

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2002**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2002 calendar year, or tax year period beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>CITIZENS COMMISSION ON HUMAN RIGHTS</b>		<b>D</b> Employer identification number <b>68-0005541</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>6616 SUNSET BLVD</b>		<b>E</b> Telephone number <b>323-467-4242</b>
		City or town, state or country, and ZIP + 4 <b>LOS ANGELES, CA 90028</b>		<b>F</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Web site ▶ **WWW.CCHR.ORG**

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

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

**I** Enter 4-digit GEN ▶

**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 ▶ **1,591,598.**

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	<b>1,153,690.</b>		
<b>b</b>	Indirect public support	<b>1b</b>	<b>282,781.</b>		
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>1,436,471.</b> noncash \$ )			<b>1d</b>	<b>1,436,471.</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>74,327.</b>
<b>3</b>	Membership dues and assessments			<b>3</b>	
<b>4</b>	Interest on savings and temporary cash investments			<b>4</b>	<b>390.</b>
<b>5</b>	Dividends and interest from securities			<b>5</b>	
<b>6 a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b>	Other investment income (describe ▶ )			<b>7</b>	
<b>8 a</b>	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	<b>8,532.</b>		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>	<b>&lt;8,532.&gt;</b>	<b>8d</b>	<b>&lt;8,532.&gt;</b>
<b>9</b>	Special events and activities (attach schedule)				
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>78,233.</b>		
<b>b</b>	Less cost of goods sold	<b>10b</b>	<b>27,154.</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		<b>STMT 3</b>	<b>10c</b>	<b>51,079.</b>
<b>11</b>	Other revenue (from Part VII, line 103)			<b>11</b>	<b>2,177.</b>
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>1,555,912.</b>
<b>13</b>	Program services (from line 44, column (B))			<b>13</b>	<b>1,413,625.</b>
<b>14</b>	Management and general (from line 44, column (C))			<b>14</b>	<b>241,168.</b>
<b>15</b>	Fundraising (from line 44, column (D))			<b>15</b>	<b>260,624.</b>
<b>16</b>	Payments to affiliates (attach schedule)			<b>16</b>	
<b>17</b>	Total expenses (add lines 13 and 14, column (A))			<b>17</b>	<b>1,915,417.</b>
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>&lt;359,505.&gt;</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>4,805,343.</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)			<b>20</b>	<b>0.</b>
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>4,445,838.</b>

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**CITIZENS COMMISSION ON HUMAN RIGHTS**

68-0005541

**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 Page 2

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 \$ 22,511. noncash \$	22,511.	22,511.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	75,721.	50,578.	17,756.	7,387.
26	Other salaries and wages	285,572.	134,445.	102,925.	48,202.
27	Pension plan contributions				
28	Other employee benefits	6,142.	3,145.	2,052.	945.
29	Payroll taxes	29,960.	15,631.	9,633.	4,696.
30	Professional fundraising fees				
31	Accounting fees	17,676.		17,676.	
32	Legal fees	12,246.	2,672.	3,166.	6,408.
33	Supplies	45,394.	29,965.	10,219.	5,210.
34	Telephone	53,875.	27,591.	17,995.	8,289.
35	Postage and shipping	292,613.	255,494.	5,326.	31,793.
36	Occupancy	39,837.	31,748.	4,215.	3,874.
37	Equipment rental and maintenance	14,516.	11,665.	1,542.	1,309.
38	Printing and publications	79,240.	60,014.	5,413.	13,813.
39	Travel	6,260.	3,206.	2,091.	963.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion etc (attach schedule)	289,651.	226,565.	34,121.	28,965.
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 4	644,203.	538,395.	7,038.	98,770.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	1,915,417.	1,413,625.	241,168.	260,624.

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.)

<b>a</b>	<b>INVESTIGATIONS</b>				
	SEE STATEMENT 15.				
		(Grants and allocations \$	5,618.)		130,913.
<b>b</b>	<b>HOTLINE SERVICES:</b>				
	SEE STATEMENT 16.				
		(Grants and allocations \$	2,734.)		56,556.
<b>c</b>	<b>LEGISLATION:</b>				
	SEE STATEMENT 17.				
		(Grants and allocations \$	862.)		85,230.
<b>d</b>	<b>PUBLIC AWARENESS:</b>				
	SEE STATEMENT 18.				
		(Grants and allocations \$	9,108.)		672,038.
<b>e</b>	Other program services (attach schedule)	STATEMENT 6	(Grants and allocations \$	4,189.)	468,888.
<b>f</b>	Total of Program Service Expenses (should equal line 44, column (B), Program services)				1,413,625.

**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
<b>Assets</b>	45 Cash - non-interest bearing	177,190.	45	166,871.
	46 Savings and temporary cash investments	219,182.	46	54,486.
	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	53,623.	52	54,141.
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other	SEE STATEMENT 7	4,500.	56	4,500.
57 a Land, buildings, and equipment: basis	57a	4,644,805.		
b Less accumulated depreciation	STMT 8	57b	475,555.	57c
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 9 )		11,098.	58	3,223.
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		4,811,884.	59	4,452,471.
<b>Liabilities</b>	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 <input type="checkbox"/> SEE STATEMENT 10 )		6,541.	65
66 <b>Total liabilities</b> (add lines 60 through 65)		6,541.	66	6,633.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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	4,805,343.	72	4,445,838.
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)		4,805,343.	73	4,445,838.
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		4,811,884.	74	4,452,471.

