EXTENDED THROUGH 11/15/00

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Note: *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No. 1545-0047

1999

This Form is Open to Public Inspection

A For the 1999 calendar year, OR tax year period beginning and ending

B Check if: ☐ Change of address ☐ Initial return ☐ Final return ☐ Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CITIZENS COMMISSION ON HUMAN RIGHTS

Number and street (or P.O. box if mail is not delivered to street address): 6362 HOLLYWOOD BLVD. Room/suite: B

City or town, state or country, and ZIP+4: LOS ANGELES, CA 90028-6331

D Employer identification number: 68-0005541

E Telephone number: 323-467-4242

F Check ▶ ☐ if exemption application is pending

G Type of organization ▶ [X] Exempt under 501(c) (3) ◀ (insert number) OR ▶ ☐ section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? ☐ Yes [X] No

(b) If "Yes," enter the number of affiliates for which this return is filed: ▶

(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes [X] No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) ▶

J Accounting method: [X] Cash ☐ Accrual ☐ Other (specify) ▶

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 it received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

Note: *Form 990-EZ may be used by organizations with gross receipts less than $100,000 and total assets less than $250,000 at end of year.*

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 1,177,865.		
	b	Indirect public support	1b 1,215,039.		
	c	Government contributions (grants)	1c		
	d	**Total** (add lines 1a through 1c) (attach schedule of contributors) STMT 2 (cash $ 2,392,904. noncash $)		1d	2,392,904.
	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	1,725.
	5	Dividends and interest from securities		5	
	6 a	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	
	8 a	Gross amount from sale of assets other than inventory	(A) Securities: 8a; (B) Other: 8a		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
	9	Special events and activities (attach schedule)			
	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	
	10 a	Gross sales of inventory, less returns and allowances	10a 64,270.		
	b	Less: cost of goods sold	10b 16,109.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 3		10c	48,161.
	11	Other revenue (from Part VII, line 103)		11	5,190.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	2,447,980.
Expenses	13	Program services (from line 44, column (B))		13	2,127,727.
	14	Management and general (from line 44, column (C))		14	203,101.
	15	Fundraising (from line 44, column (D))		15	234,265.
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses** (add lines 16 and 44, column (A))		17	2,565,093.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	<117,113.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	465,659.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4		20	5.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	348,551.

SCANNED DEC 08 2000

RECEIVED NOV 1 2000 OGDEN, UT IRS-OSC 235

LHA **For Paperwork Reduction Act Notice, see page 1 of the separate instructions.**

Form **990** (1999)

923001 12-14-99

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 $ noncash $	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	63,234.	40,955.	22,279.	0.
26 Other salaries and wages	26	185,539.	125,656.	37,514.	22,369.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	20,197.	13,678.	4,084.	2,435.
30 Professional fundraising fees	30				
31 Accounting fees	31	6,805.		6,805.	
32 Legal fees	32	83,793.	40,669.	43,124.	
33 Supplies	33	50,827.	34,422.	10,277.	6,128.
34 Telephone	34	44,914.	30,418.	9,081.	5,415.
35 Postage and shipping	35	746,818.	673,846.	10,757.	62,215.
36 Occupancy	36	45,253.	32,107.	7,974.	5,172.
37 Equipment rental and maintenance	37	8,644.	4,337.	3,535.	772.
38 Printing and publications	38	889,084.	808,912.	5,770.	74,402.
39 Travel	39	85,906.	71,253.	14,614.	39.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	13,938.	9,889.	2,456.	1,593.
43 Other expenses (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 5	43e	320,141.	241,585.	24,831.	53,725.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,565,093.	2,127,727.	203,101.	234,265.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ _____; (ii) the amount allocated to Program services $ _____;
(iii) the amount allocated to Management and general $ _____; and (iv) the amount allocated to Fundraising $ _____.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶ TO INVESTIGATE AND EXPOSE PSYCHIATRIC ABUSES OF HUMAN RIGHTS

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.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 6 (Grants and allocations $)	87,569.
b SEE STATEMENT 7 (Grants and allocations $)	55,843.
c SEE STATEMENT 8 (Grants and allocations $)	41,379.
d SEE STATEMENT 9 (Grants and allocations $)	394,050.
e Other program services (attach schedule) STATEMENT 10 (Grants and allocations $)	1,548,886.
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	2,127,727.

Part IV Balance Sheets

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		48,818.	45	133,645.
46	Savings and temporary cash investments		358,355.	46	127,752.
47 a	Accounts receivable	47a			
b	Less: allowance for doubtful accounts	47b		47c	
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		15,500.	52	15,392.
53	Prepaid expenses and deferred charges			53	
54	Investments - securities			54	
55 a	Investments - land, buildings, and equipment: basis	55a			
b	Less: accumulated depreciation	55b		55c	
56	Investments - other SEE STATEMENT 11		11,900.	56	11,900.
57 a	Land, buildings, and equipment: basis	57a 150,162.			
b	Less: accumulated depreciation STMT 12	57b 92,635.	32,004.	57c	57,527.
58	Other assets (describe ▶ OTHER RECEIVABLE)		24.	58	3,167.
59	**Total assets** (add lines 45 through 58) (must equal line 74)		466,601.	59	349,383.
Liabilities					
60	Accounts payable and accrued expenses		942.	60	832.
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			64b	
65	Other liabilities (describe ▶)			65	0.
66	**Total liabilities** (add lines 60 through 65)		942.	66	832.
Net Assets or Fund Balances					
	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted			67	
68	Temporarily restricted			68	
69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		0.	70	0.
71	Paid-in or capital surplus, or land, building, and equipment fund		0.	71	0.
72	Retained earnings, endowment, accumulated income, or other funds		465,659.	72	348,551.
73	**Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)		465,659.	73	348,551.
74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)		466,601.	74	349,383.

