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

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year 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 Group Exemption Number ▶

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

G Website: ▶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.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,435,207.

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	1,336,592.		
	b	Indirect public support	1b	949,517.		
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash $ 2,286,109. noncash $)			1d	2,286,109.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	70,999.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	302.
	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 sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less: cost or other basis and sales expenses — (A): ; (B): 470.	8b	470.		
	c	Gain or (loss) (attach schedule) — (A): ; (B): <470.>	8c	<470.>		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		STMT 2	8d	<470.>
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ [ ]				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a	56,552.		
	b	Less: cost of goods sold	10b	15,183.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		STMT 3	10c	41,369.
	11	Other revenue (from Part VII, line 103)			11	21,245.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	2,419,554.
Expenses	13	Program services (from line 44, column (B))			13	4,939,049.
	14	Management and general (from line 44, column (C))			14	294,907.
	15	Fundraising (from line 44, column (D))			15	326,841.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	5,560,797.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	<3,141,243.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	4,445,838.
	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	1,304,595.

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12-17-03 LHA **For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2003)

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash $ noncash $3367067.	22	3,367,067.	3,367,067.		STATEMENT 4
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	78,106.	49,293.	16,904.	11,909.
26 Other salaries and wages	26	345,219.	187,682.	92,422.	65,115.
27 Pension plan contributions	27				
28 Other employee benefits	28	7,890.	4,290.	2,112.	1,488.
29 Payroll taxes	29	35,368.	19,228.	9,469.	6,671.
30 Professional fundraising fees	30				
31 Accounting fees	31	6,679.		6,679.	
32 Legal fees	32	81,334.	8,318.	73,016.	
33 Supplies	33	55,329.	38,075.	12,454.	4,800.
34 Telephone	34	62,905.	34,199.	16,841.	11,865.
35 Postage and shipping	35	149,561.	124,888.	4,075.	20,598.
36 Occupancy	36	50,125.	39,077.	5,743.	5,305.
37 Equipment rental and maintenance	37	29,723.	23,807.	3,200.	2,716.
38 Printing and publications	38	397,273.	383,049.	7,365.	6,859.
39 Travel	39	60,124.	32,687.	16,096.	11,341.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	227,932.	178,289.	26,850.	22,793.
43 Other expenses not covered above (itemize):					
a BANK CHARGES	43a	25,768.	454.	1,386.	23,928.
b COMMISSIONS	43b	98,201.	52.		98,149.
c PROMOTION	43c	482,193.	448,594.	295.	33,304.
d	43d				
e	43e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	5,560,797.	4,939,049.	294,907.	326,841.

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 $)	129,808.
b	HOTLINE SERVICES: SEE STATEMENT 15. (Grants and allocations $)	61,632.
c	LEGISLATION: SEE STATEMENT 16. (Grants and allocations $)	87,496.
d	PUBLIC AWARENESS: SEE STATEMENT 17. (Grants and allocations $)	740,549.
e	Other program services (attach schedule) STATEMENT 5 (Grants and allocations $)	3,919,564.
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	4,939,049.

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Form **990** (2003)

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			166,871.	45	180,935.
46 Savings and temporary cash investments			54,486.	46	283,252.
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			54,141.	52	51,717.
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 6			4,500.	56	4,500.
57 a Land, buildings, and equipment basis	57a	1,335,428.			
b Less accumulated depreciation STMT 7	57b	549,936.	4,169,250.	57c	785,492.
58 Other assets (describe ▶ SEE STATEMENT 8)			3,223.	58	4,021.
59 **Total assets** (add lines 45 through 58) (must equal line 74)			4,452,471.	59	1,309,917.
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 9)			6,633.	65	5,322.
66 **Total liabilities** (add lines 60 through 65)			6,633.	66	5,322.
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			4,445,838.	72	1,304,595.
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)			4,445,838.	73	1,304,595.
74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			4,452,471.	74	1,309,917.

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.

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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
SEE STATEMENT 10		78,106.	0.	0.

