Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a PROMOTIONAL MATERIALS					66.
b LICENSING FEES					11,735.
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	994.	
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					<9,804.>
101 Net income or (loss) from special events					<116,891.>
102 Gross profit or (loss) from sales of inventory					55,035.
103 Other revenue:					
a COMMISSIONS					4,335.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		994.	<55,524.>

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ <54,530.>

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).
	SEE STATEMENT 12

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction W.)

▶ X William B Earnshaw — Signature of officer | X 15 NOV 01 — Date | ▶ Bill Earnshaw Treasurer — Type or print name and title

Paid Preparer's Use Only			
Preparer's signature ▶ CPA	Date 11/14/01	Check if self-employed ▶ ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address, and ZIP code ▶ NSBN LLP, 9454 WILSHIRE BLVD., 4TH FLOOR, BEVERLY HILLS, CA 90212-2907		EIN ▶	Phone no. ▶ (310)273-2501

SCHEDULE A (Form 990 or 990-EZ)

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

2000

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
SAM BRUNELLI 15462 GULF BLVD., #508, ST PETERSBERG, FL 33708	PUBLIC RELATIONS	90,581.
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.

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 ▶ $ 16,297. Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any 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 page 2 of the instructions.)			

Part IV **Reason for Non-Private Foundation Status** (See pages 2 through 5 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, page 5.)

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 [X] 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 5 of the instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

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01-09-01

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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,392,904.	2,437,005.	2,427,173.	2,567,347.	9,824,429.
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	1,725.	2,368.	2,861.	2,151.	9,105.
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	5,190.	33.	SEE STATEMENT 14 7.		5,230.
23 Total of lines 15 through 22	2,399,819.	2,439,406.	2,430,041.	2,569,498.	9,838,764.
24 Line 23 minus line 17	2,399,819.	2,439,406.	2,430,041.	2,569,498.	9,838,764.
25 Enter 1% of line 23	23,998.	24,394.	24,300.	25,695.	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ 26a 196,775.

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 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts SEE STATEMENT 15 ▶ 26b 204,225.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 9,838,764.

d Add: Amounts from column (e) for lines: 18 9,105. 19 ______ 22 5,230. 26b 204,225. ▶ 26d 218,560.

e Public support (line 26c minus line 26d total) ▶ 26e 9,620,204.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 97.7786%

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 (which is not open to public inspection) 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:
(1999) N/A (1998) ______ (1997) ______ (1996) ______

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 described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A
(1999) ______ (1998) ______ (1997) ______ (1996) ______

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 1996 through 1999, 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 page 5 of the 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 ▶ [X] If the organization belongs to an affiliated group.
Check here ▶ [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	8,517.	7,638.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	15,080.	8,659.
38 Total lobbying expenditures (add lines 36 and 37)	38	23,597.	16,297.
39 Other exempt purpose expenditures	39	2,791,203.	2,100,757.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	2,814,800.	2,117,054.
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	290,740.	255,853.
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	72,685.	63,963.
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 on page 9 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount	290,740.	279,066.	260,600.	264,065.	1,094,471.
46 Lobbying ceiling amount (150% of line 45(e))					1,641,707.
47 Total lobbying expenditures	23,597.	63,117.	26,000.	31,065.	143,779.
48 Grassroots nontaxable amount	72,685.	69,767.	65,150.	66,016.	273,618.
49 Grassroots ceiling amount (150% of line 48(e))					410,427.
50 Grassroots lobbying expenditures	8,517.	42,055.	16,448.	6,349.	73,369.

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 or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	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 show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: 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 [X] No

b If "Yes," complete the following schedule: N/A

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

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

Organization type (check one)-Section: [X] 501(c)(3) ◀ (enter number) [ ] 527 or [ ] 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had **no** charitable contributors who contributed more than $1,000 during the year. (But see **General rule** below.) ▶ [ ]

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ $

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file **Form 990**, Return of Organization Exempt From Income Tax, or **Form 990-EZ**, Short Form Return of Organization Exempt From Income tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 9090-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: *Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).*

Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling $5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the $5,000 amount, total all of the contributor's gifts of $1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of $5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported $700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of $5,000 or $14,000 (2% of $700,000). Thus, a contributor who gave a total of $11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the $11,000 contribution to the organization exceeded $5,000, it did not exceed $14,000.

Section 501(c)(7), (8), or (10) organizations. For *noncharitable* contributions to one of these organizations, list in Part I contributors who gave $5,000 or more as described in the **General rule** discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than $1,000 during the year that were for a religious, charitable, etc., purpose. To determine the $1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list **any** charitable contributors on Part I, check the box on line **A** at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: *You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.*

Part I. In column **(a)**, identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column **(a)**, show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than $1,000 during the year. Show also, in the heading of Part III, total gifts that were $1,000 or less and were for a religious, charitable, etc., purpose. *Complete this information only on the first Part III page.*

If an amount is set aside for a religious, charitable, etc., purpose, show in column **(d)** how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column **(e)** and explain the relationship between the two organizations.

FEDERAL ID # 68-0005541

FORM 990 PAGE 2 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	FURNITURE & FIXTURES											
1	FURNITURE & EQUIPMENT	123186	SL	5.00	19	313.			313.	313.		0.
2	FURNITURE & EQUIPMENT	123187	SL	5.00	19	313.			313.	313.		0.
3	FURNITURE & EQUIPMENT	123188	SL	7.00	19	2,143.			2,143.	2,143.		0.
4	FURNITURE & EQUIPMENT	123189	SL	5.00	19	2,973.			2,973.	2,973.		0.
5	FURNITURE & EQUIPMENT	123190	SL	7.00	19	16,651.			16,651.	16,651.		0.
6	FURNITURE & EQUIPMENT	123191	SL	7.00	19	2,356.			2,356.	2,356.		0.
7	FURNITURE & EQUIPMENT	123192	SL	5.00	19	1,080.			1,080.	1,080.		0.
8	FURNITURE & EQUIPMENT	123193	SL	5.00	19	1,593.			1,593.	1,593.		0.
9	FURNITURE & EQUIPMENT	123193	SL	7.00	19	33,221.			33,221.	33,221.		0.
10	FURNITURE & EQUIPMENT	123194	SL	7.00	19	1,178.			1,178.	925.		168.
11	FURNITURE & EQUIPMENT	123194	SL	5.00	19	1,125.			1,125.	1,125.		0.
12	FURNITURE & EQUIPMENT	123195	SL	7.00	19	637.			637.	410.		91.
13	FURNITURE & EQUIPMENT	123195	SL	5.00	19	2,648.			2,648.	2,385.		263.
14	FURNITURE & EQUIPMENT	040197	SL	5.00	19	18,988.			18,988.	9,495.		3,799.
15	FURNITURE & EQUIPMENT	070198	SL	5.00	19	7,362.			7,362.	2,208.		1,473.
16	FURNITURE & EQUIPMENT	070199	SL	5.00	19	37,931.			37,931.	3,881.		7,586.
19	FURNITURE & EQUIPMENT	070196	SL	5.00	19	8,627.			8,627.	6,039.		1,726.