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a Total revenue, gains, and other support per audited financial statements ▶	a	N/A
b Amounts included on line a but not on line 12, Form 990:		
(1) Net unrealized gains on investments $		
(2) Donated services and use of facilities $		
(3) Recoveries of prior year grants $		
(4) Other (specify): $		
Add amounts on lines (1) through (4) ▶	b	
c Line a minus line b ▶	c	
d Amounts included on line 12, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990 $		
(2) Other (specify): $		
Add amounts on lines (1) and (2) ▶	d	
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e	

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

a Total expenses and losses per audited financial statements ▶	a	N/A
b Amounts included on line a but not on line 17, Form 990:		
(1) Donated services and use of facilities $		
(2) Prior year adjustments reported on line 20, Form 990 $		
(3) Losses reported on line 20, Form 990 $		
(4) Other (specify): $		
Add amounts on lines (1) through (4) ▶	b	
c Line a minus line b ▶	c	
d Amounts included on line 17, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990 $		
(2) Other (specify): $		
Add amounts on lines (1) and (2) ▶	d	
e Total expenses per line 17, Form 990 (line c plus line d) ▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MICK MCFARLAND 6362 HOLLYWOOD BOULEVARD, #B LOS ANGELES, CA 90028	TRUSTEE AS NEEDED	0.	0.	0.
MEGAN SHIELDS 6362 HOLLYWOOD BOULEVARD, #B LOS ANGELES, CA 90028	TRUSTEE AS NEEDED	0.	0.	0.
ISADORE CHAIT 6362 HOLLYWOOD BOULEVARD, #B LOS ANGELES, CA 90028	DIRECTOR AS NEEDED	0.	0.	0.
ANNE HOGARTH 6362 HOLLYWOOD BOULEVARD, #B LOS ANGELES, CA 90028	DIRECTOR AS NEEDED	0.	0.	0.
BRUCE WISEMAN (SEE FOOTNOTE) 6362 HOLLYWOOD BOULEVARD, #B LOS ANGELES, CA 90028	PRESIDENT 9 HRS/WEEK	3,613.	0.	0.
FRAN ANDREWS (SEE FOOTNOTE) 6362 HOLLYWOOD BOULEVARD, #B LOS ANGELES, CA 90028	DIRECTOR 40 HRS/WEEK	13,374.	0.	0.
PETER DOCKXX (SEE FOOTNOTE) 6362 HOLLYWOOD BOULEVARD, #B LOS ANGELES, CA 90028	VICE PRESIDENT 40 HRS/WEEK	5,525.	0.	0.
MYRA SEVERTSON (SEE FOOTNOTE) 6362 HOLLYWOOD BOULEVARD, #B LOS ANGELES, CA 90028	SECRETARY 40 HRS/WEEK	13,274.	0.	0.
JAN MEYER (SEE FOOTNOTE) 6362 HOLLYWOOD BOULEVARD, #B LOS ANGELES, CA 90028	KEY EMPLOYEE 40 HRS/WEEK	13,374.	0.	0.
WILLIAM EARNSHAW (SEE FOOTNOTE) 6362 HOLLYWOOD BOULEVARD, #B LOS ANGELES, CA 90028	TREASURER 40 HRS/WEEK	14,074.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule. ▶ [ ] Yes [X] No

923031 12-14-99

Part VI Other Information

			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? N/A	78b		
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 ▶ CHURCH OF SCIENTOLOGY INTERNATIONAL and check whether it is [X] exempt OR [ ] nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 — 81a: 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting 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? N/A	84a		
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 in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 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? 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 in 89c, above, reimbursed by the organization ▶ 0.			
90 a	List the states with which a copy of this return is filed ▶ CALIFORNIA			
b	Number of employees employed in the pay period that includes March 12, 1999	90b	18	

91 The books are in care of ▶ WILLIAM EARNSHAW Telephone no. ▶ 323-467-4242

Located at ▶ 6362 HOLLYWOOD BLVD.,#B LOS ANGELES, CA ZIP + 4 ▶ 90028

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

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
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	1,725.	
96 Dividends and interest from securities					
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					48,161.
103 Other revenue:					
a LICENSING FEE INCOME					4,614.
b COMMISSIONS				576.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,301.	52,775.
105 TOTAL (add line 104, columns (B), (D), and (E)) ▶					55,076.

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

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).
102	ITEMS SOLD TO PROMOTE EXEMPT PURPOSE.
103A	CCHR LICENSES & COORDINATES ACTIVITIES OF CCHR CHAPTERS INT'LY

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

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. (Important: See General Instruction U.)

▶ Signature of officer | Date 15 NOV 00 | ▶ Type or print name and title: William Earnshaw Treasurer

Paid Preparer's Use Only

Preparer's signature ▶ CPA | Date 11/15/00 | Check if self-employed ▶ ☐ | Preparer's SSN or PTIN

Firm's name (or yours if self-employed) and address ▶ NANAS STERN BIERS NEINSTEIN AND CO. LL, 9454 WILSHIRE BLVD., 4TH FLOOR, BEVERLY HILLS, CA | EIN ▶ 95-2399533 | ZIP + 4 ▶ 90212-2907

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information

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

OMB No. 1545-0047

1999

Name of the organization: CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number: 68 0005541

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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		

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1999

923101
12-14-99

Part III Statements About Activities

			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?	1	X	
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activites ▶ $ 41,379. 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 oganization, either directly or indirectly, engaged in any of the following acts with any of its 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:			
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, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3		X
4 a	Do you have a section 403(b) annuity plan for your employees?	4a		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)			

Part IV Reason for Non-Private Foundation Status (See 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, page 4.)

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) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 4 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 4 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 above.) **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) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,437,005.	2,427,173.	2,567,347.	2,698,063.	10,129,588.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated 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	2,368.	2,861.	2,151.	376.	7,756.
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	33.	7.	SEE STATEMENT 13		40.
23 Total of lines 15 through 22	2,439,406.	2,430,041.	2,569,498.	2,698,439.	10,137,384.
24 Line 23 minus line 17	2,439,406.	2,430,041.	2,569,498.	2,698,439.	10,137,384.
25 Enter 1% of line 23	24,394.	24,300.	25,695.	26,984.	

26 **Organizations described in lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 202,748.

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts SEE STATEMENT 14 ▶ 26b 200,252.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 10,137,384.

d Add: Amounts from column (e) for lines: 18 7,756. 19 _____ 22 40. 26b 200,252. ▶ 26d 208,048.

e Public support (line 26c minus line 26d total) ▶ 26e 9,929,336.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 97.9477%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. N/A

(1998) _____ (1997) _____ (1996) _____ (1995) _____

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount decribed in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(1998) _____ (1997) _____ (1996) _____ (1995) _____

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) ▶ 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 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

NONE

Part V **Private School Questionnaire**
(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?	29		
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?	30		
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?	31		
	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?	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?	32d		
	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?	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?	33h		
	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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

Check here ▶ a [X] If the organization belongs to an affiliated group.

