Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return [ ] Amended return [ ] Application pending

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

C Name of organization: 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 + 4: LOS ANGELES, CA 90028

D Employer identification number: 68-0005541

E Telephone number: 323-467-4242

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

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

H and I are not applicable to section 527 organizations

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

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

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

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

I Enter 4-digit GEN ▶

G Web site ▶WWW.CCHR.ORG

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

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

M Check ▶ [ ] if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,541,334.

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 1,275,700.		
	b	Indirect public support	1b 2,132,272.		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash $ 3,375,568. noncash $ 32,404.)		1d	3,407,972.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	56,162.
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	2,049.
	5	Dividends and interest from securities		5	
	6 a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
	7	Other investment income (describe ▶)		7	
	8 a	Gross amount from sale of assets other than inventory — (A) Securities: ; (B) Other:	8a		
	b	Less cost or other basis and sales expenses	8b 27,973.		
	c	Gain or (loss) (attach schedule)	8c <27,973.>		
	d	Net gain or (loss) (combine line 8c columns (A) and (B)) STMT 2		8d	<27,973.>
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ 16,630. of contributions reported on line 1a)	9a 4,950.		
	b	Less direct expenses other than fundraising expenses	9b 7,796.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 3		9c	<2,846.>
	10 a	Gross sales of inventory, less returns and allowances	10a 67,776.		
	b	Less cost of goods sold	10b 22,356.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 4		10c	45,420.
	11	Other revenue (from Part VII, line 103)		11	2,425.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	3,483,209.
Expenses	13	Program services (from line 44, column (B))		13	1,972,522.
	14	Management and general (from line 44, column (C))		14	313,936.
	15	Fundraising (from line 44, column (D))		15	240,489.
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses** (add lines 16 and 44, column (A))		17	2,526,947.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	956,262.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	3,849,081.
	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	4,805,343.

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B) (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash $ 49,731. noncash $	22	49,731.	49,731.	STATEMENT 5	
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	74,838.	55,078.	18,252.	1,508.
26 Other salaries and wages	26	211,465.	89,858.	84,169.	37,438.
27 Pension plan contributions	27				
28 Other employee benefits	28	1,551.	785.	555.	211.
29 Payroll taxes	29	23,627.	11,961.	8,452.	3,214.
30 Professional fundraising fees	30				
31 Accounting fees	31	16,908.		16,908.	
32 Legal fees	32	24,542.	11,875.	12,667.	
33 Supplies	33	103,743.	48,814.	48,732.	6,197.
34 Telephone	34	51,576.	26,109.	18,451.	7,016.
35 Postage and shipping	35	427,897.	392,620.	12,932.	22,345.
36 Occupancy	36	64,979.	45,772.	13,566.	5,641.
37 Equipment rental and maintenance	37	20,904.	13,413.	5,918.	1,573.
38 Printing and publications	38	535,794.	496,317.	12,115.	27,362.
39 Travel	39	59,174.	29,956.	21,169.	8,049.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	162,668.	117,333.	28,190.	17,145.
43 Other expenses not covered above (itemize)					
a BANK CHARGES	43a	21,974.	272.	323.	21,379.
b COMMISSIONS	43b	54,543.	83.		54,460.
c PROPERTY TAXES	43c	32,017.	23,094.	5,548.	3,375.
d PROMOTION	43d	589,016.	559,451.	5,989.	23,576.
e	43e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13 15	44	2,526,947.	1,972,522.	313,936.	240,489.

Joint Costs Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ _____, (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 14. (Grants and allocations $ 13,227.)	134,554.
b HOTLINE SERVICES: SEE STATEMENT 15. (Grants and allocations $ 7,139.)	54,438.
c LEGISLATION: SEE STATEMENT 16. (Grants and allocations $ 1,596.)	45,952.
d PUBLIC AWARENESS: SEE STATEMENT 17. (Grants and allocations $ 14,510.)	711,653.
e Other program services (attach schedule) STATEMENT 6 (Grants and allocations $ 13,259.)	1,025,925.
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	1,972,522.

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			249,272.	45	177,190.
46 Savings and temporary cash investments			403,388.	46	219,182.
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			21,603.	52	53,623.
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 7			5,400.	56	4,500.
57 a Land, buildings, and equipment basis	57a	4,533,287.			
b Less accumulated depreciation STMT 8	57b	186,996.	3,162,108.	57c	4,346,291.
58 Other assets (describe ▶ SEE STATEMENT 9)			9,772.	58	11,098.
59 **Total assets** (add lines 45 through 58) (must equal line 74)			3,851,543.	59	4,811,884.
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 10)			2,462.	65	6,541.
66 **Total liabilities** (add lines 60 through 65)			2,462.	66	6,541.
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			3,849,081.	72	4,805,343.
73 **Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			3,849,081.	73	4,805,343.
74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			3,851,543.	74	4,811,884.

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 .25 HR/WEEK	0.	0.	0.
MEGAN SHIELDS 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TRUSTEE .25 HR/WEEK	0.	0.	0.
ISADORE CHAIT 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	DIRECTOR .25 HR/WEEK	0.	0.	0.
ANNE HOGARTH 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	DIRECTOR .25 HR/WEEK	0.	0.	0.
BRUCE WISEMAN (SEE STATEMENT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	PRESIDENT 5.2 HRS/WEEK	1,684.	0.	0.
FRAN ANDREWS (SEE STATEMENT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	VICE PRESIDENT/DIRECTOR 40 HRS/WEEK	15,080.	0.	0.
MARLA FILIDEI (SEE STATEMENT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	VICE PRESIDENT 40 HRS/WEEK	14,879.	0.	0.
MYRA SEVERTSON (SEE STATEMENT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	SECRETARY 40 HRS/WEEK	14,562.	0.	0.
JAN EASTGATE MEYER (SEE STATEMENT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TRUSTEE 40 HRS/WEEK	15,382.	0.	0.
WILLIAM EARNSHAW (SEE STATEMENT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TREASURER 40 HRS/WEEK	13,251.	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

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Part VI Other Information

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt OR ☐ nonexempt			
81 a	Enter direct or indirect political expenditures See line 81 instructions 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 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 notices 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, 2001 90b 23			

91 The books are in care of ▶ SERENITY MACDONALD Telephone no ▶ 323-467-4242

Located at ▶ 6616 SUNSET BLVD., LOS ANGELES, CA ZIP + 4 ▶ 90028

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

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note *Enter gross amounts unless otherwise indicated*	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue					
a LICENSING FEES					18,212.
b ANNUAL AWARDS DINNER					37,950.
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	2,049.	
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			18	<27,973.>	
101 Net income or (loss) from special events					<2,846.>
102 Gross profit or (loss) from sales of inventory					45,420.
103 Other revenue					
a COMMISSIONS					2,319.
b SCRAP SALES					106.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		<25,924.>	101,161.
105 Total (add line 104, columns (B), (D), and (E))				▶	75,237.