028102
04-27-01

(D) - Asset disposed

FEDERAL ID # 68-0005541

FORM 990 PAGE 2 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
23	(D)FURNITURE & EQUIPMENT	100400	SL	5.00	19	5,000.			5,000.			0.
24	(D)FURNITURE & EQUIPMENT	123193	SL	7.00	19	3,256.			3,256.			0.
25	FURNITURE & EQUIPMENT	070100	SL	5.00	19	45,254.			45,254.			4,525.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					192,649.		0.	192,649.	87,111.	0.	19,631.
	OTHER											
17	COMPUTER SOFTWARE	123195	SL	5.00	19	758.			758.	606.		151.
18	COMPUTER SOFTWARE	070196	SL	3.00	19	161.			161.	161.		0.
20	COMPUTER SOFTWARE	070198	SL	3.00	19	517.			517.	258.		173.
21	COMPUTER SOFTWARE	070199	SL	3.00	19	650.			650.	108.		218.
22	LEASEHOLD IMPROVEMENT	123193	SL	27.50	19	4,797.			4,797.	1,134.		174.
26	SOFTWARE	050100	SL	3.00	19	1,735.			1,735.			386.
28	BUILDING	123100	SL	.000	19	3017734.			3017734.			0.
29	BUILDING IMPROVEMENTS	123100	SL	.000	19	50,776.			50,776.			0.
30	ASSETS NOT PLACED IN SERVICE	123100	SL	.000	19	10,698.			10,698.			0.
	* 990 PAGE 2 TOTAL OTHER					3087826.		0.	3087826.	2,267.	0.	1,102.
	* GRAND TOTAL 990 PAGE 2 DEPR					3280475.		0.	3280475.	89,378.	0.	20,733.

028102
04-27-01

(D) - Asset disposed

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 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION		DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FURNITURE & EQUIPMENT		10/04/00	12/31/00	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,096.	5,000.	0.	0.	<3,904.>
DESCRIPTION		DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FURNITURE & EQUIPMENT		12/31/93	12/28/00	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	600.	3,256.	0.	3,256.	600.
DESCRIPTION		DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
ARTWORK		/ /93	12/31/00	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
DISPOSED OF	0.	6,500.	0.	0.	<6,500.>
TO FM 990, PART I, LN 8	1,696.	14,756.	0.	3,256.	<9,804.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CCHR DINNER	216,831.	185,451.	31,380.	144,571.	<113,191.>
GOLF TOURNAMENT	22,330.	16,100.	6,230.	9,930.	<3,700.>
TO FM 990, PART I, LINE 9	239,161.	201,551.	37,610.	154,501.	<116,891.>

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 4

INCOME

1. GROSS RECEIPTS	65,846	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		65,846
4. COST OF GOODS SOLD (LINE 13)	10,811	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		55,035

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	15,392	
7. MERCHANDISE PURCHASED	17,022	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		32,414
12. INVENTORY AT END OF YEAR	21,603	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		10,811

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	20,151.	12,944.	4,694.	2,513.
COMMISSIONS	47,815.	60.		47,755.
PROPERTY TAXES	4,546.	3,225.	801.	520.
PROMOTION	230,975.	213,394.	5,679.	11,902.
WORKERS COMPENSATION INSURANCE	2,925.	1,878.	681.	366.
STAFF TRAINING	150.		150.	
TOTAL TO FM 990, LN 43	306,562.	231,501.	12,005.	63,056.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
EDUCATIONAL	CHURCH OF SCIENTOLOGY-LOS ANGELES		N/A	54,848.
EDUCATIONAL	CHURCH OF SCIENTOLOGY-WEST U.S.		N/A	37,308.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				92,156.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PUBLICATIONS: SEE STATEMENT 20.	24,305.	1,126,194.
TOTAL TO FORM 990, PART III, LINE E	24,305.	1,126,194.

FORM 990 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	VALUATION METHOD	AMOUNT
BOOKS	COST	4,500.
ARTWORK	COST	900.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		5,400.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

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	33,221.	33,221.	0.
FURNITURE & EQUIPMENT	1,178.	1,093.	85.
FURNITURE & EQUIPMENT	1,125.	1,125.	0.
FURNITURE & EQUIPMENT	637.	501.	136.
FURNITURE & EQUIPMENT	2,648.	2,648.	0.
FURNITURE & EQUIPMENT	18,988.	13,294.	5,694.
FURNITURE & EQUIPMENT	7,362.	3,681.	3,681.
FURNITURE & EQUIPMENT	37,931.	11,467.	26,464.
COMPUTER SOFTWARE	758.	757.	1.
COMPUTER SOFTWARE	161.	161.	0.
FURNITURE & EQUIPMENT	8,627.	7,765.	862.
COMPUTER SOFTWARE	517.	431.	86.
COMPUTER SOFTWARE	650.	326.	324.
LEASEHOLD IMPROVEMENT	4,797.	1,308.	3,489.
FURNITURE & EQUIPMENT	45,254.	4,525.	40,729.
SOFTWARE	1,735.	386.	1,349.
BUILDING	3,017,734.	0.	3,017,734.
BUILDING IMPROVEMENTS	50,776.	0.	50,776.
ASSETS NOT PLACED IN SERVICE	10,698.	0.	10,698.
TOTAL TO FORM 990, PART IV, LN 57	3,272,219.	110,111.	3,162,108.

FORM 990 OTHER ASSETS STATEMENT 10

DESCRIPTION	AMOUNT
PAYROLL TAX REFUND RECEIVABLE	4,188.
LOAN RECEIVABLE	4,000.
OTHER RECEIVABLE	1,584.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	9,772.

FORM 990 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	AMOUNT
SALES TAX PAYABLE	978.
PAYROLL TAXES PAYABLE	1,484.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	2,462.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 12

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PAYMENTS RECEIVED FOR PROMOTIONAL MATERIALS.
93B	LICENSING FEES FROM CCHR CHAPTERS AROUND THE WORLD.
100	REALIZED LOSS ON DISPOSAL OF FIXED ASSETS AND ARTWORK.
101	NET INCOME FROM SPECIAL EVENTS TO PROMOTE EXEMPT PURPOSE.
102	ITEMS SOLD TO PROMOTE EXEMPT PURPOSE.
103A	COMMISSION EARNED ON REFFERALS OF SERVICES TO OTHER EXEMPT ORGS.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 4 STATEMENT 13

THE RECIPIENTS OF GRANTS FROM CITIZENS COMMISSION ON HUMAN RIGHTS WERE QUALIFIED EXEMPT ORGANIZATIONS. PROJECTS ARE DETERMINED TO BE QUALIFIED ON AN INDIVIDUAL BASIS. THE ORGANIZATION ENSURES THAT EACH SO QUALIFIES AT ALL TIMES.