Check here ▶ b [X] If you checked "a" above 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)	36	42,055.	37,375.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	21,062.	4,004.
38 Total lobbying expenditures (add lines 36 and 37)	38	63,117.	41,379.
39 Other exempt purpose expenditures	39	2,518,210.	2,086,348.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	2,581,327.	2,127,727.
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	41	279,066.	256,386.
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)	42	69,767.	64,097.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.	0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	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.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45 Lobbying nontaxable amount	344,209.	260,600.	264,065.	0.	868,874.
46 Lobbying ceiling amount (150% of line 45(e))					1,303,311.
47 Total lobbying expenditures	365,271.	26,000.	31,065.	0.	422,336.
48 Grassroots nontaxable amount	86,052.	65,150.	66,016.	0.	217,218.
49 Grassroots ceiling amount (150% of line 48(e))					325,827.
50 Grassroots lobbying expenditures	128,107.	16,448.	6,349.	0.	150,904.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
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

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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales of assets to a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities or equipment	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always indicate 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: N/A

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

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: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Depreciation and Amortization Detail FORM 990 PAGE 2 990

Asset Number	Description of property	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	FURNITURE & EQUIPMENT	123186	SL	5.00	19	313.		313.	0.
2	FURNITURE & EQUIPMENT	123187	SL	5.00	19	313.		313.	0.
3	FURNITURE & EQUIPMENT	123188	SL	7.00	19	2,143.		2,143.	0.
4	FURNITURE & EQUIPMENT	123189	SL	5.00	19	2,973.		2,973.	0.
5	FURNITURE & EQUIPMENT	123190	SL	7.00	19	16,651.		16,651.	0.
6	FURNITURE & EQUIPMENT	123191	SL	7.00	19	2,356.		2,356.	0.
7	FURNITURE & EQUIPMENT	123192	SL	5.00	19	1,080.		1,080.	0.
8	FURNITURE & EQUIPMENT	123193	SL	5.00	19	1,593.		1,593.	0.
9	FURNITURE & EQUIPMENT	123193	SL	7.00	19	36,477.		34,948.	1,529.
10	FURNITURE & EQUIPMENT	123194	SL	7.00	19	1,178.		757.	168.
11	FURNITURE & EQUIPMENT	123194	SL	5.00	19	1,125.		1,013.	112.
12	FURNITURE & EQUIPMENT	123195	SL	7.00	19	637.		319.	91.
13	FURNITURE & EQUIPMENT	123195	SL	5.00	19	2,648.		1,855.	530.
14	FURNITURE & EQUIPMENT	040197	SL	5.00	19	18,988.		5,697.	3,798.
15	FURNITURE & EQUIPMENT	070198	SL	5.00	19	7,362.		736.	1,472.
16	FURNITURE & EQUIPMENT	070199	SL	5.00	19	38,814.			3,881.
17	COMPUTER SOFTWARE	123195	SL	5.00	19	758.		456.	152.
18	COMPUTER SOFTWARE	070196	SL	3.00	19	161.		135.	26.
19	FURNITURE & EQUIPMENT	070196	SL	5.00	19	8,627.		4,313.	1,725.
20	COMPUTER SOFTWARE	070198	SL	3.00	19	517.		86.	172.
21	COMPUTER SOFTWARE	070199	SL	3.00	19	650.			108.
22	LEASEHOLD IMPROVEMENT	123193	SL	27.50	19	4,797.		957.	174.
	** TOTAL 990 PAGE 2 DEPRECIATION					150,161.	0.	78,694.	13,938.

- Current year section 179 (D) - Asset disposed

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property) 990

▶ See separate instructions. ▶ Attach this form to your return.

OMB No. 1545-0172

1999

Attachment Sequence No. 67

Name(s) shown on return	Business or activity to which this form relates	Identifying number
CITIZENS COMMISSION ON HUMAN RIGHTS	FORM 990 PAGE 2	68-0005541

Part I **Election To Expense Certain Tangible Property (Section 179)** (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	19,000.
2	Total cost of section 179 property placed in service. See instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1998	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2000. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.*

Part II **MACRS Depreciation For Assets Placed in Service ONLY During Your 1999 Tax Year (Do Not Include Listed Property.)**

Section A - General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions ▶ ☐

Section B - General Depreciation System (GDS) (See instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Alternative Depreciation System (ADS) (See instructions.)

16 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part III **Other Depreciation (Do Not Include Listed Property.)** (See instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1999	17	
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	13,938.

Part IV **Summary** (See instructions.)

20	Listed property. Enter amount from line 26	20	
21	**Total.** Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	13,938.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

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

Form **4562** (1999)

916251
01-24-00

Part V **Listed Property - Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement**

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | 23b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use:								
	: :	%						
	: :	%						
	: :	%						
25 Property used 50% or less in a qualified business use:								
	: :	%				S/L -		
	: :	%				S/L -		
	: :	%				S/L -		
26 Add amounts in column (h). Enter the total here and on line 20, page 1							26	
27 Add amounts in column (i). Enter the total here and on line 7, page 1								27

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1999 tax year:					
	: :				
	: :				
41 Amortization of costs that began before 1999				41	
42 **Total.** Enter here and on "Other Deductions" or "Other Expenses" line of your return				42	

FOOTNOTES STATEMENT 1

FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

OFFICERS, DIRECTORS AND TRUSTEES WHO ARE ALSO EMPLOYEES ARE COMPENSATED ONLY FOR THEIR DUTIES AS EMPLOYEES, NOT FOR THEIR DUTIES AS OFFICERS, DIRECTORS OR TRUSTEES.

FORM 990 INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10 STATEMENT 3

INCOME		
1. GROSS RECEIPTS	64,270	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		64,270
4. COST OF GOODS SOLD (LINE 13)	16,109	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		48,161
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR	15,500	
7. MERCHANDISE PURCHASED	16,001	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		31,501
12. INVENTORY AT END OF YEAR	15,392	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		16,109

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
PRIOR YEAR ADJUSTMENT	5.
TOTAL TO FORM 990, PART I, LINE 20	5.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
WORKERS COMPENSATION INSURANCE	2,563.	1,736.	518.	309.
BANK CHARGES	16,490.	11,166.	3,336.	1,988.
COMMISSIONS	31,898.	0.	0.	31,898.
LICENSES, FEES & DUES	996.	135.	361.	500.
OUTSIDE SERVICES	3,292.	3,008.	284.	0.
PROMOTION	215,775.	192,870.	9,691.	13,214.
CLEANING & LAUNDRY	888.	0.	888.	0.
STAFF TRAINING	48,239.	32,670.	9,753.	5,816.
TOTAL TO FM 990, LN 43	320,141.	241,585.	24,831.	53,725.