Note *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

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 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

(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.

X [signature] Signature of officer — Date: X 15 Nov '02 — Type or print name and title: X Serenity Macdonald TREASURER

Paid Preparer's Use Only: Preparer's signature ▶ [signature] CPA — Date 11/15/02 — Check if self-employed ▶ ☐ — Preparer's SSN or PTIN

Firm's name (or yours if self employed), address, and ZIP + 4 ▶ NSBN LLP, 9454 WILSHIRE BLVD., 4TH FLOOR, BEVERLY HILLS, CA 90212-2907 — EIN ▶ — Phone no ▶ (310)273-2501

123161 01-02-02

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-(See separate instructions.)

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

OMB No 1545-0047

2001

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 page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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 page 2 of the instructions List each one (whether individuals or firms) If there are none enter "None")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SAM BRUNELLI 15462 GULF BLVD., #508, ST PETERSBERG, FL 33708	PUBLIC RELATIONS	115,000.
PAT FREY 4312 CLARISSA AVE, LOS ANGELES, CA 90027	EVENT DESIGNER	157,058.
Total number of others receiving over $50,000 for professional services ▶ 0		

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

Schedule A (Form 990 or 990-EZ) 2001

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Part III **Statements About Activities** (See page 2 of the instructions)

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activites ▶ $ 60,803. $ 45,952. **(Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)**	1	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V, FORM 990	2d	X	
e Transfer of any part of its income or assets?	2e		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See **Note** below)	3		X
4 Do you have a section 403(b) annuity plan for your employees?	4		X

Note *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 STATEMENT 12

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) 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 6 of the instructions)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**
Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts grants and contributions received (Do not include unusual grants See line 28)	5,672,109.	2,392,904.	2,437,005.	2,427,173.	12,929,191.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	116,953.	68,884.	36,247.	13,958.	236,042.
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	994.	1,725.	2,368.	2,861.	7,948.
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	4,335.	576.	SEE STATEMENT 13 33.	7.	4,951.
23 Total of lines 15 through 22	5,794,391.	2,464,089.	2,475,653.	2,443,999.	13,178,132.
24 Line 23 minus line 17	5,677,438.	2,395,205.	2,439,406.	2,430,041.	12,942,090.
25 Enter 1% of line 23	57,944.	24,641.	24,757.	24,440.	

26 **Organizations described on lines 10 or 11** a Enter 2% of amount in column (e) line 24 ▶ 26a 258,842.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ▶ 26b 162,158.

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 12,942,090.

d Add Amounts from column (e) for lines 18 7,948. 19 _____ 22 4,951. 26b 162,158. ▶ 26d 175,057.

e Public support (line 26c minus line 26d total) ▶ 26e 12,767,033.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 98.6474%

27 **Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return** Enter the sum of such amounts for each year N/A

(2000) (1999) (1998) (1997)

b For any amount included in line 17 that was received from each peson (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5 000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year N/A

(2000) (1999) (1998) (1997)

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 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

NONE

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

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

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws, other governing instrument, or in a resolution of its governing body?	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** (See page 9 of the instructions)

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

Check ▶ a [X] if the organization belongs to an affiliated group Check ▶ b [X] if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	27,278.	20,750.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	33,525.	25,202.
38 Total lobbying expenditures (add lines 36 and 37)	38	60,803.	45,952.
39 Other exempt purpose expenditures	39	3,336,089.	2,480,994.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	3,396,892.	2,526,946.
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	319,845.	276,347.
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	79,961.	69,087.
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 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount	319,845.	290,740.	279,066.	260,600.	1,150,251.
46 Lobbying ceiling amount (150% of line 45(e))					1,725,377.
47 Total lobbying expenditures	60,803.	23,597.	63,117.	26,000.	173,517.
48 Grassroots nontaxable amount	79,961.	72,685.	69,767.	65,150.	287,563.
49 Grassroots ceiling amount (150% of line 48(e))					431,345.
50 Grassroots lobbying expenditures	27,278.	8,517.	42,055.	16,448.	94,298.

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

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions) N/A

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

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

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

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		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 ☒ 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, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization	Employer identification number
CITIZENS COMMISSION ON HUMAN RIGHTS	68-0005541

Organization type (check one)

Filers of	Section
Form 990 or 990 EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990 PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (**Note** *Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions*)

General Rule-

[X] For organizations filing Form 990, 990 EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than $1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year) ▶ $ _____

Caution *Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)*

Name of organization: CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number: 68-0005541

Part I **Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 79,265.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
2		$ 118,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Depreciation and Amortization Detail FORM 990 PAGE 2 990