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**

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b> N/A
<b>b</b> Amounts included on line <b>a</b> 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>b</b>
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b>
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b>	
(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify) \$ _____	
Add amounts on lines (1) and (2)	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>

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

<b>a</b> Total expenses and losses per audited financial statements	<b>a</b> N/A
<b>b</b> Amounts included on line <b>a</b> 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>b</b>
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b>
<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b>	
(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify) \$ _____	
Add amounts on lines (1) and (2)	<b>d</b>
<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>

**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
SEE STATEMENT 11		75,721.	0.	0.
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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 Form 990 (2002)

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80 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
81 b Did the organization file Form 1120-POL for this year?
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?
82 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)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations Enter a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
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?
88 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
88 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?
88 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
88 d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2002
91 The books are in care of
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

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a LICENSING FEES					21,327.
b ANNUAL AWARDS DINNER					53,000.
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	390.	
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	<8,532.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					51,079.
103 Other revenue					
a COMMISSIONS					2,177.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		<8,142.>	127,583.
105 Total (add line 104, columns (B), (D), and (E))					119,441.

**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 page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 12

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

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

**Note** If "Yes" to (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.

Signature of officer: *[Signature]* Date: 11/17/03 Type or print name and title: *Serenity Macdonald Treasurer*

**Paid Preparer's Use Only** Preparer's signature: *[Signature]* Date: 11/17/03 Check if self-employed:  Preparer's SSN or PTIN:   
 Firm 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

**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

**2002**

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
<b>NONE</b>				
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
<b>SAM BRUNELLI</b> <b>15462 GULF BLVD., #508, ST PETERSBERG, FL 33708</b>	<b>PUBLIC RELATIONS</b>	<b>150,000.</b>
Total number of others receiving over \$50,000 for professional services ▶	0	

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>112,123.</u> \$ <u>85,230.</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below )	3	X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note</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 <b>SEE STATEMENT 13</b>		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions )

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

<input type="checkbox"/>	<b>5</b> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
<input type="checkbox"/>	<b>6</b> A school Section 170(b)(1)(A)(ii) (Also complete Part V )
<input type="checkbox"/>	<b>7</b> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
<input type="checkbox"/>	<b>8</b> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
<input type="checkbox"/>	<b>9</b> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
<input type="checkbox"/>	<b>10</b> 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 <b>Support Schedule</b> in Part IV-A.)
<input checked="" type="checkbox"/>	<b>11a</b> 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 <b>Support Schedule</b> in Part IV-A.)
<input type="checkbox"/>	<b>11b</b> A community trust. Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A.)
<input type="checkbox"/>	<b>12</b> 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 <b>Support Schedule</b> in Part IV-A.)
<input type="checkbox"/>	<b>13</b> 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 )



**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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,407,972.	5,672,109.	2,392,904.	2,437,005.	13,909,990.
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	128,888.	116,953.	68,884.	36,247.	350,972.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,049.	994.	1,725.	2,368.	7,136.
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	2,425.	4,335.	576.	33.	7,369.
23 Total of lines 15 through 22	3,541,334.	5,794,391.	2,464,089.	2,475,653.	14,275,467.
24 Line 23 minus line 17	3,412,446.	5,677,438.	2,395,205.	2,439,406.	13,924,495.
25 Enter 1% of line 23	35,413.	57,944.	24,641.	24,757.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 278,490.
	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 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the sum of all these excess amounts				26b 165,510.
	c Total support for section 509(a)(1) test: Enter line 24, column (e)				26c 13,924,495.
	d Add Amounts from column (e) for lines 18 7,136. 19 22 7,369. 26b 165,510.				26d 180,015.
	e Public support (line 26c minus line 26d total)				26e 13,744,480.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 98.7072%
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
	(2001)	(2000)	(1999)	(1998)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 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
	(2001)	(2000)	(1999)	(1998)	
	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 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**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 if the organization belongs to an affiliated group Check  b if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (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)	11,609.	9,161.												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	100,514.	76,069.												
38	Total lobbying expenditures (add lines 36 and 37)	112,123.	85,230.												
39	Other exempt purpose expenditures	2,509,708.	1,832,518.												
40	Total exempt purpose expenditures (add lines 38 and 39)	2,621,831.	1,917,748.												
41	Lobbying nontaxable amount. Enter the amount from the following table - <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	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	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	281,092.	245,887.
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
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														
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)	70,273.	61,472.												
43	Subtract line 42 from line 36. Enter 0- if line 42 is more than line 36	0.	0.												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	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 )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	281,092.	319,845.	290,740.	279,066.	1,170,743.
46					1,756,115.
47	100,514.	60,803.	23,597.	63,117.	248,031.
48	70,273.	79,961.	72,685.	69,767.	292,686.
49					439,029.
50	11,609.	27,278.	8,517.	42,055.	89,459.

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

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	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?

a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
51a(i)		<input checked="" type="checkbox"/>
a(ii)		<input checked="" type="checkbox"/>
b(i)		<input checked="" type="checkbox"/>
b(ii)		<input checked="" type="checkbox"/>
b(iii)		<input checked="" type="checkbox"/>
b(iv)		<input checked="" type="checkbox"/>
b(v)		<input checked="" type="checkbox"/>
b(vi)		<input checked="" type="checkbox"/>
c		<input checked="" type="checkbox"/>

- (i) Cash
- (ii) Other assets
- b Other transactions
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