DESCRIPTION OF PROGRAM SERVICE ONE

INVESTIGATIONS:

THROUGHOUT 1999, THE CITIZENS COMMISSION ON HUMAN RIGHTS (CCHR) RESEARCHED AND INVESTIGATED PSYCHIATRIC ABUSES AND, IN PARTICULAR, RESTRAINT PROCEDURES IN PSYCHIATRIC INSTITUTIONS. IN 1998, CCHR HAD PROVIDED INFORMATION TO THE "HARTFORD COURANT" IN CONNECTICUT WHICH HAD WRITTEN A SERIES OF ARTICLES ON RESTRAINT DEATHS, REVEALING 150 DEATHS ANNUALLY FOR THE PREVIOUS 10 YEARS. CCHR CONTINUED ITS OWN RESEARCH INTO THIS AREA THROUGHOUT 1999.

THE FINDINGS OF CCHR'S INVESTIGATIONS WERE PROVIDED TO A NATIONAL CURRENT AFFAIRS TV PROGRAM WHOSE SUBSEQUENT STORY ON THIS SPARKED INVESTIGATIONS INTO 18 PSYCHIATRIC FACILITIES BY THE JOINT COMMISSION OF HEALTHCARE ORGANIZATIONS.

CCHR HAD ALSO BEEN INVESTIGATING COMPLAINTS ABOUT THE COUNTRY'S LARGEST PRIVATE PSYCHIATRIC HOSPITAL CHAIN. ADDITIONALLY, THE NATIONAL CURRENT AFFAIRS PROGRAM MENTIONED ABOVE COVERED INFORMATION ABOUT ONE OF THE COMPANY'S HOSPITALS. FOLLOWING THIS, THE U.S. JUSTICE DEPARTMENT LAUNCHED FRAUD INVESTIGATIONS INTO THE FACILITIES. BY THE END OF 1999, FOURTEEN OF THIS COMPANY'S HOSPITALS HAD SHUT DOWN.

IN ADDITION TO RECEIVING COMPLAINTS ABOUT RESTRAINT PROCEDURES AND DEATHS, CCHR RECEIVED MORE THAN 450 COMPLAINTS OF FRAUD AND PATIENT ABUSE THAT WERE REPORTED TO AUTHORITIES; MORE THAN 500 COMPLAINTS WERE ALSO FILED WITH STATE OR FEDERAL LAW ENFORCEMENT AGENCIES, PRACTITIONERS OR FACILITY LICENSING BOARDS, OR WITH PRIVATE AND FEDERAL HEALTH CARE FRAUD UNITS.

CCHR INVESTIGATED AND EXPOSED OTHER FRAUDULENT AND ABUSIVE PRACTICES IN THE MENTAL HEALTH FIELD. AS PART OF ITS RESEARCH AND INFORMATION SERVICE, CCHR DOCUMENTED AND RECORDED THAT IN 1999, 160 MENTAL HEALTH PRACTITIONERS WERE PROSECUTED AND JAILED; 24% WERE JAILED FOR SEX CRIMES AGAINST PATIENTS AND 66% FOR FRAUD. THE NUMBER OF CRIMINAL INVESTIGATIONS AGAINST PSYCHIATRISTS, PSYCHOLOGISTS AND PSYCHOTHERAPISTS ALSO INCREASED 44% OVER THE YEAR BEFORE.

ADDITIONALLY, CCHR RECORDED THAT 452 MENTAL HEALTH PRACTITIONERS HAD THEIR LICENSES SUSPENDED OR REVOKED FOR MISCONDUCT AND ABUSE, AS WELL AS FOR CRIMES THAT RANGED FROM

RAPE AND FRAUD TO MURDER. THIS WAS A 21% INCREASE OVER WHAT WAS REPORTED TO CCHR IN 1998.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		87,569.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE TWO

HOTLINE SERVICES:

CCHR'S TOLL FREE HOTLINE CONTINUED TO PROVIDE INFORMATION AND EDUCATION FOR PEOPLE WHO READ CCHR'S BOOKLETS, MEDIA ARTICLES ABOUT CCHR'S ACTIVITIES OR WHO, BECAUSE OF WORD-OF-MOUTH, CONTACTED CCHR.

THE GROWING PUBLIC AND OFFICIAL CONCERN ABOUT CHILDREN BEING WRONGLY DIAGNOSED AS MENTALLY OR LEARNING DISABLED AND DRUGGED INCREASED THE NUMBER OF INFORMATION REQUESTS THROUGH CCHR'S HOTLINE. REQUESTS WERE MADE FOR CCHR'S BOOKLETS, REPORTS, STUDIES AND RESEARCH IN THE FIELD OF PSYCHIATRIC CHILD ABUSE, WHICH WERE PROVIDED FREE OF CHARGE. HUNDREDS OF PARENTS SUBSEQUENTLY CONTACTED CCHR THROUGHOUT THE YEAR AND WERE ABLE TO CHALLENGE UNLAWFUL OR POTENTIALLY HARMFUL DIAGNOSIS AND TREATMENT OF THEIR CHILDREN WITH THE INFORMATION THAT THEY OBTAINED.

IN 1999, THOUSANDS OF INDIVIDUALS AND MORE THAN 350 COMMUNITY GROUPS WERE PROVIDED WITH INFORMATION THAT THEY REQUESTED. SOME 8,464 REQUESTS FOR INFORMATION WERE MADE THROUGH THE HOTLINE NUMBER ALONE.

ADDITIONALLY, THE HOTLINE PROVIDED THE MEANS FOR THE PUBLIC TO REPORT INCIDENTS OF PSYCHIATRIC ABUSE AND FRAUD THAT ALERTED CCHR TO AREAS NEEDING FURTHER RESEARCH AND INVESTIGATION. CCHR WAS ALSO ABLE TO HELP PEOPLE PREPARE OFFICIAL COMPLAINTS TO AUTHORITIES ABOUT THE ABUSES TO WHICH THEY HAD BEEN SUBJECTED.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		55,843.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE THREE

LEGISLATION:

DUE TO THE NUMBER OF DEATHS OCCURRING FROM THE USE OF PSYCHIATRIC RESTRAINTS ON CHILDREN AND ADULTS, FEDERAL LEGISLATION WAS INTRODUCED BY MEMBERS OF CONGRESS TO CURB THE USE OF THESE ABUSIVE RESTRAINTS AND TO PUT IN A REPORTING OVERSIGHT SYSTEM. CCHR MET WITH SEVERAL CONGRESSIONAL MEMBERS AND/OR THEIR STAFF ON THIS SUBJECT AND URGED THEM TO SUPPORT THE LEGISLATION AND HELP SAVE LIVES.