Asset Number	Description of property	Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	BUILDINGS								
28	BUILDING	12,31,00	SL	.000	16	3,017,734.			50,423.
29	BUILDING IMPROVEMENTS	12,31,00	SL	.000	16	50,776.			848.
42	BUILDING IMPROVEMENTS	07,01,01	SL	39.50	16	432,218.			7,222.
	* 990 PAGE 2 TOTAL BUILDINGS					3,500,728.	0.	0.	58,493.
	FURNITURE & FIXTURES								
1	(D)FURNITURE & EQUIPMENT	12,31,86	SL	5.00	16	313.		313.	0.
2	(D)FURNITURE & EQUIPMENT	12,31,87	SL	5.00	16	313.		313.	0.
3	(D)FURNITURE & EQUIPMENT	12,31,88	SL	7.00	16	2,143.		2,143.	0.
4	(D)FURNITURE & EQUIPMENT	12,31,89	SL	5.00	16	2,973.		2,973.	0.
5	(D)FURNITURE & EQUIPMENT	12,31,90	SL	7.00	16	16,651.		16,651.	0.
6	(D)FURNITURE & EQUIPMENT	12,31,91	SL	7.00	16	2,356.		2,356.	0.
7	(D)FURNITURE & EQUIPMENT	12,31,92	SL	5.00	16	1,080.		1,080.	0.
8	FURNITURE & EQUIPMENT	12,31,93	SL	5.00	16	1,009.		1,009.	0.
9	(D)FURNITURE & EQUIPMENT	12,31,93	SL	7.00	16	33,221.		33,221.	0.
10	(D)FURNITURE & EQUIPMENT	12,31,94	SL	7.00	16	1,178.		1,094.	0.
11	(D)FURNITURE & EQUIPMENT	12,31,94	SL	5.00	16	1,125.		1,125.	0.
12	FURNITURE & EQUIPMENT	12,31,95	SL	7.00	16	637.		501.	91.
13	(D)FURNITURE & EQUIPMENT	12,31,95	SL	5.00	16	2,648.		2,648.	0.
14	FURNITURE & EQUIPMENT	04,01,97	SL	5.00	16	14,997.		10,498.	2,999.
15	FURNITURE & EQUIPMENT	07,01,98	SL	5.00	16	655.		328.	131.
16	FURNITURE & EQUIPMENT	07,01,99	SL	5.00	16	23,639.		7,178.	4,728.
19	(D)FURNITURE & EQUIPMENT	07,01,96	SL	5.00	16	8,627.		7,764.	0.
25	FURNITURE & EQUIPMENT	07,01,00	SL	5.00	16	36,278.		3,628.	7,256.
31	(D)FURNITURE & EQUIPMENT	12,31,93	SL	5.00	16	585.		585.	0.
32	(D)FURNITURE & EQUIPMENT	04,01,97	SL	5.00	16	3,991.		2,794.	0.
33	(D)FURNITURE & EQUIPMENT	07,01,98	SL	5.00	16	6,707.		3,354.	0.

116261
09-04-01

- Current year section 179 (D) Asset disposed

Depreciation and Amortization Detail FORM 990 PAGE 2 990

Asset Number	Description of property	Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
34	(D)FURNITURE & EQUIPMENT	07,01,99	SL	5.00	16	14,292.		4,288.	0.
35	(D)FURNITURE & EQUIPMENT	07,01,00	SL	5.00	16	8,976.		898.	0.
38	FURNITURE & EQUIPMENT	07,01,01	SL	5.00	16	607,298.			60,730.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					791,692.	0.	106,742.	75,935.
	OTHER								
17	(D)COMPUTER SOFTWARE	12,31,95	SL	5.00	16	758.		758.	0.
18	COMPUTER SOFTWARE	07,01,96	SL	3.00	16	64.		64.	0.
20	COMPUTER SOFTWARE	07,01,98	SL	3.00	16	490.		408.	82.
21	COMPUTER SOFTWARE	07,01,99	SL	3.00	16	650.		326.	217.
22	(D)LEASEHOLD IMPROVEMENT	12,31,93	SL	27.50	16	4,797.		1,308.	0.
26	SOFTWARE	05,01,00	SL	3.00	16	1,735.		388.	578.
36	(D)COMPUTER SOFTWARE	07,01,96	SL	3.00	16	97.		97.	0.
37	(D)COMPUTER SOFTWARE	07,01,98	SL	3.00	16	27.		22.	0.
39	COMPUTER SOFTWARE	07,01,01	SL	3.00	16	22,185.			3,698.
40	DISPLAY FIXTURES	07,01,01	SL	7.00	16	301,977.			21,570.
41	LAND IMPROVEMENTS	07,01,01	SL	5.00	16	20,945.			2,095.
	* 990 PAGE 2 TOTAL OTHER					353,725.	0.	3,371.	28,240.
	* GRAND TOTAL 990 PAGE 2 DEPR					4,646,145.	0.	110,113.	162,668.

116261
09-04-01

Current year section 179 (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
LEASEHOLD IMPROVEMENTS	12/31/93	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	4,797.	0.	1,308.	<3,489.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	12/31/86	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	313.	0.	313.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	12/31/87	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	313.	0.	313.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	12/31/88	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,143.	0.	2,143.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	12/31/89	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,973.	0.	2,973.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	12/31/90	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	16,651.	0.	16,651.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	12/31/91	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,356.	0.	2,356.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	12/31/92	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,080.	0.	1,080.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	12/31/93	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	33,221.	0.	33,221.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	12/31/93	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	585.	0.	585.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	12/31/94	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,178.	0.	1,094.	<84.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	12/31/94	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,125.	0.	1,125.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	12/31/95	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,648.	0.	2,648.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	07/01/96	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	8,627.	0.	7,764.	<863.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	04/01/97	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	3,991.	0.	2,794.	<1,197.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	07/01/98	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	6,707.	0.	3,354.	<3,353.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	07/01/99	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	14,292.	0.	4,288.	<10,004.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE AND EQUIPMENT	07/01/00	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	8,976.	0.	898.	<8,078.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SOFTWARE	12/31/95	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	758.	0.	758.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SOFTWARE	07/01/96	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	97.	0.	97.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SOFTWARE	07/01/98	07/01/01	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	27.	0.	22.	<5.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
DISPOSAL OF ARTWORK	01/01/94	12/31/01	DONATED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	900.	0.	0.	<900.>
TO FM 990, PART I, LN 8		113,758.	0.	85,785.	<27,973.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	21,580.	16,630.	4,950.	7,796.	<2,846.>
TO FM 990, PART I, LINE 9	21,580.	16,630.	4,950.	7,796.	<2,846.>

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

INCOME		
1. GROSS RECEIPTS	67,776	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		67,776
4. COST OF GOODS SOLD (LINE 13)	22,356	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		45,420
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR	21,603	
7. MERCHANDISE PURCHASED	54,376	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		75,979
12. INVENTORY AT END OF YEAR	53,623	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		22,356

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
EDUCATIONAL	CHURCH OF SCIENTOLOGY-LOS ANGELES	LOS ANGELES, CA	N/A	15,500.
EDUCATIONAL	CHURCH OF SCIENTOLOGY-WEST U.S.	LOS ANGELES, CA	N/A	34,231.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				49,731.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 6

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PUBLICATIONS: SEE STATEMENT 18.	13,259.	1,025,925.
TOTAL TO FORM 990, PART III, LINE E	13,259.	1,025,925.