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

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	SEE STATEMENT 11	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			
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? 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.	N/A	85b		
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 on line 85f?	N/A	85g		
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?	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, 2003	90b 33			
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 page 33 of the instructions.)

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a LICENSING FEES					14,124.
b ANNUAL AWARDS DINNER					56,875.
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	302.	
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	<470.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					41,369.
103 Other revenue:					
a COMMISSIONS					350.
b PROPERTY TAX REFUND					20,895.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		<168.>	133,613.
105 Total (add line 104, columns (B), (D), and (E)) ▶					133,445.

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 34 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 34 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
NONE	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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

▶ X [signature] Signature of officer — 14NOV04 Date — ▶ X SERENITY MACDONALD TREASURER Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	[signature] CPA	Date 11/14/04	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	

323161 12-17-03

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

2003

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	158,054.
PETER DOCKX 10610 WOODWARD AVE, SUNLAND, CA 91040	PUBLIC RELATIONS	53,702.
ELLIOT J. ABELSON 8491 W. SUNSET BLVD., #1100, W. HOLLYWOOD, 90069	LEGAL	69,866.
JOHN SPAGNOLA 675 S. GULF BLVD., #204, CLEARWATER, FL 33767	FUNDRAISING	54,981.
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
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 activities ▶ $ 111,910. $ 87,497. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38A VI-A, LINE 38B	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 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a		X
b Do you have a section 403(b) annuity plan for your employees?	3b		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

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

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

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

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

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

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,436,471.	3,407,972.	5,672,109.	2,392,904.	12,909,456.
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	152,560.	128,888.	116,953.	68,884.	467,285.
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	390.	2,049.	994.	1,725.	5,158.
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	2,177.	2,425.	SEE STATEMENT 13 4,335.	576.	9,513.
23 Total of lines 15 through 22	1,591,598.	3,541,334.	5,794,391.	2,464,089.	13,391,412.
24 Line 23 minus line 17	1,439,038.	3,412,446.	5,677,438.	2,395,205.	12,924,127.
25 Enter 1% of line 23	15,916.	35,413.	57,944.	24,641.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 258,483.

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 1999 through 2002 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 77,517.

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c 12,924,127.

d Add Amounts from column (e) for lines 18 5,158. 19 ______ 22 9,513. 26b 77,517. ▶ 26d 92,188.

e Public support (line 26c minus line 26d total) ▶ 26e 12,831,939.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 99.2867 %

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

(2002) (2001) (2000) (1999)

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

(2002) (2001) (2000) (1999)

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 1999 through 2002, 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	35,270.	32,247.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	76,640.	55,250.
38 Total lobbying expenditures (add lines 36 and 37)	38	111,910.	87,497.
39 Other exempt purpose expenditures	39	6,041,360.	5,473,299.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	6,153,270.	5,560,796.
41 Lobbying nontaxable amount. Enter the amount from the following table -	41	457,664.	428,040.
42 Grassroots nontaxable amount (enter 25% of line 41)	42	114,416.	107,010.
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.

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
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

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount	457,663.	281,092.	319,845.	290,740.	1,349,340.
46 Lobbying ceiling amount (150% of line 45(e))					2,024,010.
47 Total lobbying expenditures	76,640.	100,514.	60,803.	23,597.	261,554.
48 Grassroots nontaxable amount	114,416.	70,273.	79,961.	72,685.	337,335.
49 Grassroots ceiling amount (150% of line 48(e))					506,003.
50 Grassroots lobbying expenditures	35,270.	11,609.	27,278.	8,517.	82,674.