CCHR PROVIDED COPIES OF THE WHITE PAPER "MANDATED MENTAL HEALTH PARITY: INCREASING THE RANKS OF THE UNINSURED" TO SELECT MEMBERS OF CONGRESS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		41,379.

DESCRIPTION OF PROGRAM SERVICE FOUR

PUBLIC AWARENESS:

IN 1999, CCHR WAS PARTICULARLY AWARE OF PROBLEMS OF ABUSE AND FRAUD IN THE TREATMENT OF CHILDREN BY PRACTITIONERS IN THE MENTAL HEALTH FIELD.

AN EXAMPLE OF THIS WAS THE CASE OF TIMOTHY THOMAS, AGED 9, WHO DIED WHILE BEING RESTRAINED IN A NORTH CAROLINA HOSPITAL. IN SUPPORT OF THOSE CALLING FOR INVESTIGATIONS INTO HIS DEATH, IN APRIL, CCHR HELD A CANDLELIGHT VIGIL FOR TIMOTHY, RAISING PUBLIC AWARENESS OF HIS PLIGHT AND THAT OF HIS FAMILY. THIS WAS COVERED BY PRINT AND TV MEDIA, PROMPTING MORE AWARENESS ABOUT THE OVERALL ISSUE. SUBSEQUENTLY, STATEWIDE INVESTIGATIONS WERE STARTED BY THE DEPARTMENT OF SOCIAL SERVICES INTO THE USE OF PHYSICAL RESTRAINTS ON CHILDREN IN NORTH CAROLINA.

CCHR ALSO PRESENTED INFORMATION ON RESTRAINT DEATHS AT A CONGRESSIONAL HEARING AND TO OTHER RELATED BODIES AND AUTHORITIES SUCH AS PATIENTS' RIGHTS GROUPS AND CONCERNED ASSOCIATIONS.

IN JUNE 1999, FEDERAL REGULATIONS WERE ENACTED THAT PROHIBIT THE COERCIVE OR PUNITIVE USE OF PHYSICAL OR CHEMICAL RESTRAINTS IN FEDERALLY FUNDED INSTITUTIONS. THE REGULATIONS ALSO STIPULATED THE NEED FOR A "NATIONAL REPORTING SYSTEM SO FEDERAL OFFICIALS CAN BETTER MONITOR THE PROBLEM." ENFORCING ACCOUNTABILITY, IT ALSO PROVIDED FOR GOVERNMENT FUNDING TO BE CUT TO ANY FACILITY THAT DOES NOT ABIDE BY THE REGULATION.

CCHR WAS ABLE TO IDENTIFY ONE OF THE REASONS FOR THE TRAGIC APRIL 1999 SCHOOL MASSACRE IN COLUMBINE, COLORADO, TO PSYCHIATRIC DRUGS WHICH, ACCORDING TO MEDICAL INFORMATION, CAN CREATE VIOLENT BEHAVIOR, AND TO PSYCHOLOGICAL "ANGER MANAGEMENT" PROGRAMS.

SUBSEQUENTLY, CCHR PRODUCED A REPORT ON "PSYCHIATRY AND THE CREATION OF SENSELESS VIOLENCE" THAT DETAILED A LIST OF CRIMES COMMITTED BY CHILDREN AND ADULTS WHO HAD BEEN TAKING PSYCHIATRIC DRUGS OR WHO WERE UNDERGOING PSYCHIATRIC TREATMENT AT THE TIME OF THEIR CRIME. MORE THAN TEN THOUSAND COPIES WERE DISTRIBUTED TO THE MEDIA, POLITICIANS, EDUCATORS, RELIGIOUS LEADERS AND FAMILIES. AS A RESULT, CCHR REPRESENTATIVES WERE CALLED UPON TO HELP CONCERNED POLITICAL

LEADERS CONDUCT HEARINGS INTO THIS PUBLIC INTEREST ISSUE AND TO TESTIFY AS EXPERTS BEFORE THEM.

HEARINGS WERE HELD IN PENNSYLVANIA (WITH STATE-WIDE TV COVERAGE OF THE PROCEEDINGS) AND IN COLORADO. BY REQUEST, CCHR PROVIDED EVIDENCE TO A MEMBER OF THE COLORADO STATE BOARD OF EDUCATION AND TESTIFIED BEFORE THE BOARD TOGETHER WITH OTHER MEDICAL AND EDUCATIONAL EXPERTS.

IN NOVEMBER 1999, THE COLORADO STATE BOARD OF EDUCATION PASSED A RESOLUTION, RECOMMENDING THAT ACADEMIC SOLUTIONS RATHER THAN PSYCHIATRIC DRUGS BE USED TO ADDRESS BEHAVIORAL AND LEARNING PROBLEMS IN THE CLASSROOM.

NATIONAL AND INTERNATIONAL MEDIA PUBLISHED STORIES ON THIS, WITH THE NEW YORK TIMES RUNNING A FRONT PAGE ARTICLE ON THIS GROUND-BREAKING DECISION. THIS, IN TURN, LED TO INTEREST BY MEMBERS OF THE MEDIA AND COLUMNISTS THROUGHOUT THE UNITED STATES, WHO WROTE ARTICLES DEBATING THE ISSUE OF HANDLING CHILDREN'S EDUCATIONAL PROBLEMS WITH MIND-ALTERING PSYCHIATRIC DRUGS.

IN DECEMBER, CCHR REPRESENTATIVES HELPED CHAIR AND ALSO SPOKE AT A ROUNDTABLE DISCUSSION ON THE USE OF PSYCHIATRIC DRUGS ON SCHOOL CHILDREN. FOLLOWING THIS, THE NATIONAL CAUCUS OF BLACK STATE LEGISLATORS PASSED A RESOLUTION AGAINST THE DRUGGING OF AMERICAN SCHOOL CHILDREN, DEMANDING A NATIONAL INVESTIGATION INTO THE PRESCRIPTION OF PSYCHIATRIC DRUGS BEING GIVEN TO CHILDREN.