FORM 990 OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	VALUATION METHOD	AMOUNT
BOOKS	COST	4,500.
ARTWORK	COST	0.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		4,500.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT	1,009.	1,009.	0.
FURNITURE & EQUIPMENT	637.	592.	45.
FURNITURE & EQUIPMENT	14,997.	13,497.	1,500.
FURNITURE & EQUIPMENT	655.	459.	196.
FURNITURE & EQUIPMENT	23,639.	11,906.	11,733.
COMPUTER SOFTWARE	64.	64.	0.
COMPUTER SOFTWARE	490.	490.	0.
COMPUTER SOFTWARE	650.	543.	107.
FURNITURE & EQUIPMENT	36,278.	10,884.	25,394.
SOFTWARE	1,735.	966.	769.
BUILDING	3,017,734.	50,423.	2,967,311.
BUILDING IMPROVEMENTS	50,776.	848.	49,928.
FURNITURE & EQUIPMENT	607,298.	60,730.	546,568.
COMPUTER SOFTWARE	22,185.	3,698.	18,487.
DISPLAY FIXTURES	301,977.	21,570.	280,407.
LAND IMPROVEMENTS	20,945.	2,095.	18,850.
BUILDING IMPROVEMENTS	432,218.	7,222.	424,996.
TOTAL TO FORM 990, PART IV, LN 57	4,533,287.	186,996.	4,346,291.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	AMOUNT
PAYROLL TAX REFUND RECEIVABLE	7,098.
LOAN RECEIVABLE	4,000.
OTHER RECEIVABLE	0.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	11,098.

FORM 990 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	AMOUNT
SALES TAX PAYABLE	587.
PAYROLL TAXES PAYABLE	449.
CUSTOMER DEPOSITS	505.
MISCELLANEOUS PAYABLES	5,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	6,541.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 11

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	LICENSING FEES FROM CCHR CHAPTERS AROUND THE WORLD.
93B	ANNUAL AWARDS DINNER ACKNOWLEDGING OUTSTANDING ACCOMPLISHMENTS IN THE FIELD OF HUMAN RIGHTS.
101	NET INCOME FROM SPECIAL EVENTS TO PROMOTE EXEMPT PURPOSE.
102	EDUCATIONAL AND PROMOTIONAL MATERIALS USED SOLD TO PRMOTE EXEMPT PURPOSES.
103B	INCOME RECEIVED FROM SCRAP SALES
103A	COMMISSION EARNED FROM OTHER EXEMPT ORGANIZATIONS.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 4 STATEMENT 12

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 13

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
COMMISSIONS	4,335.	576.	25.	7.
CURRENCY EXCHANGE	0.	0.	8.	0.
TOTAL TO SCHEDULE A, LINE 22	4,335.	576.	33.	7.

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STATEMENT # 14

DESCRIPTION OF PROGRAM SERVICE ONE
(INVESTIGATIONS)

IN 2001, THE CITIZENS COMMISSION ON HUMAN RIGHTS (CCHR) INTENSIFIED ITS INVESTIGATIONS INTO NUMEROUS AREAS OF PSYCHIATRIC ABUSE, INCLUDING DAMAGE INFLICTED ON THE MENTALLY ILL AS A RESULT OF PSYCHIATRIC METHODS AND TREATMENTS, PSYCHIATRIC FRAUD AND CRIMINALITY, AND HUMAN RIGHTS VIOLATIONS

CCHR ALSO CONTINUED TO PROVIDE FEDERAL GOVERNMENT BODIES, LEGISLATORS AND THE MEDIA WITH PUBLICATIONS AND OTHER MATERIALS ON PSYCHIATRIC FRAUD AND CRIMINALITY, WHICH HAVE RAISED PUBLIC AND OFFICIAL AWARENESS ABOUT THESE ISSUES

IN 2000, THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS), OFFICE OF INSPECTOR GENERAL, BEGAN CONDUCTING AUDITS OF PSYCHIATRIC SERVICES IN RESPONSE TO INSTANCES OF FRAUD AND ABUSE IN THE MENTAL HEALTH INDUSTRY THAT CCHR HELPED TO EXPOSE IN 2001, A SUBSEQUENT REPORT ON THE FINDINGS OF A NATIONWIDE AUDIT OF OUTPATIENT PSYCHIATRIC SERVICES WAS ISSUED BY THE HHS OFFICE OF THE INSPECTOR GENERAL, WHICH CITED $57 MILLION IN MEDICARE CLAIMS THAT WERE MADE FOR UNALLOWABLE OR UNSUPPORTED PSYCHIATRIC SERVICES DUE TO THE UNSUBSTANTIATED BILLINGS AND MEDICARE CLAIMS, HHS ISSUED RECOMMENDATIONS TO THE HEALTH CARE FINANCING ADMINISTRATION (HCFA) INCLUDING INCREASING THE POST PAYMENT REVIEW OF OUTPATIENT PSYCHIATRIC SERVICE CLAIMS AND INITIATING ACTIONS FOR RECOVERY OF UNJUSTIFIABLE PAYMENTS

AS PART OF ITS RESEARCH AND INFORMATION SERVICE, CCHR DOCUMENTED THAT THE NUMBER OF CRIMINAL INVESTIGATIONS OF PSYCHIATRISTS, PSYCHOLOGISTS, PSYCHOTHERAPISTS AND MENTAL HEALTH WORKERS INCREASED BY 36% OVER THE PREVIOUS YEAR

RESEARCH ALSO REVEALED THAT DURING 2001, 222 MENTAL HEALTH PRACTITIONERS AND WORKERS WERE CONVICTED AND JAILED FOR HEALTH CARE FRAUD, SEXUAL ABUSE OF PATIENTS, MURDER AND ASSAULT, DRUG AND ALCOHOL RELATED CRIMES INCLUDING DRUG DEALING, ROBBERY, AND POSSESSION OF CHILD PORNOGRAPHY THE HIGHEST CONVICTION RATE WAS FOR SEXUAL ABUSE OF PATIENTS AND OTHERS (50%), FOLLOWED BY FRAUD AND THEFT (23%)