SCHEDULE A OTHER INCOME STATEMENT 14

DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
COMMISSIONS	576.	25.	7.	
CURRENCY EXCHANGE	0.	8.		
LICENSING FEES	4,614.			
TOTAL TO SCHEDULE A, LINE 22	5,190.	33.	7.	

2000 FORM 990, PART III
FEDERAL ID # 68-0005541
CITIZENS COMMISSION ON HUMAN RIGHTS
STATEMENT # 16

DESCRIPTION OF PROGRAM SERVICE ONE
(INVESTIGATIONS):

THROUGHOUT 2000, THE CITIZENS COMMISSION ON HUMAN RIGHTS (CCHR) CONTINUED ITS RESEARCH AND INVESTIGATIONS INTO PSYCHIATRIC ABUSES, INCLUDING THE FATAL USE OF RESTRAINTS AND THE USE OF SECLUSION ON PATIENTS IN PSYCHIATRIC FACILITIES ACROSS THE UNITED STATES.

CCHR ALSO EXPANDED ITS INVESTIGATIONS AND RESEARCH INTO PATIENTS' INSURANCE PROGRAMS BEING DEFRAUDED IN PSYCHIATRIC FACILITIES ESPECIALLY THOSE OWNED BY THE COUNTRY'S LARGEST PRIVATE HOSPITAL CHAIN, CHARTER (BEHAVIORAL HEALTH SERVICES).

CONCURRENTLY, CCHR DISTRIBUTED ITS FREE PUBLICATION, "PSYCHIATRY COMMITTING FRAUD" TO THE MEDIA AND LAW ENFORCEMENT OFFICERS, URGING CLOSER SCRUTINY OF PSYCHIATRIC PATIENT ABUSE AND FRAUD, AND RECOVERY OF FUNDS OBTAINED THROUGH FRAUDULENT MEANS.

SUBSEQUENTLY, THERE WAS MEDIA COVERAGE ON THIS ISSUE. THIS, IN TURN, HELPED PROMPT GREATER GOVERNMENT CRACKDOWN ON FRAUD AND ABUSE.

AMID THIS SCRUTINY AND PUBLIC EXPOSURE, IN FEBRUARY THE CHARTER HOSPITAL CHAIN FILED FOR BANKRUPTCY, $100 MILLION IN DEBT. IN AUGUST, THE U.S. JUSTICE DEPARTMENT ANNOUNCED THAT CHARTER HAD AGREED TO PAY $7 MILLION TO SETTLE ALLEGATIONS IT OVERCHARGED MEDICARE AND OTHER FEDERAL PROGRAMS. THE JUSTICE DEPARTMENT SAID THAT CHARTER KNOWINGLY ENGAGED IN FRAUDULENT BILLINGS TO FEDERAL HEALTH CARE PROGRAMS AND FALSELY DOCUMENTING INPATIENT PSYCHIATRIC SERVICES THAT WERE NOT NEEDED.

CCHR HAS PROVIDED FEDERAL GOVERNMENT BODIES, LEGISLATORS AND MEDIA MATERIAL ON PSYCHIATRIC FRAUD. THIS HAS RAISED CONSIDERABLE PUBLIC AND OFFICIAL AWARENESS OF PSYCHIATRIC FRAUD. ONE GOVERNMENT AGENCY THAT ACTED ON THIS ISSUE WAS THE HEALTH AND HUMAN SERVICES INSPECTOR

GENERAL'S OFFICE, WHICH IN APRIL 2000 RELEASED A REPORT ON ITS FINDINGS FROM AN INVESTIGATION INTO ACUTE-CARE HOSPITALS. INSPECTORS FOUND THAT IN 1997 THE FACILITIES HAD SUBMITTED $224 MILLION IN CLAIMS FOR OUTPATIENT PSYCHIATRIC SERVICES THAT WERE "QUESTIONABLE," "NOT REASONABLE" OR "ADMINISTERED BY UNLICENSED PERSONNEL." THE REPORT CALLED FOR PRIVATE INSURANCE COMPANIES THAT PROCESS MEDICARE CLAIMS, TO INCREASE THEIR OVERSIGHT PROCEDURES. THE REPORT ALSO INSISTED THAT INSURERS INITIATE RECOVERY OF ALL FUNDS FROM INAPPROPRIATE CLAIMS.

AS PART OF ITS RESEARCH AND INFORMATION SERVICE, CCHR DOCUMENTED AND RECORDED THAT IN 2000, THE NUMBER OF CRIMINAL INVESTIGATIONS INTO PSYCHIATRISTS, PSYCHOLOGISTS, PSYCHOTHERAPISTS AND MENTAL HEALTH WORKERS INCREASED BY 39% OVER 1999.

ALSO, 185 MENTAL HEALTH PRACTITIONERS AND WORKERS WERE CONVICTED AND JAILED FOR HEALTH CARE FRAUD, SEXUAL ABUSE OF PATIENTS, MURDER AND OTHER CRIMES. THE HIGHEST RATE OF CRIME WAS FOR FRAUD AT 42% FOLLOWED BY SEXUAL ABUSE OF PATIENTS AT 28%. CCHR STARTED RECORDING THESE CONVICTIONS IN A DATABASE, WHICH WILL BE RELEASED ON THE WW WEB IN 2001.

FOR MANY YEARS CCHR INTERNATIONAL HAS EXPOSED INCIDENTS OF PROFESSIONAL MISCONDUCT AND PATIENT ABUSE BY MENTAL HEALTH PRACTITIONERS. IT KEEPS A RECORD ON THE NUMBER OF MENTAL HEALTH PRACTITIONERS WHO HAVE HAD THEIR LICENSE TO PRACTICE SUSPENDED OR REVOKED. THE FINDINGS OF LICENSING BOARDS ARE MADE AVAILABLE TO INDIVIDUALS AND LAW ENFORCEMENT AGENCIES WHO CONTACT CCHR FOR INFORMATION ABOUT ABUSIVE PRACTITIONERS. IN 2000, 381 MENTAL HEALTH PRACTITIONERS WERE RECORDED BY CCHR FOR HAVING HAD THEIR LICENSE TO PRACTICE SUSPENDED AND/OR REVOKED BECAUSE OF MISCONDUCT AND ABUSE OR AS A RESULT OF CRIMINAL CONVICTIONS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	**32,510**	**145,688**

2000 FORM 990, PART III
FEDERAL ID # 68-0005541
CITIZENS COMMISSION ON HUMAN RIGHTS
STATEMENT # 17

DESCRIPTION OF PROGRAM SERVICE TWO
(HOTLINE SERVICES):

CCHR'S TOLL FREE HOTLINE PROVIDES INFORMATION TO PEOPLE WHO PHONE IN RESPONSE TO READING CCHR'S BOOKLETS, POSTERS, FLIERS, MEDIA ARTICLES ABOUT CCHR'S ACTIVITIES OR WHO, BECAUSE OF WORD-OF-MOUTH, CONTACTED CCHR.