Asset Number	Description of property					Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	Date placed in service	Method/IRC sec	Life or rate	Line No					
	<b>BUILDINGS</b>								
28	<b>BUILDING</b>								
	123100	SL	39.50	16		3,017,734.		50,423.	76,398.
29	<b>BUILDING IMPROVEMENTS</b>								
	123100	SL	39.50	16		50,776.		848.	1,285.
42	<b>BUILDING IMPROVEMENTS</b>								
	070101	SL	39.50	16		430,961.		7,201.	10,910.
47	<b>(D) BUILDING IMPROVEMENTS</b>								
	070101	SL	39.50	16		1,256.		21.	0.
	<b>* 990 PAGE 2 TOTAL BUILDINGS</b>								
						3,500,727.	0.	58,493.	88,593.
	<b>FURNITURE &amp; FIXTURES</b>								
8	<b>FURNITURE &amp; EQUIPMENT</b>								
	123193	SL	5.00	16		1,009.		1,009.	0.
12	<b>FURNITURE &amp; EQUIPMENT</b>								
	123195	SL	7.00	16		637.		592.	45.
14	<b>FURNITURE &amp; EQUIPMENT</b>								
	040197	SL	5.00	16		14,997.		13,497.	1,500.
15	<b>FURNITURE &amp; EQUIPMENT</b>								
	070198	SL	5.00	16		655.		459.	131.
16	<b>FURNITURE &amp; EQUIPMENT</b>								
	070199	SL	5.00	16		22,962.		11,568.	4,592.
25	<b>FURNITURE &amp; EQUIPMENT</b>								
	070100	SL	5.00	16		36,278.		10,884.	7,256.
38	<b>FURNITURE &amp; EQUIPMENT</b>								
	070101	SL	5.00	16		601,377.		60,138.	120,275.
43	<b>(D) FURNITURE &amp; EQUIPMENT</b>								
	070199	SL	5.00	16		677.		338.	0.
44	<b>(D) FURNITURE &amp; EQUIPMENT</b>								
	070101	SL	5.00	16		5,921.		592.	0.
48	<b>FURNITURE &amp; EQUIPMENT</b>								
	070102	SL	5.00	16		117,773.			11,777.
	<b>* 990 PAGE 2 TOTAL FURNITURE &amp; FIXTURES</b>								
						802,286.	0.	99,077.	145,576.
	<b>OTHER</b>								
18	<b>COMPUTER SOFTWARE</b>								
	070196	SL	3.00	16		64.		64.	0.
20	<b>COMPUTER SOFTWARE</b>								
	070198	SL	3.00	16		490.		490.	0.
21	<b>COMPUTER SOFTWARE</b>								
	070199	SL	3.00	16		650.		543.	107.
26	<b>SOFTWARE</b>								
	050100	SL	3.00	16		1,735.		966.	578.
39	<b>COMPUTER SOFTWARE</b>								
	070101	SL	3.00	16		22,035.		3,673.	7,345.
40	<b>DISPLAY FIXTURES</b>								
	070101	SL	7.00	16		300,357.		21,454.	42,908.
41	<b>LAND IMPROVEMENTS</b>								
	070101	SL	5.00	16		20,945.		2,095.	4,189.
45	<b>(D) COMPUTER SOFTWARE</b>								
	070101	SL	3.00	16		150.		25.	0.



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	07/01/99	07/01/02	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	677.	0.	338.	<339.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
FURNITURE & EQUIPMENT	07/01/01	07/01/02	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	5,921.	0.	592.	<5,329.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
COMPUTER SOFTWARE	07/01/01	07/01/02	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	150.	0.	25.	<125.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPLAY FIXTURES	07/01/01	07/01/02	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,620.	0.	116.	<1,504.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
BUILDING IMPROVEMENTS	07/01/01	07/01/02	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,256.	0.	21.	<1,235.>

TO FM 990, PART I, LN 8		9,624.	0.	1,092.	<8,532.>
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FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT	3
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## INCOME

1. GROSS RECEIPTS . . . . .	78,233		
2. RETURNS AND ALLOWANCES . . . . .			
3. LINE 1 LESS LINE 2 . . . . .		78,233	
4. COST OF GOODS SOLD (LINE 13) . . . . .	27,154		
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		51,079	

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	53,623		
7. MERCHANDISE PURCHASED . . . . .	27,672		
8. COST OF LABOR . . . . .			
9. MATERIALS AND SUPPLIES . . . . .			
10. OTHER COSTS . . . . .			
11. ADD LINES 6 THROUGH 10 . . . . .		81,295	
12. INVENTORY AT END OF YEAR . . . . .	54,141		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		27,154	

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**FORM 990** **OTHER EXPENSES** **STATEMENT 4**


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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	23,170.	1,858.	251.	21,061.
COMMISSIONS	51,251.	43.		51,208.
PROPERTY TAXES	7,958.	6,225.	937.	796.
PROMOTION	529,934.	498,379.	5,850.	25,705.
DONATION	1,399.	1,399.		
RETURNED GRANT	30,491.	30,491.		
<b>TOTAL TO FM 990, LN 43</b>	<b>644,203.</b>	<b>538,395.</b>	<b>7,038.</b>	<b>98,770.</b>

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**FORM 990** **CASH GRANTS AND ALLOCATIONS** **STATEMENT 5**


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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
EDUCATIONAL	CHURCH OF SCIENTOLOGY-LOS ANGELES	LOS ANGELES, CA	N/A	7,581.
EDUCATIONAL	CHURCH OF SCIENTOLOGY-WEST U.S.	LOS ANGELES, CA	N/A	14,930.
<b>TOTAL INCLUDED ON FORM 990, PART II, LINE 22</b>				<b>22,511.</b>

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**FORM 990** **OTHER PROGRAM SERVICES** **STATEMENT 6**


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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PUBLICATIONS: SEE STATEMENT 19.	4,189.	468,888.
<b>TOTAL TO FORM 990, PART III, LINE E</b>	<b>4,189.</b>	<b>468,888.</b>

FORM 990	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION	VALUATION METHOD	AMOUNT	
ARTWORK	COST	4,500.	
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.	637.	0.
FURNITURE & EQUIPMENT	14,997.	14,997.	0.
FURNITURE & EQUIPMENT	655.	590.	65.
FURNITURE & EQUIPMENT	22,962.	16,160.	6,802.
COMPUTER SOFTWARE	64.	64.	0.
COMPUTER SOFTWARE	490.	490.	0.
COMPUTER SOFTWARE	650.	650.	0.
FURNITURE & EQUIPMENT	36,278.	18,140.	18,138.
SOFTWARE	1,735.	1,544.	191.
BUILDING	3,017,734.	126,821.	2,890,913.
BUILDING IMPROVEMENTS	50,776.	2,133.	48,643.
FURNITURE & EQUIPMENT	601,377.	180,413.	420,964.
COMPUTER SOFTWARE	22,035.	11,018.	11,017.
DISPLAY FIXTURES	300,357.	64,362.	235,995.
LAND IMPROVEMENTS	20,945.	6,284.	14,661.
BUILDING IMPROVEMENTS	430,961.	18,111.	412,850.
FURNITURE & EQUIPMENT	117,773.	11,777.	105,996.
COMPUTER SOFTWARE	1,191.	199.	992.
DISPLAY FIXTURES	2,179.	156.	2,023.
TOTAL TO FORM 990, PART IV, LN 57	4,644,805.	475,555.	4,169,250.