AS A PUBLIC SERVICE, CCHR DOCUMENTED AND COMPILED A LIST OF EVERY SENTENCED MENTAL HEALTH PRACTITIONER WHO HAD BEEN REPORTED TO CCHR FOR THE YEARS 1990 TO 2000 THIS INFORMATION WAS ENTERED INTO A DATA BASE, WHICH WAS SUBSEQUENTLY RELEASED ON THE WORLD WIDE WEB AT WWW PSYCHCRIME ORG THE PURPOSE OF THIS WEB SITE IS TO RAISE PUBLIC AWARENESS AND TO ENABLE LAW ENFORCEMENT, INSURANCE FRAUD INVESTIGATORS AND THE GENERAL PUBLIC TO VERIFY THE BACKGROUNDS OF PSYCHIATRISTS, PSYCHOLOGISTS, MENTAL HEALTH PRACTITIONERS, PSYCHIATRIC HOSPITAL EXECUTIVES, PSYCHIATRIC NURSES AND MENTAL HEALTH AIDES WHO HAVE BEEN CONVICTED OF SERIOUS CRIMES THE WEB SITE AND DATABASE ALSO SERVE AS AN INTERNATIONAL TRACKING SYSTEM, AS CCHR HAD FOUND THAT ALL TOO OFTEN, DEREGISTERED, EVEN CRIMINALLY CONVICTED MENTAL HEALTH PROFESSIONALS, COULD SKIP STATES, EVEN COUNTRIES, AND CONTINUE PRACTICING, THEREBY PLACING OTHER PATIENTS AT RISK

CONCURRENT WITH THE RELEASE OF THIS WEB SITE, A WHITE PAPER ENTITLED, "THE SPIRALING COMMUNITY COSTS OF CRIMINALITY IN THE MENTAL HEALTH SYSTEM," WAS PRODUCED THIS WAS BROADLY DISTRIBUTED TO FRAUD INVESTIGATORS, LEGISLATORS AND THE MEDIA THE REPORT EXPOSED RAMPANT CRIMINAL ACTIVITY BY INDIVIDUALS EMPLOYED IN THE MENTAL HEALTH FIELD, INCLUDING RAPE, ASSAULT, FRAUD AND MURDER THE WHITE PAPER DIRECTED READERS TO LOG ON TO THE NEW WEB SITE FOR FURTHER INFORMATION AND ASSISTANCE IN LOCATING OR TRACKING CONVICTED MENTAL HEALTH PRACTITIONERS

IN 2001, IN RESPONSE TO THE TRAGIC EVENTS OF SEPTEMBER 11, CCHR INTERNATIONAL LAUNCHED AN INVESTIGATION INTO PSYCHIATRY'S INFLUENCE BEHIND THIS AND OTHER TERRORIST ATTACKS THIS WAS AIMED AT ASSISTING THE PUBLIC IN UNDERSTANDING THE REASON FOR SUCH SENSELESS ACTS OF VIOLENCE THE RESULTS OF THIS RESEARCH WERE BROUGHT TO THE PUBLIC'S ATTENTION WITH THE RELEASE OF ANOTHER NEW WEB SITE, WWW PSYCHASSAULT ORG THIS SITE DOCUMENTS PSYCHIATRY'S ROLE IN NUMEROUS WORLDWIDE TERRORIST ATTACKS,

AND IMPLICATES PSYCHIATRY'S INFLUENCE ON TERRORISTS THROUGH THE USE OF PSYCHIATRIC AND PSYCHOLOGICAL BRAIN WASHING TECHNIQUES AND MIND-ALTERING DRUGS, WHICH TOGETHER CAN CREATE MINDLESS KILLERS

ANOTHER SECTION OF THE WEB SITE COVERS THE PSYCHIATRIST'S AND PSYCHOLOGIST'S MANIPULATION OF THE PUBLIC BY USING SUCH DISASTERS TO PUSH FOR INCREASED GOVERNMENT AND PRIVATE FUNDING AND TO CONVINCE THE PUBLIC THAT THEY NEED PSYCHIATRIC TREATMENT DESPITE EVIDENCE SHOWING OTHERWISE

CCHR ALSO CONTINUED INVESTIGATING AND EXPOSING DAMAGING TREATMENTS, SUCH AS ELECTROSHOCK (ECT) IN NEW YORK, IT WAS DISCOVERED THAT IN THE PAST 2 ½ YEARS, THE USE OF ELECTROSHOCK HAD INCREASED 73% AND THAT PATIENTS WERE BEING FORCED TO RECEIVE SHOCK TREATMENTS THROUGH COURT ORDERS

CCHR INTERNATIONAL AND CCHR NEW YORK WORKED WITH MEDIA TO EXPOSE HOW PATIENTS' RIGHTS WERE BEING VIOLATED BY THESE COURT ORDERED INVOLUNTARY ELECTROSHOCK TREATMENTS SUBSEQUENTLY THE NEW YORK ASSEMBLY'S MENTAL HEALTH COMMITTEE HELD A HEARING TO LOOK INTO THE ISSUE CCHR NEW YORK ASSISTED WITH THIS HEARING BY DOCUMENTING CASES OF PATIENTS WHO HAD BEEN VICTIMIZED BY ELECTROSHOCK, AND ASSISTING THEM AND THEIR FAMILIES IN TESTIFYING BEFORE THE STATE ASSEMBLY AS A RESULT OF THE HEARING, FOUR BILLS WERE INTRODUCED TO MONITOR AND CONTROL THE PRACTICE OF ECT MEDIA RAN ON THE HEARING ACROSS THE STATE, WITH HEADLINES THAT INCLUDED "CRITICS SEEK TO CURB INCREASING USE OF ELECTROSHOCK THERAPY," "SHOCK THERAPY OPPONENTS SEEK TO CURB PRACTICE," "THEY HAD NO CHOICE FIRST THEY WERE THROWN INTO NEW YORK MENTAL HOSPITALS," "ANGRY POL [POLITICIAN] WOULD REIN IN ZAP-HAPPY STATE SHOCK DOCS," AND "CALLOUS SHOCK DOCS ZAP HOLES IN PEOPLE'S LIVES"