IN 2000, MORE THAN 7,000 INDIVIDUALS AND GROUPS WERE PROVIDED WITH INFORMATION THROUGH THIS HOTLINE SERVICE. REQUESTS WERE MADE FOR MORE BOOKLETS, MEDICAL STUDIES, MEDIA ARTICLES, FLIERS, AS WELL AS STATISTICS RELATING TO MENTAL HEALTH AND PSYCHIATRY AND ABUSE CASE STORIES FOR SCRIPTS AND MEDIA STORIES. THERE WAS A NOTABLE INCREASE IN CONCERN ABOUT THESE ABUSES AND, THEREFORE, MORE REQUESTS FOR INFORMATION WERE RECEIVED AND FILLED BY CCHR CONCERNING THE UNSCIENTIFIC NATURE OF PSYCHIATRIC DIAGNOSES, SUCH AS ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AND LEARNING DISORDERS (LD) THAT HAVE LED TO MILLIONS OF CHILDREN BEING UNNECESSARILY DRUGGED.

IN 2000, CCHR REGULARLY WROTE AND ISSUED PRESS RELEASES THROUGH THE "PR NEWSWIRE" SERVICE ON THE INTERNET, WHICH ALSO LED TO MORE INFORMATION REQUESTS TO CCHR'S HOTLINE SERVICE.

ADDITIONALLY, THE HOTLINE PROVIDED THE MEANS FOR THE PUBLIC TO REPORT INCIDENTS OF PSYCHIATRIC ABUSE AND FRAUD. THIS, IN TURN, ALERTED CCHR TO AREAS THAT NEEDED FURTHER RESEARCH, INVESTIGATION, AND MEDIA ATTENTION.

SUBSEQUENTLY, CCHR WAS ALSO ABLE TO ASSIST PEOPLE TO PREPARE OFFICIAL COMPLAINTS TO AUTHORITIES ABOUT THE ABUSES TO WHICH THEY HAD BEEN SUBJECTED AND TO SEEK RECOURSE.

	GRANTS	EXPENSES
TO FOR 990, PART III, LINE B	**17,862**	**79,027**

2000 FORM 990, PART III
FEDERAL ID # 68-0005541
CITIZENS COMMISSION ON HUMAN RIGHTS
STATEMENT # 18

DESCRIPTION OF PROGRAM SERVICE THREE
(LEGISLATION):

IN 2000, CCHR PRODUCED AND RELEASED A SERIES OF THREE POSTERS AND CORRESPONDING FLIERS THAT WERE BROADLY DISTRIBUTED TO PROMOTE THE NEED FOR PEOPLE TO REPORT PSYCHIATRIC ABUSE TO CCHR INTERNATIONAL AND CCHR CHAPTERS THROUGHOUT THE UNITED STATES AND OVERSEAS. THESE ABUSES THEN WERE DOCUMENTED AND SUBMITTED IN REPORTS AND "WHITE PAPERS" TO LEGISLATIVE BODIES CALLING FOR LAWS THAT WILL PROTECT PATIENTS.

ONE OF THE AREAS THAT THESE POSTERS AND FLIERS COVERED WAS THE PSYCHIATRIC ABUSE OF CHILDREN AND, IN PARTICULAR, THE LABELING AND DRUGGING OF PRE-SCHOOLERS AND SCHOOLCHILDREN.

IN 2000, THE "JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION" (JAMA) PUBLISHED A STUDY, WHICH REPORTED THAT BETWEEN 1991 AND 1995, THE NUMBER OF PRESCHOOLERS WHO HAD BEEN PRESCRIBED PSYCHOTROPIC DRUGS HAD INCREASED 100%. THIS MADE NATIONAL AND INTERNATIONAL NEWS AND PROMPTED CCHR'S CALL FOR PROTECTION AGAINST SUCH DRUGGING.

THIS, ALONG WITH THE LONG-TERM PUBLIC AWARENESS CAMPAIGN THAT CCHR AND ITS ALLIED GROUPS AND INDIVIDUALS HAVE GENERATED ON THIS ISSUE OVER THE PAST SEVERAL YEARS, LED TO NINE U.S. STATES INTRODUCING LAWS OR RESOLUTIONS TO ENSURE ACCOUNTABILITY FOR THE LABELING AND DRUGGING OF CHILDREN, THE MONITORING OF PSYCHIATRIC DRUG PRESCRIPTIONS FOR THEM, OR THE NEED FOR EDUCATIONAL SOLUTIONS FOR LEARNING AND BEHAVIORAL PROBLEMS IN THE CLASSROOM.

IN SEPTEMBER 2000, A CONGRESSIONAL HEARING WAS ALSO HELD INTO PSYCHIATRIC DRUGGING OF CHILDREN, WHICH WAS COVERED LIVE BY C-SPAN TV AND REACHED MILLIONS OF VIEWERS ACROSS AMERICA. PARENTS AND DOCTORS, WHO HAD CONTACTED CCHR ABOUT THIS ISSUE, TESTIFIED BEFORE THE HEARING.

PSYCHIATRIC LABELING AND DRUGGING OF CHILDREN HAS BECOME AN INTERNATIONAL CONCERN, LARGELY BECAUSE OF CCHR'S PUBLIC AWARENESS CAMPAIGNS. THE GREEN PARTY OF SOERMLAND COUNTY, SWEDEN, PASSED A MOTION CALLING FOR ALL HEALTH AND MEDICAL PERSONNEL TO BE EDUCATED ON ALTERNATIVE, NATURAL METHODS OF TREATING CHILDREN WHO DISPLAY HYPERACTIVE BEHAVIOR, INSTEAD OF USING PSYCHOTROPIC MIND-ALTERING DRUGS.

FOLLOWING PRESENTATION OF THE FINDINGS OF CCHR'S INVESTIGATION INTO PSYCHIATRIC LABELING AND DRUGGING OF CHILDREN IN EUROPE, THE COUNCIL OF EUROPE PASSED A MOTION TO ESTABLISH AN INVESTIGATION THROUGHOUT EUROPE INTO THE USE OF PSYCHIATRIC DRUGS ON CHILDREN FOR SO-CALLED ADHD.