FORM 990	OTHER ASSETS	STATEMENT	9
DESCRIPTION	AMOUNT		
PAYROLL TAX REFUND RECEIVABLE	3,223.		
LOAN RECEIVABLE	0.		
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		3,223.	

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FORM 990	OTHER LIABILITIES	STATEMENT 10
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DESCRIPTION	AMOUNT
SALES TAX PAYABLE	877.
PAYROLL TAXES PAYABLE	0.
CUSTOMER DEPOSITS	756.
MISCELLANEOUS PAYABLES	5,000.
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TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	6,633.

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FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 11
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
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 <u>1</u> ) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	PRESIDENT 5.4 HRS/WEEK	2,030.	0.	0.
FRAN ANDREWS (SEE STATEMENT <u>1</u> ) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	VICE PRESIDENT/DIRECTOR 40 HRS/WEEK	14,913.	0.	0.
MARLA FILIDEI (SEE STATEMENT <u>1</u> ) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	VICE PRESIDENT 40 HRS/WEEK	14,738.	0.	0.

MYRA SEVERTSON (SEE STATEMENT 1 ) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	SECRETARY 40 HRS/WEEK	14,738.	0.	0.
JAN EASTGATE MEYER (SEE STATEMENT 1 ) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TRUSTEE 40 HRS/WEEK	14,564.	0.	0.
SERENITY MACDONALD (SEE STATEMENT 1 ) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TREASURER 40 HRS/WEEK	14,738.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		75,721.	0.	0.

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

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	LICENSING FEES FROM CCHR CHAPTERS AROUND THE UNITED STATES OF AMERICA.
93B	ANNUAL AWARDS DINNER ACKNOWLEDGING OUTSTANDING ACCOMPLISHMENTS IN THE FIELD OF HUMAN RIGHTS.
102	EDUCATIONAL AND PROMOTIONAL MATERIALS USED SOLD TO PROMOTE EXEMPT PURPOSES.
103A	COMMISSION EARNED FROM OTHER EXEMPT ORGANIZATIONS.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 13 PART III, LINE 3

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	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
COMMISSIONS	2,319.	4,335.	576.	25.
CURRENCY EXCHANGE	0.	0.	0.	8.
SCRAP SALES	106.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	2,425.	4,335.	576.	33.

**2002 FORM 990, PART III**  
**FEDERAL ID # 68-0005541**  
**CITIZENS COMMISSIONS ON HUMAN RIGHTS**  
**STATEMENT # 15**

**DESCRIPTION OF PROGRAM SERVICE ONE**  
**INVESTIGATIONS**

WITH 8 MILLION CHILDREN IN THE UNITED STATES ALONE ON MIND-ALTERING PSYCHIATRIC DRUGS, THE DRUGGING OF CHILDREN IN SCHOOLS FEATURED PROMINENTLY IN THE RESEARCH AND INVESTIGATORY WORK CONDUCTED BY THE CITIZENS COMMISSION ON HUMAN RIGHTS (CCHR) IN 2002 AS PSYCHIATRISTS CONTINUE TO PUSH "MENTAL HEALTH" AND DRUG SOLUTIONS FOR EDUCATIONAL PROBLEMS, INTO THE EDUCATION SYSTEM, HARMING THE TEACHER/PARENT RELATIONSHIP, CCHR'S INVESTIGATIONS REVEALED THAT SCORES OF SCHOOL PERSONNEL HAD PRESSURED PARENTS INTO DRUGGING THEIR CHILD AS A REQUISITE FOR ATTENDING CLASS ANOTHER KEY AREA OF RESEARCH WAS THE NUMBER OF CHILDREN WHO DIED FROM PSYCHIATRIC DRUGS, PHYSICAL RESTRAINTS, OR ABUSE INFLICTED BY MENTAL HEALTH WORKERS RESTRAINT DEATHS OCCURRED DESPITE 1999 FEDERAL REGULATIONS TO CURB ABUSIVE RESTRAINT PROCEDURES

IN RESPONSE TO REPORTS SENT TO CCHR, CCHR INITIATED INVESTIGATIONS INTO THE DEATHS OF 56 CHILDREN AND ADOLESCENTS WHO HAD BEEN UNDER THE "CARE" OF PSYCHIATRISTS, PSYCHOLOGISTS AND OTHER MENTAL HEALTH WORKERS THE SHOCKING RESEARCH REVEALED THAT

- THIRTY FIVE DEATHS WERE A RESULT OF INJURIES SUSTAINED FROM ABUSIVE PHYSICAL RESTRAINTS, INCLUDING SEVERAL CASES WHERE MENTAL HEALTH WORKERS IGNORED THE CHILDREN'S CRIES FOR HELP
- ELEVEN DEATHS WERE CAUSED BY REACTIONS TO PSYCHIATRIC DRUGS, SUCH AS HEART ATTACKS
- SEVEN CHILDREN COMMITTED SUICIDE, EITHER WHILE TAKING PSYCHIATRIC DRUGS OR WHILE WITHDRAWING FROM THEM