CCHR WORKED WITH PUBLIC FIGURES AND MEDICAL EXPERTS THROUGHOUT THE YEAR, ALSO ORGANIZING A 2,000 STRONG RALLY IN WASHINGTON D.C. THESE ACTIVITIES RAISED BOTH NATIONAL AND INTERNATIONAL AWARENESS OF CHILDREN BEING UNSCIENTIFICALLY DIAGNOSED AND GIVEN DRUGS FOR "ADHD" (ATTENTION DEFICIT HYPERACTIVE DISORDER). MISDIAGNOSIS AND INCORRECT TREATMENT CAUSED MANY OF THESE CHILDREN TO COMMIT VIOLENT CRIMES. THE RALLY DREW CONSIDERABLE MEDIA RESPONSE, MORE THAN 38 NEWS ARTICLES COVERED THE RALLY IN ADDITION TO SOME OF THE COUNTRY'S LARGEST ENTERTAINMENT AND NEWS TELEVISION PROGRAMS. THIS, IN TURN, LED TO MORE PARENTS CONTACTING CCHR FOR INFORMATION.

A SIMILAR RALLY WAS HELD IN HAMBURG, GERMANY, COINCIDING WITH THE WORLD PSYCHIATRIC ASSOCIATION'S CONGRESS AND HELPED RAISE PUBLIC AWARENESS OF THE PROBLEM OF CHILD DRUGGING WHICH HAS REACHED BEYOND THE SHORES OF AMERICA.

OVERALL IN 1999, CCHR'S EXPOSURE OF PSYCHIATRIC ABUSES HELPED CREATE 104 MAJOR TV NEWS STORIES IN THE UNITED STATES ALONE - AN AVERAGE OF 2 EVERY WEEK - REACHING A TOTAL OF 1.2 BILLION PEOPLE. ADDITIONALLY, SOME 202 PRINT ARTICLES AND 123 RADIO SHOWS REACHED A FURTHER 1 BILLION PEOPLE.

RUSSIA: WITH A STRONG COMMITMENT TO CHILDREN'S RIGHTS, CCHR IN THE UNITED STATES RESPONDED TO A "20/20" TV PROGRAM REPORT WHICH AIRED ON JANUARY 13, 1999, REVEALING HORRIFYING CONDITIONS TO WHICH 600,000 CHILDREN WERE SUBJECTED IN CHILDREN'S HOMES AND INSTITUTIONS ACROSS RUSSIA. MANY CHILDREN WERE CLASSIFIED BY A PANEL OF PEOPLE, INCLUDING PSYCHOLOGISTS, AS BEING WITHOUT PARENTAL CARE OR WERE DIAGNOSED AS IMBECILES OR UNEDUCABLE. A DELEGATION OF CCHR REPRESENTATIVES VISITED MOSCOW AND MET WITH MORE THAN 21

HUMAN RIGHTS OFFICIALS, GOVERNMENT OFFICIALS, PSYCHIATRISTS AND MEDIA TO GET THIS MATTER FURTHER EXPOSED. MEDIA INTERVIEWS ABOUT THIS ISSUE BY THE INTERNATIONAL PRESIDENT OF CCHR REACHED MORE THAN 25 MILLION PEOPLE. A NEW CHAPTER OF CCHR WAS ALSO ESTABLISHED IN MOSCOW.

CCHR ALSO HELD SEVERAL SEMINARS IN RUSSIA AND THE UNITED STATES TO EDUCATE CONCERNED INDIVIDUALS, AS WELL AS HEALTH CARE FRAUD INVESTIGATORS ON MENTAL HEALTH ABUSES AND FRAUD.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		394,050.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 10

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PUBLICATIONS: A SIGNIFICANT PART OF CCHR'S EDUCATIONAL PROGRAMS ARE CONDUCTED THROUGH ITS PUBLICATIONS AND REPORTS. CCHR'S 1998 BOOKLET, "PSYCHIATRY: BETRAYING AND DRUGGING CHILDREN" CONTINUED TO BE DISTRIBUTED THROUGHOUT 1999, WHICH LED TO MORE INFORMATION REQUESTS FROM READERS. RESPONDING TO INCREASING CONCERN ABOUT HEALTH CARE FRAUD IN THE MENTAL HEALTH SYSTEM, CCHR PRODUCED ITS LATEST PUBLICATION ENTITLED "BETRAYING		1,548,886.

SOCIETY: PSYCHIATRY COMMITTING FRAUD." RELEASED IN NEW YORK, IT DREW IMMEDIATE RESPONSE FROM THOSE TO WHOM IT WAS DISTRIBUTED. THE BOOKLET WAS PUBLISHED IN 15 LANGUAGES AND DISTRIBUTED TO 30 COUNTRIES. IT WAS THE LARGEST PRINT RUN OF ITS KIND FOR CCHR - 580,000 COPIES, WITH 250,000 COPIES FOR THE UNITED STATES ALONE.

DURING 1999, OTHER PUBLICATIONS AND REPORTS PRODUCED WERE:

1) "RESTRAINT DEATHS IN PSYCHIATRIC INSTITUTIONS - A CULTURE OF VIOLENCE AND TERRORISM" WAS WRITTEN TO EXPOSE LETHAL RESTRAINT METHODS BEING USED IN PSYCHIATRIC FACILITIES.

2) "PSYCHIATRY AND THE CREATION OF SENSLESS VIOLENCE". THIS EXPOSED HOW PSYCHIATRIC TREATMENTS, AND ESPECIALLY PSYCHOTROPIC DRUGS, HAVE BEEN IMPLICATED IN SERIOUS CRIMES, INCLUDING MURDER AND SCHOOL MASSACRES. 10,200 COPIES WERE DISTRIBUTED.

3) A PAMPHLET WAS PRINTED ENTITLED, "PSYCHIATRY'S DRUGS CAUSE VIOLENCE AND DEATH." THIS IS ABOUT CHILDREN WHO HAVE BEEN TURNED INTO KILLERS BY PSYCHIATRIC DRUGS. THIS WAS THE THIRD IN A SERIES AND MANY THOUSANDS OF COPIES OF IT WERE DISTRIBUTED IN 1999, INCLUDING 2,000 AT THE WASHINGTON D.C. RALLY REFERRED TO ABOVE. MORE THAN 5,000 OF CCHR'S PUBLIC AWARENESS PAMPHLETS WERE DISTRIBUTED THROUGHOUT THE YEAR.