IN RECOGNITION OF CCHR'S LONG RUNNING CAMPAIGN TO EDUCATE PEOPLE ON THE DAMAGE INFLICTED ON PATIENTS BY ECT, ONE NATIONAL NEWSPAPER CITED CCHR AS "THE MOST ACTIVE AND WELL ORGANIZED ANTI-ECT GROUP IN EXISTENCE " IT ALSO STATED "THAT CCHR HAS EFFECTIVELY AND PERHAPS PERMANENTLY DAMAGED THE PUBLIC IMAGE OF ECT, IS ONE OF THE FEW THINGS ABOUT WHICH [CCHR] AND PSYCHIATRISTS AGREE "

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STATEMENT # 15

DESCRIPTION OF PROGRAM SERVICE TWO
(HOTLINE SERVICES)

CCHR'S TOLL-FREE HOTLINE PROVIDES AN AVENUE WITH WHICH TO PROVIDE INFORMATION AND ASSISTANCE TO THE COMMUNITY MANY CALLS RECEIVED ARE IN RESPONSE TO CCHR'S FREE PUBLICATIONS, POSTERS, INFORMATION LETTERS, FLYERS AND MEDIA ARTICLES, TV AND RADIO SHOWS ABOUT CCHR'S ACTIVITIES AND SERVICES AS A MENTAL HEALTH WATCHDOG

IN 2001, MORE THAN 5,600 INDIVIDUALS AND GROUPS WERE PROVIDED WITH INFORMATION THROUGH THIS HOTLINE SERVICE CCHR HAS SUBSEQUENTLY PROVIDED THESE CALLERS WITH FREE PUBLICATIONS, MEDIA ARTICLES, MEDICAL STUDIES, INFORMATION LETTERS, POSTERS, FLYERS, WHITE PAPERS AND STATISTICS RELATING TO MENTAL HEALTH ABUSES SUBSEQUENTLY, THOUSANDS MORE WERE ENLIGHTENED ON SUCH IMPORTANT TOPICS AS THE UNSCIENTIFIC NATURE OF PSYCHIATRIC DIAGNOSES, THE FRAUDULENT LABELING AND DRUGGING OF CHILDREN AND THE DEVASTATING, YET LITTLE KNOWN, SIDE EFFECTS OF PSYCHIATRIC DRUGS AND TREATMENTS

THE HOTLINE ALSO PROVIDED THE MEANS FOR PEOPLE TO REPORT CASES OF PSYCHIATRIC ABUSE, FRAUD, PSYCHIATRIC HARM OF CHILDREN, AND VIOLATIONS OF PARENTAL RIGHTS CCHR WAS ABLE TO ASSIST THOSE CALLERS WITH NEEDED INFORMATION ABOUT SAFEGUARDING THEIR RIGHTS AND THE RIGHTS OF THEIR FAMILY AND FRIENDS THOSE REQUESTING ASSISTANCE WERE HELPED TO PREPARE OFFICIAL COMPLAINTS TO AUTHORITIES REGARDING PSYCHIATRIC HARM AND CCHR ENSURED THAT CALLERS WERE AWARE OF ALL POSSIBLE AVENUES OF RECOURSE

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DESCRIPTION OF PROGRAM SERVICE THREE
(LEGISLATION)

CCHR ALSO WORKED WITH NUMEROUS LOCAL, STATE AND FEDERAL GROUPS AND ORGANIZATIONS WHO THEN BEGAN TO DEMAND ACTION TO REFORM PSYCHIATRIC ABUSES AS A RESULT, 20 BILLS OR RESOLUTIONS WERE INTRODUCED IN 13 STATES TO PROTECT CHILDREN FROM BEING FORCED OR COERCED INTO TAKING PSYCHIATRIC DRUGS, AND TO MONITOR THE PRESCRIPTION RATE OF STIMULANTS AND OTHER PSYCHIATRIC DRUGS FOR CHILDREN SUCH BILLS WERE SIGNED INTO LAW IN CONNECTICUT, MINNESOTA, NORTH CAROLINA, AND UTAH

AN ADDITIONAL 15 BILLS ARE STILL PENDING AND HAVE BEEN CARRIED OVER TO THE 2002 LEGISLATIVE SEASON

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STATEMENT # 17

DESCRIPTION OF PROGRAM SERVICE FOUR
(PUBLIC AWARENESS)

ON MAY 18, 2001, CCHR OPENED ITS NEW INTERNATIONAL HEADQUARTERS, LOCATED AT 6616 SUNSET BOULEVARD, IN HISTORIC HOLLYWOOD, CALIFORNIA THE NEW HEADQUARTERS FEATURES A PERMANENT PUBLIC AWARENESS EXHIBIT CHRONICLING THE HISTORY OF PSYCHIATRIC AND MENTAL HEALTH ABUSE, CALLED "PSYCHIATRY KILLS " THE EXHIBIT DOCUMENTS THE 300-YEAR HISTORY OF PSYCHIATRY AND EXPOSES NUMEROUS ASPECTS OF PSYCHIATRIC ABUSE, FROM THE BIRTH OF ELECTROSHOCK AND PSYCHOSURGERY TO THE CURRENT EPIDEMIC OF DIAGNOSING CHILDHOOD BEHAVIOR AS "MENTALLY DISORDERED" AND SUBSEQUENTLY DRUGGING MILLIONS OF NORMAL CHILDREN SINCE THE GRAND OPENING, MORE THAN 4,700 PEOPLE HAVE TOURED THE EXHIBIT, INCLUDING INTERNATIONAL RELIGIOUS LEADERS, MEMBERS OF THE NATIONAL AND INTERNATIONAL MEDIA, MEMBERS OF CONGRESS, STATE LEGISLATORS, COMMUNITY LEADERS, INTERNATIONAL POLICY MAKERS AND PUBLIC SCHOOL AND UNIVERSITY STUDENTS

