART I, LINE 20	395.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	7,572.		7,572.	
CONTRIBUTIONS & SCHOLASHIPS	3,000.	3,000.		
DUES AND SUBSCRIPTIONS	1,980.	1,485.	198.	297.
PARKING	1,776.	1,776.		
OUTSIDE SERVICES, SPEAKING FEES & CONSULTING SERVICES	468,871.	468,871.		
FUNDRAISING EXPENSE	14,593.			14,593.
MISCELLANEOUS	2,362.	1,181.	1,181.	
TOTAL TO FM 990, LN 43	500,154.	476,313.	8,951.	14,890.



FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE SECURITIES	FMV			3,650.	3,650.
TO FORM 990, LINE 54, COL B				3,650.	3,650.

FORM 990 OTHER ASSETS STATEMENT 6

DESCRIPTION	AMOUNT
DUE FROM AMERICAN CIVIL RIGHTS COALITION	129,258.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	129,258.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 7

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
95	EARNINGS ON SAVINGS ACCOUNTS AND NOTES RECEIVABLE
96	DIVIDEND INCOME ON MARKETABLE SECURITIES ACCOUNTS
103A	INCOME FROM RELATED ENTITY FOR REIMBURSED COSTS
103B	MISCELLANEOUS MAILING LIST INCOME
100	REALIZED GAIN ON SALE OF STOCK

SCHEDULE A OTHER INCOME STATEMENT 8

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
REIMBURSED COSTS	101,778.	287,602.	175,180.	266,932.
TOTAL TO SCHEDULE A, LINE 22	101,778.	287,602.	175,180.	266,932.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**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).

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print. File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>AMERICAN CIVIL RIGHTS INSTITUTE</b>	Employer identification number <b>52-2004697</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1231 CAPITOL AVENUE, NO. 306</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SACRAMENTO, CA 95816-5755</b>	

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

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

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

- The books are in the care of **JENNIFER BOLLENBACH**  
Telephone No. **(916) 444-2278** FAX No. \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until **MAY 15, 2007**.  
**5** For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**.  
**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  
**ADDL. TIME IS NECESSARY AS INFORMATION IS FORTHCOMING FROM THIRD PARTIES TO ALLOW THE ORGANIZATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

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

**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  Title **CPA** Date

**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 <b>GALLINA LLP</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>8001 FOLSOM BLVD., 2ND FLOOR</b>
	City or town, province or state, and country (including postal or ZIP code) <b>SACRAMENTO, CA 95826</b>

523832 05-01-05