- THREE DEATHS WERE FROM OTHER TREATMENTS, SUCH AS A YOUNG GIRL WHO WAS WRAPPED IN A SHEET AND SUFFOCATED DURING A "THERAPY" SESSION, AND A TEENAGE GIRL WHO DIED FROM TWO BRAIN TUMORS, AFTER BEING MISDIAGNOSED AS "MANIC-DEPRESSIVE "

THESE NEEDLESS AND TRAGIC DEATHS WERE DOCUMENTED IN A NEW BROCHURE CALLED, *THE SILENT DEATH OF AMERICA'S CHILDREN* THE BOOKLET ADVISES PARENTS TO REPORT PSYCHIATRIC ABUSES SO THAT THESE CAN BE INVESTIGATED

CCHR SUBSEQUENTLY ASSISTED PARENTS AND OTHERS WHO CONTACTED IT TO MAKE STATEMENTS ABOUT PSYCHIATRIC ABUSE AND TO FILE OFFICIAL COMPLAINTS CCHR DOCUMENTED THE CASE OF A PENNSYLVANIA COUPLE WHOSE 10-YEAR-OLD DAUGHTER DIED FROM TOXIC LEVELS OF A PSYCHIATRIC DRUG THAT A PSYCHIATRIST HAD PRESCRIBED FOR HER THE PARENTS HAD BEEN PRESSURED BY THE SCHOOL PSYCHOLOGIST TO HAVE THEIR DAUGHTER EVALUATED FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AFTER A 30-MINUTE EVALUATION, WITH NO TESTS OR PHYSICAL EXAMS, A PSYCHIATRIST DETERMINED SHE HAD ADHD THIS CASE WAS REFERRED TO CCHR'S MEDIA DEPARTMENT AFTER THE PARENTS EXPRESSED AN INTEREST IN INFORMING OTHERS ABOUT THE LETHAL DANGERS OF PSYCHIATRIC DRUGS THEY HAVE SHARED THEIR TRAGIC STORY THROUGH NATIONAL MEDIA, REACHING AND EDUCATING MILLIONS

IN ANOTHER CASE, CCHR WAS CONTACTED BY A MOTHER WHOSE SON DIED FROM PNEUMONIA IN A BEHAVIORAL TREATMENT CENTER AFTER BEING PHYSICALLY RESTRAINED, DRUGGED AND NEGLECTED CCHR PROVIDED HER WITH ITS *INTERIM REPORT ON RESTRAINT DEATHS IN PSYCHIATRIC INSTITUTIONS*, DOCUMENTED HER CASE AND BEGAN ASSISTING HER IN FILING CRIMINAL COMPLAINTS WITH STATE AGENCIES

CCHR INTERNATIONAL ASSISTED CCHR IN THE NETHERLANDS WITH THEIR COMPLAINT TO THE DUTCH ADVERTISING COMMISSION AGAINST THE COUNTRY'S "BRAIN FOUNDATION," ALLEGING THAT IT HAD MISLED THE PUBLIC



WHEN ASKING FOR RESEARCH DONATIONS TO STUDY ADHD THE FOUNDATION HAD CLAIMED THAT ADHD WAS A "BRAIN DYSFUNCTION " HOWEVER, CCHR PRODUCED DOCUMENTATION EXPOSING THIS TO BE FALSE AND THE BRAIN FOUNDATION WAS UNABLE TO PROVIDE EVIDENCE OTHERWISE THE ADVERTISING COMMISSION RULED AGAINST THE FOUNDATION'S CLAIMS, SAYING, "DEFENDANT STATES THAT ADHD IS AN INBORN BRAIN DYSFUNCTION THOUGH THE CAUSE OF ADHD IS NOT SCIENTIFICALLY PROVEN YET THE DEFENDANT GIVES A WRONG AND MISLEADING REPRESENTATION OF THE FACTS " THE DUTCH ADVERTISING COMMISSION ORDERED THE BRAIN FOUNDATION TO CEASE ADVERTISING SUCH FALSE CLAIMS

AS PART OF ITS CONTINUING RESEARCH INTO CRIMINAL CONDUCT WITHIN THE MENTAL HEALTH INDUSTRY, CCHR DOCUMENTED 214 MENTAL HEALTH PRACTITIONERS AND WORKERS CONVICTED AND JAILED FOR CRIMES, INCLUDING HEALTH CARE FRAUD, SEXUAL ABUSE OF PATIENTS, MURDER AND ASSAULT, DRUG DEALING AND POSSESSION OF CHILD PORNOGRAPHY THE HIGHEST CONVICTION RATE WAS FOR SEX CRIMES (42%), FOLLOWED BY INSURANCE FRAUD AND THEFT (32%)

**2002 FORM 990, PART III**  
**FEDERAL ID # 68-0005541**  
**CITIZENS COMMISSIONS ON HUMAN RIGHTS**  
**STATEMENT # 16**

**DESCRIPTION OF PROGRAM SERVICE TWO**  
**HOTLINE AND INFORMATION REQUESTS**

CCHR'S ROLE AS A FREE PUBLIC SOURCE OF INFORMATION ON PSYCHIATRIC ABUSE IS LARGELY ACCOMPLISHED THROUGH ITS TOLL-FREE HOTLINE AND INFORMATION REQUEST SERVICE. PEOPLE CALL OR WRITE CCHR IN RESPONSE TO READING CCHR'S BOOKLETS, INFORMATION LETTERS, POSTERS, FLYERS, MEDIA ARTICLES ABOUT CCHR ACTIVITIES, OR WHO HEAR OF CCHR THROUGH WORD-OF-MOUTH.