THE EXHIBIT HAS ENABLED PEOPLE TO BECOME MUCH MORE EDUCATED ABOUT MENTAL HEALTH ABUSES AND THEIR RIGHTS RELATING TO SUCH ABUSE IT HAS ALSO GIVEN COUNTLESS INDIVIDUALS AND GROUPS THE OPPORTUNITY TO REPORT CASES OF PSYCHIATRIC HUMAN RIGHTS VIOLATIONS DIRECTLY TO CCHR REPRESENTATIVES

THE NEW HEADQUARTERS ALSO FEATURES A SECTION DISPLAYING NUMEROUS FREE CCHR PUBLICATIONS WHICH PEOPLE CAN OBTAIN AND USE FOR THEIR OWN DISTRIBUTION TO EDUCATE OTHERS ABOUT PSYCHIATRIC HARM AND CRIMINALITY

ADDITIONALLY, THE EXHIBIT AND NEW HEADQUARTERS WERE USED TO HOST NUMEROUS COMMUNITY EVENTS, INCLUDING A CELEBRATION OF UNITED NATIONS HUMAN RIGHTS DAY ON DECEMBER 10, WHICH WAS ATTENDED BY 30 PROMINENT HUMAN RIGHTS GROUPS

SEMINARS WERE ALSO HELD BY MEDICAL DOCTORS TO EDUCATE PARENTS ABOUT ALTERNATIVES TO HARMFUL PSYCHIATRIC TREATMENTS AUTHORS HELD EDUCATIONAL SEMINARS AND BOOK SIGNING EVENTS RELIGIOUS LEADERS UTILIZED THE NEW HEADQUARTERS TO HOLD SEMINARS TO EDUCATE PEOPLE ABOUT HUMAN RIGHTS ISSUES AND MENTAL HEALTH ABUSES

THROUGHOUT 2001, CCHR AGAIN WORKED WITH PARENTS WHO HAD EXPERIENCED FIRST-HAND THEIR CHILDREN BEING TARGETED FOR PSYCHIATRIC TREATMENTS VIA PUBLIC SCHOOLS NUMEROUS PARENTS CONTACTED CCHR TO REQUEST ASSISTANCE TO BRING THEIR STORIES TO THE ATTENTION OF THE NATIONAL MEDIA SO THAT OTHER PARENTS WOULD BE WELL-INFORMED ABOUT HOW TO PROTECT THEIR CHILDREN AGAINST ABUSE THOUSANDS OF PRESS RELEASES WERE SENT OUT TO NATIONAL AND WEEKLY NEWSPAPERS, TV NEWS JOURNALS AND NATIONAL RADIO SHOWS PRESS RELEASES WERE ALSO POSTED ON NATIONAL NEWSWIRE SERVICES AND SUBSEQUENTLY POSTED ON THE INTERNET BY OTHER ASSOCIATIONS AND ORGANIZATIONS THESE RELEASES WERE ALSO SENT ELECTRONICALLY VIA THESE NEWS SERVICES TO THOUSANDS OF MEDIA OUTLETS

PARENTS WHO CONTACTED CCHR AS A RESULT OF CAMPAIGNS WERE ASSISTED WITH THEIR SPECIFIC CASES, AND MANY SUBSEQUENTLY WERE INSPIRED TO BECOME ADVOCATES FOR CHILDREN'S RIGHTS SOME PARENTS BECAME INVOLVED WITH THEIR LOCAL AND STATE GOVERNMENTS ONE PARENT TESTIFIED BEFORE THE CONNECTICUT STATE LEGISLATURE, WHICH SUBSEQUENTLY ENACTED THE FIRST STATE LAW RESTRICTING SCHOOL PERSONNEL FROM RECOMMENDING THE USE OF PSYCHIATRIC DRUGS FOR CHILDREN

IN COORDINATION WITH CCHR, PARENTS WERE ABLE TO FEATURE THEIR STORIES AND WARNINGS THROUGH THE NATIONAL MEDIA, INCLUDING FRONT PAGE ARTICLES IN LEADING U S NEWSPAPERS, MULTIPLE PRIMETIME TV NEWS PROGRAMS, DOCUMENTARIES AND NATIONALLY SYNDICATED RADIO SHOWS THESE STORIES SUBSEQUENTLY ENLIGHTENED OTHER PARENTS WHO HAD EXPERIENCED SIMILAR COERCIVE TACTICS TO LABEL AND DRUG THEIR CHILDREN CONSEQUENTLY, MANY MORE PARENTS CONTACTED CCHR TO ASK FOR ASSISTANCE IN ASSERTING THEIR PARENTAL RIGHTS AND PROTECTING THEIR OWN CHILDREN

PUBLIC EVENTS.

IN 2001, CCHR INT ASSISTED CCHR GERMANY TO ORGANIZE A 1,000- STRONG MARCH THROUGH THE STREETS OF BERLIN, PROTESTING THE PSYCHIATRIC DRUGGING OF CHILDREN THOUSANDS OF FLIERS WERE DISTRIBUTED THROUGHOUT THE CITY TO RAISE PUBLIC AWARENESS ABOUT PSYCHIATRIC ABUSE AND PARTICULARLY THE ABUSE OF CHILDREN A PUBLIC RALLY WAS HELD FOLLOWING THE MARCH, FEATURING MEDICAL DOCTORS, COMMUNITY LEADERS AND PARENTS WHO SPOKE PUBLICLY ABOUT DAMAGING PSYCHIATRIC TREATMENTS, INCLUDING ONE FAMILY, WHOSE TWO CHILDREN WERE REMOVED FROM THEIR CUSTODY, PLACED IN A PSYCHIATRIC FACILITY, AND TREATED AGAINST THE PARENTS' WISHES THE PROTEST WAS COVERED BY NATIONAL RADIO SUBSEQUENTLY, A NATIONAL TV PROGRAM RAN A STORY THAT FOCUSED ON ONE OF THE FAMILIES WHO ATTENDED THE PROTEST AND WHOSE CHILDREN HAD BEEN UNJUSTLY REMOVED FROM THEIR CUSTODY BY PSYCHIATRISTS