4) "PSYCHIATRIC HUMAN RIGHTS ABUSES IN RUSSIA" WAS A REPORT WRITTEN ON THE FINDINGS OF A CCHR INVESTIGATION IN RUSSIA IN 1999 AND PRESENTED TO THE PLENIPOTENTIARY FOR HUMAN RIGHTS IN MOSCOW. MORE THAN 5,600 COPIES WERE DISTRIBUTED TO THE DUMA (RUSSIAN CONGRESS) REPRESENTATIVES, EDUCATIONAL AND COMMUNITY GROUPS, AND THE MEDIA.

5) A "30TH ANNIVERSARY" BOOKLET ON CCHR'S ACTIVITIES AND ACHIEVEMENTS WAS WRITTEN AND PUBLISHED AS A GIFT FOR ATTENDEES OF CCHR'S ANNIVERSARY DINNER AND HUMAN RIGHTS AWARDS HELD IN FEBRUARY. A THOUSAND COPIES OF THIS BOOKLET WERE DISTRIBUTED.

TOTAL TO FORM 990, PART III, LINE E	1,548,886.

FORM 990 OTHER INVESTMENTS STATEMENT 11

DESCRIPTION	VALUATION METHOD	AMOUNT
BOOKS	COST	4,500.
ARTWORK	COST	7,400.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		11,900.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 12

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT	313.	313.	0.
FURNITURE & EQUIPMENT	313.	313.	0.
FURNITURE & EQUIPMENT	2,143.	2,143.	0.
FURNITURE & EQUIPMENT	2,973.	2,973.	0.
FURNITURE & EQUIPMENT	16,651.	16,651.	0.
FURNITURE & EQUIPMENT	2,356.	2,356.	0.
FURNITURE & EQUIPMENT	1,080.	1,080.	0.
FURNITURE & EQUIPMENT	1,593.	1,593.	0.
FURNITURE & EQUIPMENT	36,477.	36,477.	0.
FURNITURE & EQUIPMENT	1,178.	925.	253.
FURNITURE & EQUIPMENT	1,125.	1,125.	0.
FURNITURE & EQUIPMENT	637.	410.	227.
FURNITURE & EQUIPMENT	2,648.	2,385.	263.
FURNITURE & EQUIPMENT	18,988.	9,495.	9,493.
FURNITURE & EQUIPMENT	7,362.	2,208.	5,154.
FURNITURE & EQUIPMENT	38,814.	3,881.	34,933.
COMPUTER SOFTWARE	758.	608.	150.
COMPUTER SOFTWARE	161.	161.	0.
FURNITURE & EQUIPMENT	8,627.	6,038.	2,589.
COMPUTER SOFTWARE	517.	258.	259.
COMPUTER SOFTWARE	650.	108.	542.
LEASEHOLD IMPROVEMENT	4,797.	1,131.	3,666.
TOTAL TO FORM 990, PART IV, LN 57	150,161.	92,632.	57,529.

SCHEDULE A OTHER INCOME STATEMENT 13

DESCRIPTION	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT	1995 AMOUNT
COMMISSIONS	25.	7.		
CURRENCY EXCHANGE	8.			
LICENSING FEE INCOME				
TOTAL TO SCHEDULE A, LINE 22	33.	7.		

Citizens Commission on Human Rights
Lobbying Expenditures
Affiliated Group Members
For the Year 1999

Group Member Address	Grassroots Lobbying	Direct Lobbying	Other Exempt Purpose Expenditures	Lobbying Nontaxable	Grassroots Nontaxable
68-0005541 Citizens Commission on Human Rights 6362 Hollywood Blvd. #B Los Angeles, CA 90028	37,374.84	4,004.51	2,086,349.60	256,386.45	64,096.61
74-2683124 Citizens Commission on Human Rights 403 E. Ben White Blvd. Austin, Texas 78704	2,100.00	2,100.00	53,234.00	10,646.80	2,661.70
36-3688416 Citizens Commission on Human Rights P.O. Box 3422 Oakbrook, IL 60522	0.00	0.00	0.00	0.00	0.00
59-2973520 Citizens Commission on Human Rights 305 N. Fort Harrison Ave. Clearwater, FL 33755-3923	505.00	4,215.00	337,005.00	68,345.00	17,086.00
84-1358039 Citizens Commission on Human Rights 303 S. Broadway Suite B Denver, CO 80209	0.00	0.00	0.00	0.00	0.00
06-1435334 Citizens Commission on Human Rights PO Box 17 Higganum, CT 06441	0.00	0.00	0.00	0.00	0.00
95-4680716 Citizens Commission on Human Rights P.O. Box 29754 Los Angeles, CA 90029-0754	778.50	650.00	0.00	0.00	0.00
38-3430811 Citizens Commission on Human Rights 23205 Gratiot Ave., PMB #397 Eastpointe, MI 48021-1684	0.00	0.00	0.00	0.00	0.00
91-1938843 Citizens Commission on Human Rights 1112 Massachusetts Ave #213 Boston, MA 02215	65.88	0.00	0.00	0.00	0.00
56-1929853					

Citizens Commission on Human Rights P.O. Box 10146 Davidson, NC 28212	0.00	833.00	0.00	0.00	0.00
33-0631999 Citizens Commission on Human Rights P.O. Box 984 Tustin, CA 92781-0984	0.00	0.00	0.00	0.00	0.00
94-3102568 Citizens Commission on Human Rights P.O. Box 8842 Portland, OR 97207	0.00	0.00	0.00	0.00	0.00
74-2548468 Citizens Commission on Human Rights 727 E. Glendale Ave., Suite 2B Phoenix, AZ 85020	0.00	6,702.42	0.00	0.00	0.00
94-3309544 Citizens Commission on Human Rights 926 J Street Suite 519 Sacremento, CA 95814	1,003.73	0.00	0.00	0.00	0.00
94-3109471 Citizens Commission on Human Rights 300 Lenora St. #B252 Seattle, WA 98121-2400	227.15	2,044.35	41,621.65	8,830.54	2,207.63
77-0389584 Citizens Commission on Human Rights P.O. Box 10428 San Jose, CA 95157	0.00	0.00	0.00	0.00	0.00
43-1630660 Citizens Commission on Human Rights P.O. Box 24222 St. Louis, MO 63130-0222	0.00	0.00	0.00	0.00	0.00
87-0516153 Citizens Commission on Human Rights 662 S. State Street Salt Lake City, UT 84111	0.00	0.00	0.00	0.00	0.00
77-0502618 Citizens Commission on Human Rights P.O. Box 1730 Thousand Oaks, CA 91358	0.00	512.55	0.00	0.00	0.00
52-1842070 Citizens Commission on Human Rights 1701 20TH ST. N.W. Washington, D.C. 20009	0.00	0.00	0.00	0.00	0.00
TOTALS	42,055.10	21,061.83	2,518,210.25	344,208.79	86,051.94

Form **2758**
(Rev. June 1998)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

▶ File a separate application for each return.