THOUSANDS OF INDIVIDUALS AND GROUPS WERE PROVIDED WITH NUMEROUS RESOURCES THAT ENLIGHTENED THEM ON THE UNSCIENTIFIC NATURE OF PSYCHIATRIC DIAGNOSES AND THE PRESSURE EXERTED ON PARENTS THROUGH SCHOOLS TO DRUG THEIR CHILDREN WITH MIND-ALTERING DRUGS. THIS INFORMATION AND ASSISTANCE INCLUDED FREE BOOKLETS, INFORMATION LETTERS, PAMPHLETS, POSTERS, NEWSPAPER AND MAGAZINE ARTICLES, MEDICAL STUDIES, BOOK EXCERPTS PROVIDING ALTERNATIVE SOLUTIONS TO PSYCHIATRIC DRUGS, FLYERS, WHITE PAPERS, AND STATISTICS RELATING TO MENTAL HEALTH AND PSYCHIATRIC ABUSE.

ADDITIONALLY, THOSE WHO CONTACTED CCHR WERE INFORMED ABOUT THE APPALLING NUMBER OF CHILD DEATHS RESULTING FROM PSYCHIATRIC DRUGS AND RESTRAINTS.

EQUALLY VITAL WAS CCHR'S DISSEMINATION OF PUBLICATIONS BY MEDICAL DOCTORS CONTAINING ALTERNATIVE, DRUG-FREE SOLUTIONS TO HANDLE BEHAVIORAL OR LEARNING PROBLEMS.

**2002 FORM 990, PART III**  
**FEDERAL ID # 68-0005541**  
**CITIZENS COMMISSIONS ON HUMAN RIGHTS**  
**STATEMENT # 17**

**DESCRIPTION OF PROGRAM SERVICE THREE**  
**LEGISLATION**

CCHR PROVIDED INFORMATION ON THE PSYCHIATRIC LABELING AND DRUGGING OF CHILDREN TO LOCAL, STATE AND FEDERAL GROUPS AND ORGANIZATIONS WHO DEMANDED REFORM OF PSYCHIATRY'S HARMFUL INFLUENCE IN SCHOOLS AS A RESULT, 17 STATES INTRODUCED 28 BILLS OR RESOLUTIONS RELATING TO THE PSYCHIATRIC DRUGGING OF SCHOOLCHILDREN, WITH TWO MORE STATES SIGNING THEIR BILLS INTO LAW IN 2002, AS FOLLOWS

- ILLINOIS, SB 1718 – A LAW REQUIRING SCHOOL BOARDS TO IMPLEMENT A POLICY PROHIBITING DISCIPLINARY ACTION THAT IS BASED ON THE REFUSAL OF A STUDENT'S PARENT TO ADMINISTER OR CONSENT TO THE ADMINISTRATION OF A PSYCHOTROPIC DRUG
  - VIRGINIA, HB 90 –A LAW STATING THAT THE BOARD OF EDUCATION IS TO DEVELOP AND IMPLEMENT POLICIES PROHIBITING SCHOOL PERSONNEL FROM RECOMMENDING THE USE OF PSYCHOTROPIC DRUGS FOR ANY STUDENT
- DESCRIPTION OF PROGRAM SERVICE FOUR**

**2002 FORM 990, PART III**  
**FEDERAL ID # 68-0005541**  
**CITIZENS COMMISSIONS ON HUMAN RIGHTS**  
**STATEMENT # 18**

**DESCRIPTION OF PROGRAM SERVICE FOUR**  
**PUBLIC AWARENESS**

HOUSED AT CCHR'S INTERNATIONAL HEADQUARTERS IS A PERMANENT PUBLIC AWARENESS EXHIBIT ENTITLED, "PSYCHIATRY KILLS " THIS DOCUMENTARY STYLE EXHIBIT USES GRAPHICS TO PROVIDE VISITORS WITH AN IN-DEPTH 300-YEAR VIEW OF PSYCHIATRY IT DOCUMENTS PSYCHIATRY'S HISTORY OF PHYSICALLY AND MENTALLY ABUSIVE "TREATMENTS," FROM FLOGGING AND BARBARIC TORTURE DEVICES IN THE 1700S, TO ELECTROSHOCK IN THE 1900S AND THE USE OF MIND-ALTERING AND DEBILITATING DRUGS TODAY, ESPECIALLY ON CHILDREN IN 2002, THOUSANDS OF LEGISLATORS, RELIGIOUS LEADERS, DOCTORS, MEDIA, PARENTS, ARTISTS AND OTHERS TOURED THE EXHIBIT

THIS FREE EXHIBIT HAS INCREASED THE COMMUNITY'S UNDERSTANDING OF CURRENT ABUSES IN THE MENTAL HEALTH FIELD, AND IMPROVED THE PUBLIC'S KNOWLEDGE OF THEIR RIGHTS RELATING TO THESE

THE EXHIBIT FACILITATES THE EXPOSURE OF PSYCHIATRIC HUMAN RIGHTS VIOLATIONS BY INFORMING PEOPLE THAT SOMETHING CAN BE DONE ABOUT THIS AFTER THE TOUR, THEY CAN REPORT KNOWLEDGE OF PSYCHIATRIC HARM DIRECTLY TO CCHR INTERNATIONAL

A KEY COMPONENT OF THE EXHIBIT IS A SECTION HOUSING CCHR'S NUMEROUS FREE PUBLICATIONS THESE PUBLICATIONS ARE UTILIZED BY THE PUBLIC TO FURTHER EDUCATE OTHERS ABOUT PSYCHIATRIC HARM INDIVIDUALS TAKE THESE PUBLICATIONS AND DISTRIBUTE THEM TO THEIR FRIENDS AND FAMILY AND IN THEIR OWN COMMUNITIES