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

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	(D)BUILDING							
	123100	SL	39.50	16	3,017,734.		126,821.	0.
29	(D)BUILDING IMPROVEMENTS							
	123100	SL	39.50	16	50,776.		2,133.	0.
42	(D)BUILDING IMPROVEMENTS							
	070101	SL	39.50	16	430,961.		18,111.	0.
	* 990 PAGE 2 TOTAL BUILDINGS							
					3,499,471.	0.	147,065.	0.
	FURNITURE & FIXTURES							
8	FURNITURE & EQUIPMENT							
	123193	SL	5.00	16	1,009.		1,009.	0.
12	FURNITURE & EQUIPMENT							
	123195	SL	7.00	16	637.		637.	0.
14	FURNITURE & EQUIPMENT							
	040197	SL	5.00	16	14,997.		14,997.	0.
15	FURNITURE & EQUIPMENT							
	070198	SL	5.00	16	655.		590.	65.
16	FURNITURE & EQUIPMENT							
	070199	SL	5.00	16	22,962.		16,160.	4,592.
25	FURNITURE & EQUIPMENT							
	070100	SL	5.00	16	36,278.		18,140.	7,256.
38	FURNITURE & EQUIPMENT							
	070101	SL	5.00	16	600,705.		180,211.	120,141.
48	FURNITURE & EQUIPMENT							
	070102	SL	5.00	16	117,773.		11,777.	23,555.
51	FURNITURE & EQUIPMENT							
	070103	SL	5.00	16	211,711.			21,171.
52	(D)FURNITURE & EQUIPMENT							
	070101	SL	5.00	16	672.		202.	0.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					1,007,399.	0.	243,723.	176,780.
	LAND							
41	(D)LAND IMPROVEMENTS							
	070101	SL	5.00	16	20,945.		6,284.	0.
	* 990 PAGE 2 TOTAL LAND							
					20,945.	0.	6,284.	0.
	OTHER							
18	COMPUTER SOFTWARE							
	070196	SL	3.00	16	64.		64.	0.
20	COMPUTER SOFTWARE							
	070198	SL	3.00	16	490.		490.	0.
21	COMPUTER SOFTWARE							
	070199	SL	3.00	16	650.		650.	0.
26	SOFTWARE							
	050100	SL	3.00	16	1,735.		1,544.	191.
39	COMPUTER SOFTWARE							
	070101	SL	3.00	16	22,035.		11,018.	7,345.
49	COMPUTER SOFTWARE							
	070102	SL	3.00	16	1,191.		199.	397.

316261
05-01-03

- Current year section 179 (D) - Asset disposed

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
40	DISPLAY FIXTURES							
	070101	SL	7.00	16	300,357.		64,362.	42,908.
50	DISPLAY FIXTURES							
	070102	SL	7.00	16	2,179.		156.	311.
	* 990 PAGE 2 TOTAL OTHER							
					328,701.	0.	78,483.	51,152.
	* 990 PAGE 2 TOTAL -							
					4,856,516.	0.	475,555.	227,932.
	* GRAND TOTAL 990 PAGE 2 DEPR							
					4,856,516.	0.	475,555.	227,932.

316261
05-01-03

- 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
DISPOSAL OF FURNITURE AND EQUIPMENT	07/01/01	01/01/03	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	672.	0.	202.	<470.>
TO FM 990, PART I, LN 8		672.	0.	202.	<470.>

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

INCOME

1. GROSS RECEIPTS	56,552	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		56,552
4. COST OF GOODS SOLD (LINE 13)	15,183	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		41,369

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	54,141	
7. MERCHANDISE PURCHASED	12,759	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		66,900
12. INVENTORY AT END OF YEAR	51,717	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		15,183

FORM 990 NONCASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASS OF ACTIVITY	DONEE'S NAME	DONEE'S ADDRESS
EDUCATIONAL	SOCIAL BETTERMENT PROPERTIES INT'L	LOS ANGELES, CA

RELATIONSHIP OF DONEE	DESCRIPTION OF PROPERTY	DATE OF GIFT
N/A	BUILDING	12/02/03

METHOD USED TO DETERMINE BOOK VALUE

BOOK VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE	BOOK VALUE	AMOUNT GIVEN
BOOK VALUE	3,367,067.	3,367,067.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22		3,367,067.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PUBLICATIONS: SEE STATEMENT 18.		552,497.
GRANT OF PROPERTY TO EXEMPT ORGANIZATION:		3,367,067.
TOTAL TO FORM 990, PART III, LINE E		3,919,564.