IN 1999, CCHR INTERNATIONAL HAD WORKED WITH THE TEXAS CHAPTER OF CCHR INVESTIGATING THE USE OF PHYSICAL AND CHEMICAL RESTRAINTS OF PATIENTS IN PSYCHIATRIC HOSPITALS, FROM WHICH MANY DIED FROM THE RESTRAINT PROCEDURES. A "WHITE PAPER" ON LETHAL RESTRAINTS PROCEDURES WAS WRITTEN AND DISTRIBUTED TO LAW ENFORCEMENT OFFICERS, GOVERNMENT AGENCIES AND THE MEDIA. THIS RESULTED IN NATIONAL MEDIA COVERAGE OF THE ISSUE. CCHR'S PUBLICATION, "PSYCHIATRY: COMMITTING FRAUD", WHICH RECOMMENDED ACCOUNTABILITY OF ALL PSYCHIATRIC FACILITIES, WITH STRICTER STATE AND FEDERAL SCRUTINY OF PATIENT ABUSE AND FRAUD COMMITTED IN PSYCHIATRIC FACILITIES, WAS DISTRIBUTED BROADLY AT THE END OF 1999 AND THROUGHOUT 2000. DURING THIS PUBLIC AWARENESS CAMPAIGN AND THE MEDIA COVERAGE OF THE ISSUE, THE FEDERAL GOVERNMENT CRACKED DOWN ON PSYCHIATRIC HEALTH CARE FRAUD AND PATIENT ABUSE.

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, FOR EXAMPLE, FOUND THAT THE OVERSIGHT BODY, HEALTH CARE FINANCING ADMINISTRATION (HCFA), RARELY INSPECTED MANY OF AMERICA'S 611 PSYCHIATRIC FACILITIES THAT ACCEPT MEDICARE PATIENTS. SUBSEQUENTLY, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES CALLED FOR MORE FREQUENT INSPECTIONS OF THESE FACILITIES AND INCREASED COORDINATION BETWEEN THE VARIOUS AGENCIES THAT RECEIVE REPORTS OF PROBLEMS AND ABUSES ABOUT PSYCHIATRIC AND OTHER HEALTH CARE FACILITIES. THIS REPORT WAS PROMPTED BY MEDIA COVERAGE AND CONGRESSIONAL CONCERNS ABOUT SOME PSYCHIATRIC HOSPITALS BEING UNSAFE. IN PARTICULAR, IT CITED A NATIONAL TV SHOW THAT HAD EXPOSED PATIENT DEATHS, INJURIES AND ABUSIVE TREATMENTS IN PSYCHIATRIC FACILITIES OWNED BY CHARTER BEHAVIORAL HEALTH SERVICES FOR WHICH CCHR HAD PROVIDED THE TV

PROGRAM WITH INFORMATION ABOUT ABUSES AT CHARTER FACILITIES FROM CCHR'S OWN INVESTIGATIONS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	**1,527**	**16,297**

2000 FORM 990, PART III
FEDERAL ID # 68-0005541
CITIZENS COMMISSION ON HUMAN RIGHTS
STATEMENT # 19

DESCRIPTION OF PROGRAM SERVICE FOUR
(PUBLIC AWARENESS):

CCHR RESOLVED TO INCREASE PUBLIC AWARENESS ABOUT THE MASS INCREASE OF LABELING AND DRUGGING CHILDREN, WITH THOUSANDS OF PRESS RELEASES, WHICH WERE SENT TO NATIONAL AND WEEKLY NEWSPAPERS AS WELL AS TO TV NEWS AND CURRENT AFFAIRS PRODUCERS ON THIS ISSUE. PRESS RELEASES WERE ALSO PLACED WITH NEWS WIRE SERVICES ON THE INTERNET BOTH IN THE U.S. AND INTERNATIONALLY

AFTER THE SEPTEMBER 2000 CONGRESSIONAL HEARING (MENTIONED ABOVE) INTO PSYCHIATRIC CHILD DRUGGING WAS COVERED LIVE ON C-SPAN, PARENTS CONTACTED CCHR AND REPORTED HOW THEY HAD BEEN COERCED THROUGH THE SCHOOL SYSTEM TO TAKE THEIR CHILD TO A MENTAL HEALTH PRACTITIONER FOR A PSYCHIATRIC DIAGNOSIS AND TREATMENT WITH DRUGS. SOME PARENTS HAD BEEN THREATENED WITH CHARGES OF CRIMINAL "MEDICAL NEGLECT" BY CHILD PROTECTIVE SERVICES IF THEY ATTEMPTED TO WITHDRAW THEIR CHILD FROM PSYCHIATRIC DRUGS, EVEN UNDER MEDICAL SUPERVISION.

THE PARENTS WORKED WITH CCHR'S MEDIA RELATIONS DEPARTMENT TO EXPOSE THIS PSYCHIATRIC CHILD ABUSE AND THREAT TO PARENTAL RIGHTS.

WITH PUBLIC AND CHILD PROTECTION IN MIND, NATIONAL NEWS PROGRAMS WERE CONTACTED WHO SUBSEQUENTLY EXPOSED THIS ABUSIVE SITUATION.

MEMBERS OF CCHR BOSTON ALSO ADDRESSED A PUBLIC MEETING ON THIS ISSUE IN RHODE ISLAND. SUBSEQUENTLY, A RHODE ISLAND STATE REPRESENTATIVE INTRODUCED LEGISLATION DESIGNED TO ENSURE THAT PARENTS WERE PROPERLY INFORMED ABOUT THE RISK OF PSYCHIATRIC DRUGS AND TO PREVENT SCHOOL PERSONNEL FROM DISMISSING CHILDREN WHOSE PARENTS REFUSED TO KEEP THEM ON PSYCHIATRIC DRUGS. THE LEGISLATOR SECURED A LETTER WITH A SIGNIFICANT ADMISSION FROM THE LEGAL COUNSEL FOR THE RHODE ISLAND EDUCATION DEPARTMENT, WHICH OUTLINED HOW DISMISSING CHILDREN FROM SCHOOL ON THE

GROUNDS THAT THEIR PARENTS REFUSED TO PUT OR KEEP THEM ON PSYCHIATRIC DRUGS, VIOLATED SEVERAL FEDERAL LAWS.

THIS LETTER, THEN PUBLICIZED BY CCHR INTERNATIONAL IN THE MEDIA, GALVANIZED GROUPS AND POLITICIANS ACROSS THE COUNTRY. IN OCTOBER, CCHR INTERNATIONAL PRESENTED THE LETTER TO THE CONGRESSIONAL HEARING INTO PSYCHOTROPIC DRUG USE IN CHILDREN. SUBSEQUENTLY, 24 CONGRESSMEN SIGNED A LETTER TO THE SECRETARY OF EDUCATION, SEEKING AGREEMENT FROM THE U.S. DEPARTMENT OF EDUCATION THAT "...THERE IS NO OBJECTIVE PHYSICAL TEST FOR ADHD" AND THAT "...IT IS NOT LAWFUL FOR SCHOOL PERSONNEL TO REQUIRE THAT A CHILD CONTINUE OR INITIATE A COURSE OF TAKING MEDICATION AS A CONDITION OF ATTENDING SCHOOL. "

AS STATED EARLIER, THIS INCREASED PUBLIC AWARENESS RESULTED IN NINE U.S. STATES INTRODUCING LAWS AND/OR RESOLUTIONS RESTRICTING THE PSYCHIATRIC LABELING AND DRUGGING OF CHILDREN.