OMB No. 1545-0148

Please type or print. File the **original and one copy** by the due date for filing your return. See instructions.

Name: CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number: 68-0005541

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address): 6362 HOLLYWOOD BLVD., #B

City, town or post office, state, and ZIP code. For a foreign address, see instructions.: LOS ANGELES, CA 90028

Note: *Corporate income tax return filers must use **Form 7004** to request an extension of time to file. Partnerships, REMICs, and trusts must use **Form 8736** to request an extension of time to file Form 1065, 1066, or 1041.*

1 I request an extension of time until NOVEMBER 15, 2000, to file (check only one):

☐ Form 706-GS(D)	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 1120-ND (sec. 4951 taxes)	☐ Form 8612
☐ Form 706-GS(T)	☐ Form 990-T (trust other than above)	☐ Form 3520-A	☐ Form 8613
☒ Form 990 or 990-EZ	☐ Form 1041 (estate) (see instructions)	☐ Form 4720	☐ Form 8725
☐ Form 990-BL	☐ Form 1041-A	☐ Form 5227	☐ Form 8804
☐ Form 990-PF	☐ Form 1042	☐ Form 6069	☐ Form 8831

If the organization does not have an office or place of business in the United States, check this box ▶ ☐

2a For calendar year 99, or other tax year beginning _____, _____ and ending _____, _____.

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

3 Has an extension of time to file been previously granted for this tax year? ☒ Yes ☐ No

4 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. $ _____

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit $ _____

c **Balance due.** Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions $

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 ▶ Barbara C. Kogan Title ▶ CPA Date ▶ 8/17/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant — To Be Completed by the IRS

☒ We **HAVE** approved your application. Please attach this form to your return.

☐ We **HAVE NOT** approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your 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 your return.

☐ We **HAVE NOT** approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.

☐ We cannot consider your application because it was filed after the due date of the return for which an extension was requested.

☐ Other: _____

_____ Director By: _____ Date

EXTENSION APPROVED
AUG 23 2000
RICHARD CREAMER, DIRECTOR
OGDEN SUBMISSION PROCESSING CENTER

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent:

Please Type or Print

Name: CITIZENS COMMISSION ON HUMAN RIGHTS C/O NSBN & CO LLP

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address): 9454 WILSHIRE BLVD., 4TH FLOOR

City, town, or post office, state, and ZIP code. For a foreign address, see instructions.: BEVERLY HILLS, CA 90212

For Paperwork Reduction Act Notice, see back of form.

ISA
STF FED4663F

Form **2758** (Rev. 6-98)

Form **2758**
(Rev. June 1998)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

▶ File a separate application for each return.

Please type or print. File the **original and one copy** by the due date for filing your return. See instructions on back.

Name: Citizens Commission on Human Rights

Employer identification number: 68-0005541

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address): 6362 Hollywood Blvd., Ste.B

City, town or post office, state, and ZIP code. For a foreign address, see instructions.: Los Angeles, CA 90028

Note: *Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

1 I request an extension of time until Aug 15 2000 to file (check only one):

☐ Form 706-GS(D)	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 1120-ND (sec. 4951 taxes)	☐ Form 8612
☐ Form 706-GS(T)	☐ Form 990-T (trust other than above)	☐ Form 3520-A	☐ Form 8613
☒ Form 990 or 990-EZ	☐ Form 1041 (estate) (see instructions)	☐ Form 4720	☐ Form 8725
☐ Form 990-BL	☐ Form 1041-A	☐ Form 5227	☐ Form 8804
☐ Form 990-PF	☐ Form 1042	☐ Form 6069	☐ Form 8831

If the organization does not have an office or place of business in the United States, check this box. . . . . ▶ ☐

2a For calendar year 99 , or other tax year beginning ....., ... and ending ....., ...

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

3 Has an extension of time to file been previously granted for this tax year? . . . . . ☐ Yes ☒ No

4 State in detail why you need the extension Additional time is needed for review of this return by accountants and legal counsel

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. $

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . $

c **Balance due.** Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions . . . . . $

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 ▶ [signature] Title ▶ Certified Public Accountant Date ▶ 15 May 00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by the IRS

☐ We **HAVE** approved your application. Please attach this form to your return.

☐ We **HAVE NOT** approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your 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 your return.

☐ We **HAVE NOT** approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.

☐ We cannot consider your application because it was filed after the due date of the return for which an extension was requested.

☐ Other: .....

Director ..... By: ..... Date .....

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print

Name

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

FORM 990 CASH CONTRIBUTIONS OF $5000 OR MORE INCLUDED ON PART I, LINE 1D STATEMENT 2

*** NOT OPEN TO PUBLIC INSPECTION ***

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	AMOUNT
		108,000.
		28,463.
		23,000.
		21,000.
		20,900.
		18,800.
		17,600.
		14,736.
		13,932.
		12,320.
		12,150.
		11,645.
		11,085.
		10,300.
		10,000.
		9,740.
		8,658.
		8,358.
		8,299.
		8,050.
		7,633.
		7,450.
		7,000.

NOT OPEN TO PUBLIC INSPECTION

7,000.
6,450.
6,108.
6,000.
6,000.
5,985.
5,500.
5,440.
5,300.
5,146.
5,000.
5,000.

NOT OPEN TO
PUBLIC INSPECTION

SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS INCLUDED ON PART IV, LINE 26B STATEMENT 14

*** NOT OPEN TO PUBLIC INSPECTION ***

CONTRIBUTOR'S NAME	TOTAL CONTRIBUTION	EXCESS CONTRIBUTION
	403,000.	200,252.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		200,252.

NOT OPEN TO PUBLIC INSPECTION