THE EXHIBIT AND CCHR'S HEADQUARTERS WERE ALSO USED THIS YEAR TO HOST FIVE COMMUNITY EVENTS THESE INCLUDED A FREE OPEN HOUSE FOR THE PUBLIC IN COMMEMORATION OF CCHR'S GRAND OPENING ANNIVERSARY, THE ANNUAL CONFERENCE OF THE LOCAL CHAPTER OF THE NATIONAL ALLIANCE FOR BLACK SCHOOL EDUCATORS (NABSE), THE ANNUAL MEETING OF CCHR COMMISSIONERS, WHICH INCLUDES MEDICAL DOCTORS, ATTORNEYS, EDUCATORS, AUTHORS AND ARTISTS, WHO MET TO DRAFT AND PASS RESOLUTIONS AGAINST SUCH ISSUES AS THE LABELING AND DRUGGING OF CHILDREN AND INVOLUNTARY COMMITMENT, A SEMINAR BY A MEDICAL DOCTOR TO EDUCATE PARENTS AND OTHERS ABOUT ALTERNATIVES TO PSYCHIATRIC TREATMENTS, AND AN EVENT HELD ON THE UNITED NATIONS (UN) HUMAN RIGHTS DAY COMMEMORATING THE PASSAGE OF THE UNITED NATIONS UNIVERSAL DECLARATION OF HUMAN RIGHTS

CCHR LAUNCHED A NEW WEBSITE—WWW.FIGHTFORKIDS.COM—DESIGNED TO EDUCATE AND EMPOWER PARENTS FACING THE PRESSURE TO LABEL THEIR CHILDREN AS "MENTALLY ILL" AND DRUG THEM WITH MIND-ALTERING PSYCHIATRIC DRUGS THE WEBSITE PROVIDES A MUCH NEEDED ALTERNATIVE TO WEBSITES BY PSYCHIATRIC AND AFFILIATED GROUPS THAT PROMOTE DRUGS AND "BEHAVIOR MODIFICATION" AS THE ONLY MEANS OF ADDRESSING LEARNING OR BEHAVIORAL PROBLEMS

MANY PARENTS AND HUMAN RIGHTS ORGANIZATIONS HAVE LINKED THEIR WEBSITES TO FIGHTFORKIDS.COM TO ASSIST CCHR IN EDUCATING THE PUBLIC ON THIS ISSUE

OF THE HUNDREDS WHO CONTACTED CCHR THROUGH ITS WEBSITES AND WERE ASSISTED IN DOCUMENTING THEIR SPECIFIC CASES REGARDING PSYCHIATRIC ABUSE, MANY WERE PARENTS WHO SUBSEQUENTLY BECAME INSPIRED TO BECOME ADVOCATES FOR CHILDREN'S RIGHTS THEY BECAME INVOLVED IN THEIR LOCAL AND STATE GOVERNMENTS, AND ONE PARENT TESTIFIED BEFORE THE U.S. HOUSE GOVERNMENT REFORM COMMITTEE AT A

HEARING, ENTITLED, "ATTENTION DEFICIT HYPERACTIVITY DISORDERS—ARE CHILDREN BEING OVERMEDICATED?"

CCHR ALSO PROVIDED INFORMATION ABOUT COERCIVE PSYCHIATRIC DRUGGING OF SCHOOLCHILDREN TO OTHER GROUPS ENGAGED IN THE EDUCATION OF LEGISLATORS AND POLICY-MAKERS COMPOSED OF BOTH PRIVATE AND PUBLIC SECTOR INDIVIDUALS, THESE GROUPS UTILIZED CCHR'S INFORMATION TO DRAFT RESOLUTIONS AND MODEL LEGISLATION URGING FEDERAL SAFEGUARDS PROTECTING CHILDREN AND FAMILIES FROM PSYCHIATRIC HARM INFLICTED VIA PUBLIC SCHOOLS

THROUGHOUT THE YEAR CCHR POSTED NATIONAL NEWSWIRES EXPOSING THE UNSCIENTIFIC NATURE OF THE AMERICAN PSYCHIATRIC ASSOCIATION'S *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM)* AND THE VESTED INTERESTS BEHIND MANDATING INSURANCE PARITY FOR PSYCHIATRIC DISORDERS THAT CANNOT BE SCIENTIFICALLY PROVEN NATIONAL MEDIA EXPOSED THE FINANCIAL AND PERSONAL LOSS THAT MENTAL HEALTH PARITY WOULD CAUSE, IF PASSED, AS A RESULT OF THE SUBJECTIVE *DSM* CRITERIA THE *DSM* BECAME A KEY POINT OF THE PARITY DEBATE, ESPECIALLY WITHIN THE BUSINESS AND INSURANCE COMMUNITY, WHO VOICED THEIR OPPOSITION TO THE LEGISLATION

**PUBLIC EVENTS:**

IN AUGUST, CCHR INTERNATIONAL AND CCHR JAPAN EXPOSED PSYCHIATRY'S GLOBAL FAILURE AND VIOLATIONS OF HUMAN RIGHTS AT THE WORLD PSYCHIATRIC ASSOCIATION (WPA) CONFERENCE IN YOKOHAMA, JAPAN FOR YEARS, PSYCHIATRISTS HAVE PROMISED THAT THEY COULD CURE WORLDWIDE PROBLEMS, BUT HAVE YET TO REVERT THE DECADES OF RISING DRUG AND CRIME RATES, MORAL DECAY AND CLASSROOMS RESEMBLING MENTAL HEALTH CLINICS HUNDREDS OF PROTESTORS MARCHED THROUGH THE STREETS OF YOKOHAMA DEMANDING THAT PSYCHIATRY TAKE RESPONSIBILITY FOR THIS SOCIETAL DECLINE BEFORE RECEIVING MORE GOVERNMENT FUNDING OR SUPPORT THE DAYLONG ACTIVITIES

CULMINATED WITH SPEECHES BY CCHR SUPPORTERS AND EXECUTIVES, AND A CONCERT THE EVENT GARNERED SUPPORT FROM OTHER HUMAN RIGHTS GROUPS AND COVERAGE BY JAPANESE MEDIA