CCHR ALSO WORKED WITH LEGISLATORS AND NATIONAL U.S. MEDIA TO EXPOSE THE GROWING PROBLEM OF CHILDREN ABUSING PRESCRIPTION PSYCHIATRIC DRUGS AND ILLICITLY SELLING THEM. THIS RESULTED IN SEVERAL NATIONAL TV EXPOSES AS WELL AS MAJOR NEWSPAPERS DRAWING ATTENTION TO THE FACT THAT THESE DRUGS CAN BE HIGHLY ADDICTIVE AND ARE TOO EASILY ACCESSED BY CHILDREN.

CCHR INTERNATIONAL CONTINUED ITS WORK WITH PROMINENT MEDICAL PROFESSIONALS, ORGANIZING A 1,500 PERSON RALLY IN CHICAGO, ILLINOIS. THIS FEATURED MEDICAL DOCTORS, PUBLIC FIGURES AND PARENTS WHO CALLED FOR STRONGER ENFORCEMENT OF PARENTAL RIGHTS IN RELATION TO MENTAL HEALTH PRACTITIONERS' MISDIAGNOSIS AND MISTREATMENT OF CHILDREN. THIS WAS COVERED BY NATIONAL AND LOCAL MEDIA, WHICH IN TURN LED TO MORE PARENTS AND HUMAN RIGHTS GROUPS CONTACTING CCHR.

<u>INVOLUNTARY COMMITMENT AND ELECTROSHOCK</u>: SINCE ITS INCEPTION IN 1969, CCHR HAS ADVOCATED AGAINST THE PUNITIVE USE OF INVOLUNTARY COMMITMENT AND THE USE OF ELECTROSHOCK ON INDIVIDUALS.

THIS YEAR, A THOUSAND-STRONG MARCH WAS HELD IN PARIS AGAINST INVOLUNTARY COMMITMENT AND ELECTROSHOCK. IN RECENT YEARS, THE NUMBER OF PEOPLE INVOLUNTARILY COMMITTED IN FRANCE HAS SOARED. PEOPLE WHO HAD BEEN ABUSED AND HARMED BY INVOLUNTARY COMMITMENT AND/OR WERE SUBJECTED TO

ELECTROSHOCK, SPOKE OUT PUBLICLY. CCHR ALSO PRESENTED A FORMAL SUBMISSION TO MEMBERS OF THE FRENCH GOVERNMENT ASKING THAT THEY FULLY INVESTIGATE THE ABUSES OCCURRING IN THE COUNTRY'S PSYCHIATRIC FACILITIES.

CCHR'S 1996 BOOKLET ABOUT ELECTROSHOCK, "PSYCHIATRY DESTROYING MINDS," CONTINUED TO BE DISTRIBUTED IN EUROPEAN COUNTRIES. AND IN THE REGION OF PIEMONTE, ITALY, THE GOVERNMENT PASSED A LAW PROHIBITING THE USE OF ELECTROSHOCK ON CHILDREN, PREGNANT WOMEN AND THE ELDERLY.

IN CALIFORNIA, CCHR ALSO RAISED PUBLIC AWARENESS ABOUT HARMFUL LEGISLATIVE PROPOSALS TO EXTEND THE CRITERIA FOR INVOLUNTARY COMMITMENT.

RESTRAINTS: FOR SEVERAL YEARS, CCHR INTERNATIONAL AND CCHR TEXAS HAVE CONDUCTED AN INTENSIVE PUBLIC AWARENESS CAMPAIGN ABOUT LETHAL RESTRAINT PROCEDURES BEING USED IN PSYCHIATRIC FACILITIES. THIS YEAR, CCHR EXPOSED MORE TRAGIC CASES OF DEATHS FROM RESTRAINT PROCEDURES. FOR EXAMPLE, IN TEXAS, MEDIA RAN STATEWIDE REGARDING THE DEATH OF A 9-YEAR-OLD BOY IN A SOUTH TEXAS HOSPITAL DURING A RESTRAINT PROCEDURE. SUBSEQUENTLY, OFFICIALS STOPPED REFERRING PATIENTS TO THE FACILITY PENDING THE OUTCOME OF AN INVESTIGATION.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	**15,952**	**351,947**

2000 FORM 990, PART III
FEDERAL ID # 68-0005541
CITIZENS COMMISSION ON HUMAN RIGHTS
STATEMENT # 20

DESCRIPTION OF PROGRAM SERVICE FIVE
(PUBLICATIONS):

A MAJOR PORTION OF CCHR'S ACTIVITIES IS ITS PUBLIC EDUCATION PROGRAM, WHICH IS CONDUCTED THROUGH PUBLICATIONS PRODUCED AND DISTRIBUTED IN 15 LANGUAGES TO 31 COUNTRIES. IN 2000, A TOTAL OF 1,228,190 BOOKLETS WERE SENT FROM CCHR INTERNATIONAL TO GROUPS AND INDIVIDUALS ACROSS THE GLOBE.

A NEW BOOKLET ENTITLED, "PSYCHIATRY: A HUMAN RIGHTS ABUSE AND GLOBAL FAILURE" WAS WRITTEN AND PUBLISHED, WITH 220,000 COPIES DISTRIBUTED INTERNATIONALLY.

CCHR ALSO BEGAN THE WRITING AND DESIGN OF A NEW PERMANENT EXHIBITION ON PSYCHIATRY, TO BE DISPLAYED IN CCHR'S NEWLY ACQUIRED INTERNATIONAL HEADQUARTERS IN HOLLYWOOD, OPENED IN MAY 2001. THE EXHIBIT DOCUMENTS A 300-YEAR HISTORY OF BETRAYAL BY PSYCHIATRISTS AND SHOWS THE DECLINE OF SOCIETY UNDER THEIR INFLUENCE. IT TRACES THE HISTORY OF PSYCHIATRY'S PHYSICALLY AND MENTALLY ABUSIVE "TREATMENTS," FROM FLOGGING AND CHAINING IN THE 1700'S AND THE BIRTH OF PSYCHOSURGERY IN THE 1800'S, TO ELECTROSHOCK IN THE 1900'S AND THE USE OF MIND-ALTERING AND DEBILITATING DRUGS TODAY.

ADDITIONALLY, 313,000 POSTERS AND 78,000 FLIERS WERE PRODUCED IN 15 LANGUAGES TO BROADLY INFORM PEOPLE THAT CCHR EXISTS TO RECEIVE COMPLAINTS ABOUT PSYCHIATRIC HUMAN RIGHTS ABUSES AND TO ENCOURAGE THEIR REPORTING PSYCHIATRIC ABUSES AND CRIMES TO THE PROPER AUTHORITIES.

OVERALL IN 2000, THROUGH ITS PUBLIC AWARENESS CAMPAIGNS AND CLEARING HOUSE FUNCTIONS, CCHR'S HUMAN RIGHTS MESSAGE AND PROMOTION OF ITS SERVICES REACHED MORE THAN 2 BILLION PEOPLE INTERNATIONALLY. THIS INCLUDED 112 MAJOR TV NEWS STORIES AND 336 NEWSPAPER ARTICLES IN THE UNITED STATES ALONE.

