**Short Form Return of Organization Exempt From Income Tax**

**Form 990-EZ**

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 of private foundation)**

- Sponsoring organizations of other exempt funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(12) must file Form 990. All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year must use this form.
- The organization may have to use a copy of this return to satisfy state or reporting requirements.

**For the 2012 calendar year, or tax year beginning** JUL 1, 2012 **and ending** JUN 30, 2013

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERICAN CIVIL RIGHTS COALITION</td>
<td>52-2006786</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name change</th>
<th>Initial return</th>
<th>Terminated</th>
<th>Number (or P.O. box, if mail is not delivered to street address)</th>
<th>Room/suite</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>P.O. BOX 188350</td>
<td>296</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City or town, state or country, and ZIP + 4</th>
<th>Group Exemption Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SACRAMENTO, CA 95818</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tax-exempt status (check only one):</th>
<th>501(c)(3)</th>
<th>501(c)(4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check only one:</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Check if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**

- If the organization is not a section 501(c)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than $50,000, it is not required to file Form 990-N (e-postcard) but if the organization chooses to file a return, be sure to file a complete return.

**Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.**

**$ 18,585.**

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$18,585</td>
<td></td>
</tr>
</tbody>
</table>

**See Schedule O**

<table>
<thead>
<tr>
<th>1. Grants and similar amounts paid or incurred.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
</tr>
<tr>
<td>11</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>13</td>
</tr>
<tr>
<td>14</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>16</td>
</tr>
<tr>
<td>17</td>
</tr>
</tbody>
</table>

**For Paperwork Reduction Act Notice, see the separate instructions.**

<table>
<thead>
<tr>
<th>Form 990-EZ (2012)</th>
<th>22</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td></td>
</tr>
</tbody>
</table>
### Part II: Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>0.22</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>0.25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>226,572.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&lt;226,572.</td>
</tr>
</tbody>
</table>

### Part III: Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 **SEE SCHEDULE O**

(Grants $ ) If this amount includes foreign grants, check here □ 28a 67,393.

29

(Grants $ ) If this amount includes foreign grants, check here □ 29a

30

(Grants $ ) If this amount includes foreign grants, check here □ 30a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here □ 31a

32 Total program service expenses (add lines 28a through 31a) □ 32 67,393.

### Part IV: List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARD CONNERLY</td>
<td>PRESIDENT</td>
<td>0.20</td>
<td>25,497.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

39 Section 501(c)(7) organizations Enter

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under

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

42a The organization's books are in care of

42b Telephone no

42c Located at

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)?

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44c Did the organization receive any payments for indoor tanning services during the year?

44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? [ ] Yes [X] No

[Part VI] Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II [ ] Yes [ ] No

48 Is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization? [ ] Yes [ ] No

b If "Yes," was the related organization a section 527 organization? [ ] Yes [ ] No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than $100,000

(b) Average hours per week devoted to position

(c) Reportable compensation (Forms W-2/1099-MISC)

(d) Health benefits, contributions to employee benefit plans, and deferred compensation

(e) Estimated amount of other compensation

N/A

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000

(b) Type of service

(c) Compensation

N/A

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

[ ] Yes [ ] No

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

Type or print name and title

Paid Preparer

LINDA D. GEERY

Preparer's signature

Date 5/6/14

Check if self-employed

PTIN 00364484

Use Only

GILBERT ASSOCIATES, INC.

Firm's name

68-0037990

Firm's EIN

2880 GATEWAY OAKS DR, STE 100

Firm's address

916-646-6464

Phone no

SACRAMENTO, CA 95833

May the IRS discuss this return with the preparer shown above? See instructions.

[ ] Yes [ ] No

Form 990-EZ (2012) 01-11-13
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE: AMOUNT:
INTEREST INCOME 1.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:
OFFICE EXPENSES 7,792.
TRAVEL 471.
INSURANCE 918.
REIMBURSEMENT FOR EMPLOYEES 31,259.
TOTAL TO FORM 990-EZ, LINE 16 40,440.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION BEG. OF YEAR END OF YEAR
CASH DEFICIT 1,818. 0.
DUE TO ACRI 38,243. 132,848.
ACCOUNTS PAYABLE AND ACCRUED EXPENSES 186,511. 175,681.
TOTAL TO FORM 990-EZ, LINE 26 226,572. 308,529.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ELIMINATION OF RACE/SEX BASED PREFERENCES

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

TO ADVOCATE FOR THE ELIMINATION OF RACIAL AND GENDER PREFERENCES IN GOVERNMENT PROGRAMS AND POLICIES AT THE STATE AND FEDERAL LEVELS THROUGH BALLOT INITIATIVES AND
LOBBYING ACTIVITIES.

| FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. |