ON DECEMBER 10, UNITED NATIONS HUMAN RIGHTS DAY, CCHR HELD A CANDLELIGHT VIGIL AS A TRIBUTE TO CHILDREN WHO HAVE DIED AS A RESULT OF ABUSIVE PSYCHIATRIC TREATMENT, ESPECIALLY FROM PHYSICAL RESTRAINTS AND PSYCHIATRIC DRUGS CCHR OFFICIALLY RELEASED *THE SILENT DEATH OF AMERICA'S CHILDREN*, A CHILLING EXPOSÉ OF THE HUNDREDS OF CHILDREN WHO HAVE DIED IN THE HANDS OF PSYCHIATRISTS AND OTHER MENTAL HEALTH PRACTITIONERS UNITED PRESS INTERNATIONAL (UPI) RAN A STORY ON THE EVENT WHICH PROMOTED *THE SILENT DEATH OF AMERICA'S CHILDREN*

**2002 FORM 990, PART III**  
**FEDERAL ID # 68-0005541**  
**CITIZENS COMMISSIONS ON HUMAN RIGHTS**  
**STATEMENT # 19**

**DESCRIPTION OF PROGRAM SERVICE FIVE**  
**PUBLICATIONS**

CCHR'S PUBLIC EDUCATION AND INFORMATION CAMPAIGN FOCUSES ON THE DISTRIBUTION OF FREE PUBLICATIONS THAT COVER SUCH TOPICS AS THE CRIMINALITY AND FRAUD WITHIN PSYCHIATRY, PSYCHIATRIC PROGRAMS UNDERMINING MORAL VALUES, THE DAMAGE CAUSED TO CHILDREN BY PSYCHIATRIC DIAGNOSES AND DRUGS, AND THE PSYCHIATRIC VIOLATION OF THE HIPPOCRATIC OATH AND MEDICINE THESE FREE PUBLICATIONS ARE PRODUCED AND DISTRIBUTED IN 17 LANGUAGES TO 34 COUNTRIES IN 2002, CCHR INTERNATIONAL SENT HUNDREDS OF THOUSANDS OF PUBLICATIONS TO GROUPS AND INDIVIDUALS WORLDWIDE

CCHR WROTE AND PRODUCED A NEW BOOKLET, *PSYCHIATRY HARMING IN THE NAME OF HEALTHCARE*, WHICH HIGHLIGHTS THE ENORMOUS PRESSURE PLACED ON GENERAL PRACTITIONERS, PEDIATRICIANS AND OTHER PHYSICIANS TO UNQUESTIONABLY ACCEPT PSYCHIATRIC DIAGNOSES AND PRESCRIBE MIND-ALTERING DRUGS TODAY UP TO 70% OF SOME PSYCHIATRIC DRUGS ARE PRESCRIBED BY GENERAL PRACTITIONERS

CCHR ALSO PRODUCED TWO PAMPHLETS, ENTITLED, *PSYCHIATRY DON'T BUY THE LIES — RE-DEFINING LIFE'S EVERY PROBLEM AS A MENTAL DISORDER AND HOW YOU CAN PROTECT AND PRESERVE YOUR MENTAL HEALTH*

CCHR WROTE AND PRODUCED A WHITE PAPER, *THE VITAL CASE AGAINST MANDATED MENTAL HEALTH PARITY*, DOCUMENTING THE INCREASED FINANCIAL COST AND HUMAN RIGHTS ABUSES THAT WOULD ACCOMPANY EQUAL INSURANCE COVERAGE PROVIDED FOR PSYCHIATRIC ILLNESSES AT



THE SAME LEVEL AS MEDICAL DISEASES AND ILLNESSES THE WHITE PAPER WAS DISTRIBUTED TO GOVERNMENT AGENCIES AND LIKE-MINDED ORGANIZATIONS, FOR THEIR USE IN UNDERSTANDING HOW "PARITY" INCREASES THE RANKS OF THE UNINSURED AND VIOLATES PEOPLE'S RIGHTS

IN 2002, THROUGH ITS PUBLIC OUTREACH AND EDUCATION CAMPAIGNS, CLEARING HOUSE FUNCTIONS, EXHIBIT, PUBLIC EVENTS AND MEDIA GENERATED EXPOSING PSYCHIATRIC ABUSES, CCHR'S MESSAGES REACHED MORE THAN 3.2 BILLION PEOPLE GLOBALLY, A 39% INCREASE OVER THE PREVIOUS YEAR

**Depreciation and Amortization 990**  
(Including Information on Listed Property)

▶ See separate instructions ▶ Attach to your tax return

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 2001 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 2003 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 qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	289,651.

**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 2002	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 <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2002 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 2002 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	289,651.
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 qualified listed property placed in service during the tax year 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								
		%				SL		
		%				SL		
		%				SL		
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	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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												
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? <b>Note</b> 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 2002 tax year					
43 Amortization of costs that began before your 2002 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ File a separate application for each return

- 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 <b>CITIZENS COMMISSION ON HUMAN RIGHTS</b>	Employer identification number <b>68-0005541</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>6616 SUNSET BLVD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>HOLLYWOOD, CA 90028</b>	

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> 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**, 20**03** to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year 20**02** 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 ▶ *Sarah [Signature]* Title ▶ TREASURER Date ▶ 7 MAY '03

- 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  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>CITIZENS COMMISSION ON HUMAN RIGHTS</b>	Employer identification number <b>68 005541</b>
	Number, street, and room or suite no. if a P.O. box, see instructions. <b>1616 SUNSET BLVD</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HOLLYWOOD, CA 90028</b>	

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

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

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

- 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) **4169**. 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 **CITIZENS COMMISSION ON HUMAN RIGHTS ONLY**

- I request an additional 3-month extension of time until **NOVEMBER 15<sup>TH</sup>**, 20**03**
- For calendar year **2002**; or other tax year beginning \_\_\_\_\_, 20\_\_ and ending \_\_\_\_\_, 20\_\_
- If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- State in detail why you need the extension \_\_\_\_\_

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 \$ \_\_\_\_\_

**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 13 AUG '03

**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 \_\_\_\_\_

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)