WITH CCHR'S AND THE GOVERNMENT'S EXPOSURE AND SCRUTINY OF PSYCHIATRIC FRAUD AND PATIENT ABUSE, MANY PSYCHIATRIC FACILITIES LOST THEIR MEDICAID AND MEDICARE FUNDING.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	**24,305**	**1,126,195**

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

2000

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	20,000.
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 1999	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 2001. 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 2000 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.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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 2000	17	
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	20,733.

Part IV Summary (See instructions.)

20	Listed property. Enter amount from line 26	20	
21	**Total.** Add deductions from 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	20,733.
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** (2000)

016251
11-20-00

Part V **Listed Property** (Include 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 2000 tax year:					
	: :				
	: :				
41 Amortization of costs that began before 2000				41	
42 **Total.** Add amounts in column (f). See instructions for where to report				42	

Citizens Commission on Human Rights
Lobbying Expenditures
Affiliated Group Members
Form 990, Scehdule A, Part VI-A, for the year 2000

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 90028-6330621	7,638.35	8,658.68	2,100,756.74	255,852.69	63,963.17
74-2683124 Citizens Commission on Human Rights 403 E. Ben White Blvd. Austin, Texas 78704	0.00	0.00	110,725.00	22,145.00	5,536.25
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	475.00	4,560.00	418,334.00	84,673.80	21,168.45
84-1358039 Citizens Commission on Human Rights 303 S. Broadway Suite B Denver, CO 80209	0.00	0.00	8,075.17	1,615.03	403.76
06-1435334 Citizens Commission on Human Rights PO Box 17 Higganum, CT 06441	0.00	0.00	5,772.74	1,154.55	288.64
95-4680716 Citizens Commission on Human Rights P.O. Box 29754 Los Angeles, CA 90029-0545	0.00	117.22	12,943.67	2,612.18	653.04
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 Boylston St. Boston, MA 02215	0.00	125.00	7,473.43	1,519.69	379.92
56-1929853 Citizens Commission on Human Rights P.O. Box 10146 Davidson, NC 28212	0.00	0.00	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	6,106.72	1,221.34	305.34

Citizens Commission on Human Rights
Lobbying Expenditures
Affiliated Group Members
Form 990, Scehdule A, Part VI-A, for the year 2000

Group Member Address	Grassroots Lobbying	Direct Lobbying	Other Exempt Purpose Expenditures	Lobbying Nontaxable	Grassroots Nontaxable
94-3102568 Citizens Commission on Human Rights P.O. Box 8842 Portland, OR 97207-8842427	0.00	0.00	6,002.40	1,200.48	300.12
74-2548468 Citizens Commission on Human Rights 727 E. Glendale Ave., Suite 2B Phoenix, AZ 85020	200.00	600.00	0.00	160.00	40.00
94-3309544 Citizens Commission on Human Rights 926 J Street Suite 519 Sacramento, CA 95814	0.00	275.90	14,030.21	2,861.22	715.31
94-3109471 Citizens Commission on Human Rights 300 Lenora St. #B252 Seattle, WA 98121-2416998	100.00	702.76	39,763.00	8,113.15	2,028.29
77-0389584 Citizens Commission on Human Rights P.O. Box 10428 San Jose, CA 95157-1428288	0.00	0.00	19,712.02	3,942.40	985.60
43-1630660 Citizens Commission on Human Rights P.O. Box 24222 St. Louis, MO 63130-0222	103.35	40.00	23,575.83	4,743.84	1,185.96
87-0516153 Citizens Commission on Human Rights 662 S. State Street Salt Lake City, UT 84111-3820020	0.00	0.00	17,931.81	3,586.36	896.59
77-0502618 Citizens Commission on Human Rights P.O. Box 1730 Thousand Oaks, CA 91358-0730301	0.00	0.00	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	8,516.70	15,079.56	2,791,202.74	290,739.95	72,684.99

Every affiliate has made its own
Section 501 (h) election

Form **8868** (December 2000) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ ☐
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Note: *Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Note: *Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only* . . . ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	Citizens Commission on Human Rights	68 0005541
	Number, street, and room or suite no. If a P.O. box, see instructions. 6362 Hollywood Blvd #B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Los Angeles CA 90028	

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

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

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ________ . If this is for the **whole** group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until AUGUST 15, 2001 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 2000 or

▶ ☐ tax year beginning .... , 20 .... and ending .... , 20 ....

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

3a 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 or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . $

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . $

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 ▶ William Ed[illegible] Title ▶ TREASURER Date ▶ 02 MAY 01

- 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).

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

Type or print. File by the extended due date for filing the return. See instructions.

Name of Exempt Organization: CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number: 68-0005541

Number, street, and room or suite no. If a P.O. box, see instructions.: 6362 HOLLYWOOD BLVD., NO. B

For IRS use only

City, town or post office, state, and ZIP code. For a foreign address, see instructions.: LOS ANGELES, CA 90028-6331

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

[X] 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.

- 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 NOVEMBER 15, 2001.

5 For calendar year 2000 , or other tax year beginning ______ ~~and ending~~ ______ .

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO OBTAIN THE NECESSARY INFORMATION 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 ▶ [signature] Title ▶ CPA Date ▶ 8-10-01

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 the 10-day grace period.
[ ] We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
[ ] Other ______

RECEIVED AUG 1 3 2001 OGDEN, UT IRS-OSC

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: NANAS STERN BIERS NEINSTEIN AND CO. LLP

Number and street (include suite, room, or apt. no.) Or a P.O. box number: 9454 WILSHIRE BLVD., 4TH FLOOR

City or town, province or state, and country (including postal or ZIP code): BEVERLY HILLS, CA 90212-2907

Name of organization: CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number: 68-0005541

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		$ 5,050.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
2		$ 5,880.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
3		$ 6,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
4		$ 5,610.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
5		$ 5,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
6		$ 6,213.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)

Name of organization: CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number: 68-0005541

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7		$ 6,795.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
8		$ 7,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
9		$ 7,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
10		$ 7,250.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
11		$ 6,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
12		$ 8,100.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)

Name of organization: CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number: 68-0005541

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
13		$ 8,299.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
14		$ 8,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
15		$ 8,046.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
16		$ 9,213.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
17		$ 10,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
18		$ 7,200.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)

Name of organization: CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number: 68-0005541

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
19		$ 11,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
20		$ 11,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
21		$ 7,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
22		$ 14,250.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
23		$ 15,400.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
24		$ 16,250.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)

Name of organization: CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number: 68-0005541

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
25		$ 15,500.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
26		$ 16,500.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
27		$ 18,400.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
28		$ 19,500.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
29		$ 19,530.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
30		$ 20,300.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)

Name of organization: CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number: 68-0005541

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
31		$ 26,895.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
32	]	$ 29,455.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
33		$ 110,000.	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
34		$	Individual [ ] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
35		$	Individual [ ] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)
36		$	Individual [ ] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution.)

SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS INCLUDED ON PART IV, LINE 26B STATEMENT 15

*** NOT OPEN TO PUBLIC INSPECTION ***

CONTRIBUTOR'S NAME	TOTAL CONTRIBUTION	EXCESS CONTRIBUTION
	401,000.	204,225.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		204,225.

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), section 527, or section 4947(a)(1) nonexempt charitable trust

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

OMB No. 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning and ending

B Check if applicable: [X] Change of address [ ] Change of name [ ] Initial return [ ] Final return [ ] Amended return (use 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): 6616 SUNSET BLVD — Room/suite

City or town, state or country, and ZIP: LOS ANGELES, CA 90028

D Employer identification number 68-0005541

E Telephone number 323-467-4242

F Check ▶ [ ] if application pending

G Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no.) [ ] 527 OR [ ] 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 900-EZ).

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

(H and I are not applicable to section 527 orgs.)

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No (If "No," attach a list.) N/A

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

I Enter 4-digit group exemption no. (GEN) ▶

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ [ ]

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	1,360,904.		
	b	Indirect public support	1b	4,311,205.		
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash $ 5,672,109. noncash $)			1d	5,672,109.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	11,801.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	994.
	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	8a	(A) Securities: — ; (B) Other: 1,696.		
	b	Less: cost or other basis and sales expenses	8b	(B) 11,500.		
	c	Gain or (loss) (attach schedule)	8c	(B) <9,804.>		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 2			8d	<9,804.>
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ 201,551. of contributions reported on line 1a)	9a	37,610.		
	b	Less: direct expenses other than fundraising expenses	9b	154,501.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 3			9c	<116,891.>
	10 a	Gross sales of inventory, less returns and allowances	10a	65,846.		
	b	Less: cost of goods sold	10b	10,811.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 4			10c	55,035.
	11	Other revenue (from Part VII, line 103)			11	4,335.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	5,617,579.
Expenses	13	Program services (from line 44, column (B))			13	1,719,153.
	14	Management and general (from line 44, column (C))			14	157,924.
	15	Fundraising (from line 44, column (D))			15	239,972.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	2,117,049.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	3,500,530.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	348,551.
	20	Other changes in net assets or fund balances (attach explanation)			20	0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	3,849,081.

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SCANNED NOV 30 2001

9

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 $ 92,156. noncash $	22	92,156.	92,156.	STATEMENT 6	
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	73,922.	50,530.	23,392.	0.
26 Other salaries and wages	26	159,858.	99,610.	31,010.	29,238.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	21,796.	13,998.	5,072.	2,726.
30 Professional fundraising fees	30				
31 Accounting fees	31	1,825.	1,172.	425.	228.
32 Legal fees	32	19,918.	8,489.	11,429.	
33 Supplies	33	86,361.	58,079.	18,124.	10,158.
34 Telephone	34	47,121.	29,821.	11,524.	5,776.
35 Postage and shipping	35	465,836.	392,248.	8,543.	65,045.
36 Occupancy	36	69,593.	48,765.	13,128.	7,700.
37 Equipment rental and maintenance	37	29,255.	24,529.	3,461.	1,265.
38 Printing and publications	38	658,615.	599,208.	10,087.	49,320.
39 Travel	39	63,498.	55,732.	4,899.	2,867.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	20,733.	13,315.	4,825.	2,593.
43 Other expenses (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 5	43e	306,562.	231,501.	12,005.	63,056.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,117,049.	1,719,153.	157,924.	239,972.

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 INVESTIGATIONS SEE STATEMENT 16. (Grants and allocations $ 32,510.)	145,688.
b HOTLINE SERVICES: SEE STATEMENT 17. (Grants and allocations $ 17,862.)	79,027.
c LEGISLATION: SEE STATEMENT 18. (Grants and allocations $ 1,527.)	16,297.
d PUBLIC AWARENESS: SEE STATEMENT 19. (Grants and allocations $ 15,952.)	351,947.
e Other program services (attach schedule) STATEMENT 7 (Grants and allocations $ 24,305.)	1,126,194.
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	1,719,153.

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	133,645.	45	249,272.
	46	Savings and temporary cash investments	127,752.	46	403,388.
	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	15,392.	52	21,603.
	53	Prepaid expenses and deferred charges		53	
	54	Investments - securities ▶ ☐ Cost ☐ FMV		54	
	55 a	Investments - land, buildings, and equipment: basis 55a			
	b	Less: accumulated depreciation 55b		55c	
	56	Investments - other SEE STATEMENT 8	11,900.	56	5,400.
	57 a	Land, buildings, and equipment: basis 57a 3,272,219.			
	b	Less: accumulated depreciation STMT 9 57b 110,111.	57,527.	57c	3,162,108.
	58	Other assets (describe ▶ SEE STATEMENT 10)	3,167.	58	9,772.
	59	**Total assets** (add lines 45 through 58) (must equal line 74)	349,383.	59	3,851,543.
Liabilities	60	Accounts payable and accrued expenses		60	
	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 ▶ SEE STATEMENT 11)	832.	65	2,462.
	66	**Total liabilities** (add lines 60 through 65)	832.	66	2,462.
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 ▶ [X] 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	348,551.	72	3,849,081.
	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)	348,551.	73	3,849,081.
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)	349,383.	74	3,851,543.

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 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TRUSTEE AS NEEDED	0.	0.	0.
MEGAN SHIELDS 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TRUSTEE AS NEEDED	0.	0.	0.
ISADORE CHAIT 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	DIRECTOR AS NEEDED	0.	0.	0.
ANNE HOGARTH 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	DIRECTOR AS NEEDED	0.	0.	0.
BRUCE WISEMAN (SEE STATEMENT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	PRESIDENT 9 HRS/WEEK	1,098.	0.	0.
FRAN ANDREWS (SEE STATEMENT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	VICE PRESIDENT/DIRECTOR 40 HRS/WEEK	17,347.	0.	0.
MARLA FILIDEI (SEE STATEMENT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	VICE PRESIDENT 40 HRS/WEEK	14,026.	0.	0.
MYRA SEVERTSON (SEE STATEMENT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	SECRETARY 40 HRS/WEEK	12,770.	0.	0.
JAN MEYER (SEE STATEMENT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TRUSTEE 40 HRS/WEEK	14,620.	0.	0.
WILLIAM EARNSHAW (SEE STATEMENT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TREASURER 40 HRS/WEEK	14,061.	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 ☒ No

Part VI Other Information

			N/A	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 ▶ ______ and check whether it is ☐ 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?	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 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 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 ▶ CALIFORNIA				
b	Number of employees employed in the pay period that includes March 12, 2000 — 90b: 18				

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

Located at ▶ 6616 SUNSET BLVD., LOS ANGELES, CA ZIP code ▶ 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