ON DECEMBER 10TH, 2001, AT THE NATIONAL CELEBRATION OF UNITED NATIONS HUMAN RIGHTS DAY, CCHR, ALONG WITH THE UNITED NATIONS ASSOCIATION PACIFIC LOS ANGELES CHAPTER, HOSTED A COMMUNITY CONCERT AND HUMAN RIGHTS SUMMIT TO COMMEMORATE THE1968 SIGNING OF THE UNIVERSAL DECLARATION OF HUMAN RIGHTS THE EVENT WAS HELD AT CCHR'S INTERNATIONAL HEADQUARTERS AND WAS ATTENDED BY LOCAL POLITICIANS AND REPRESENTATIVES FROM 30 PROMINENT HUMAN RIGHTS GROUPS REPRESENTING A WIDE SPECTRUM OF HUMAN RIGHTS ISSUES THESE INCLUDED THE RIGHTS OF THE CHILD, HUMAN RIGHTS ABUSE OF ISLAMIC AND OTHER WOMEN, AND PSYCHIATRIC HUMAN RIGHTS ATROCITIES BEING COMMITTED IN CHINA THE GROUPS JOINED FORCES TO DRAW ATTENTION TO THE IMPORTANCE OF THE UNIVERSAL DECLARATION, MADE ALL THE MORE SIGNIFICANT IN LIGHT OF THE RECENT TERRORIST ATTACKS ON THE UNITED STATES A FREE CONCERT WAS HELD, AND DOZENS OF CHILDREN CREATED MURALS REPRESENTING A CHILD'S PERSPECTIVE ON HUMAN RIGHTS A SPECIAL PROCLAMATION IN CELEBRATION OF HUMAN RIGHTS DAY WAS PRESENTED BY LOS ANGELES MAYOR JAMES K HAHN'S OFFICE A UNANIMOUS RESOLUTION WAS PASSED, "TO RAISE PUBLIC AND OFFICIAL AWARENESS OF THE UNIVERSAL DECLARATION OF HUMAN RIGHTS "

2001 FORM 990, PART III
FEDERAL ID # 68-0005541
CITIZENS COMMISSIONS ON HUMAN RIGHTS
STATEMENT # 18

DESCRIPTION OF PROGRAM SERVICE FIVE
(PUBLICATIONS)

A CRUCIAL ASPECT OF CCHR'S ACTIVITIES IS ITS EDUCATIONAL PROGRAM, WHICH FEATURES, HIGHLY INFORMATIVE PUBLICATIONS PRODUCED AND DISTRIBUTED IN 15 LANGUAGES TO 34 COUNTRIES IN 2001, A TOTAL OF 3,015,126 CCHR PUBLICATIONS WERE PUBLISHED AND DISTRIBUTED BY CCHR INTERNATIONAL TO GROUPS AND INDIVIDUALS ACROSS THE GLOBE

A NEW BOOKLET ENTITLED "PSYCHIATRY SHATTERING YOUR WORLD WITH DRUGS" CHRONICLED THE HISTORIC FAILURE OF PSYCHIATRIC DRUGS AS TREATMENT, AND HOW THESE DRUGS ONLY SERVE TO CHEMICALLY MASK PROBLEMS AND SYMPTOMS WHILE SUBJECTING THE INDIVIDUAL TO DANGEROUS, HARMFUL, AND EVEN DEADLY SIDE EFFECTS I 4 MILLION BOOKLETS WERE DISTRIBUTED INTERNATIONALLY

ADDITIONALLY, TWO INFORMATIONAL LETTERS, "THE HOAX OF LEARNING AND BEHAVIOR DISORDERS" AND "LET'S TALK ABOUT PSYCHIATRY HOOKING YOUR WORLD ON DRUGS," WERE WRITTEN AND PUBLISHED 1,344,514 COPIES OF THESE INFORMATION LETTERS WERE DISTRIBUTED INTERNATIONALLY

OVERALL IN 2001, THROUGH ITS CONTINUING EDUCATIONAL CAMPAIGNS, CLEARING HOUSE FUNCTIONS, PUBLIC EVENTS, AS WELL AS THROUGH ITS EXHIBIT, CCHR HAS REACHED MORE THAN 2 3 BILLION PEOPLE INTERNATIONALLY THIS INCLUDED 89 MAJOR TV NEWS STORIES AND 297 NEWSPAPER ARTICLES IN THE UNITED STATES ALONE

Form **4562** (Rev March 2002) Department of the Treasury Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property) 990

▶ See separate instructions ▶ Attach to your tax return

OMB No 1545-0172

2001

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 Under Section 179** **Note** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
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 29	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 line 13 of your 2000 Form 4562	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 2002 Add lines 9 and 10, less line 12 ▶	13	

Note *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property)

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10 2001 (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	162,668.

Part III **MACRS Depreciation (Do not** include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

(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
19a 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 - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40 year	/		40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	162,668.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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** *24a, 24b, 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*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** 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
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

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	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note *If your answer to 37, 38, 39, 40, or 41 is "Yes," do 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
42 Amortization of costs that begins during your 2001 tax year					
43 Amortization of costs that began before your 2001 tax year				43	
44 **Total** Add amounts in column (f) See instructions for where to report				44	

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 File by the due date for filing your return. See instructions	Name of Exempt Organization Citizens Commission on Human Rights	Employer identification number 95 [illegible]
	Number, street, and room or suite no. If a P.O. box, see instructions [illegible] Sunset Blvd	
	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 [illegible], 20[illegible] to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ ☒ calendar year 20[illegible] 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 ▶ [illegible] Title ▶ TREASURER Date ▶ [illegible]

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

Note: *Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

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

Type or print	Name of Exempt Organization: CITIZENS COMMISSION ON HUMAN RIGHTS	Employer identification number: 68-0005541
File by the extended due date for filing the return See instructions	Number street, and room or suite no If a P O box, see instructions. 6616 SUNSET BLVD	For IRS use only
	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-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 15TH, 2002

5 For calendar year 2001, or other tax year beginning ....., 20... and ending ....., 20 ...

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 NOT ALL THE FINANCIAL DATA HAS BEEN COLLECTED AND COMPILED FOR THE 990 FORM

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 . . . $

COPY

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 ▶ TREASURER Date ▶ AUG 14 2002

Notice to Applicant—To Be Completed by the IRS

☐ We have approved this application. Please attach this form to the organization's return.

☐ We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization s return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return

☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period.

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

☐ Other .....

Director _____ By _____ Date _____

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

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)