FORM 990 OTHER INVESTMENTS STATEMENT 6

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 7

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.	655.	0.
FURNITURE & EQUIPMENT	22,962.	20,752.	2,210.
COMPUTER SOFTWARE	64.	64.	0.
COMPUTER SOFTWARE	490.	490.	0.
COMPUTER SOFTWARE	650.	650.	0.
FURNITURE & EQUIPMENT	36,278.	25,396.	10,882.
SOFTWARE	1,735.	1,735.	0.
FURNITURE & EQUIPMENT	600,705.	300,352.	300,353.
COMPUTER SOFTWARE	22,035.	18,363.	3,672.
DISPLAY FIXTURES	300,357.	107,270.	193,087.
FURNITURE & EQUIPMENT	117,773.	35,332.	82,441.
COMPUTER SOFTWARE	1,191.	596.	595.
DISPLAY FIXTURES	2,179.	467.	1,712.
FURNITURE & EQUIPMENT	211,711.	21,171.	190,540.
TOTAL TO FORM 990, PART IV, LN 57	1,335,428.	549,936.	785,492.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	AMOUNT
PAYROLL TAX REFUND RECEIVABLE	4,021.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	4,021.

FORM 990 OTHER LIABILITIES STATEMENT 9

DESCRIPTION	AMOUNT
SALES TAX PAYABLE	322.
DEPOSITS	0.
ACCOUNTS PAYABLE	5,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	5,322.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

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 STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	PRESIDENT 5.4 HRS/WEEK	2,776.	0.	0.
FRAN ANDREWS (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	VICE PRESIDENT 40 HRS/WEEK	15,240.	0.	0.
MARLA FILIDEI (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	VICE PRESIDENT 40 HRS/WEEK	15,040.	0.	0.
MYRA SEVERTSON (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	SECRETARY 40 HRS/WEEK	15,040.	0.	0.
JAN EASTGATE MEYER (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TRUSTEE 40 HRS/WEEK	14,970.	0.	0.
SERENITY MACDONALD (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TREASURER 40 HRS/WEEK	15,040.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		78,106.	0.	0.

FORM 990 STATEMENT CONCERNING LIQUIDATION, TERMINATION, ETC. - PART VI, LINE 79 STATEMENT 11

EXPLANATION

CONTRIBUTION OF PROPERTY TO ANOTHER EXEMPT ORGANIZATION.

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 SOLD TO PROMOTE EXEMPT PURPOSES.
103A	COMMISSIONS EARNED FROM OTHER EXEMPT ORGANIZATIONS.
103B	REFUND ON PROPERTY TAX.

SCHEDULE A OTHER INCOME STATEMENT 13

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
COMMISSIONS	2,177.	2,319.	4,335.	576.
SCRAP SALES	0.	106.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	2,177.	2,425.	4,335.	576.

2003 FORM 990, PART III
FEDERAL ID # 68-0005541
CITIZENS COMMISSIONS ON HUMAN RIGHTS
STATEMENT # 14

DESCRIPTION OF PROGRAM SERVICE ONE
INVESTIGATIONS:

IN 2003, RESEARCH AND INVESTIGATIVE WORK DONE BY THE CITIZENS COMMISSION ON HUMAN RIGHTS (CCHR) REVEALED APPROXIMATELY SEVENTEEN MILLION SCHOOL CHILDREN WORLDWIDE HAD BEEN DIAGNOSED WITH SPURIOUS MENTAL DISORDERS AND SUBSEQUENTLY PRESCRIBED COCAINE-LIKE STIMULANTS AND POWERFUL ANTIDEPRESSANTS WHICH HAVE SEVERE AND LIFE-THREATENING SIDE EFFECTS. CHILDREN HAD BEEN SUBJECTED TO DANGEROUS AND MIND-ALTERING DRUGS BASED SOLELY UPON THE DEFINITION OF MENTAL DISORDER AS DEFINED BY PSYCHIATRY'S *DIAGNOSTIC & STATISTICAL MANUAL OF MENTAL DISORDERS (DSM)*. THE DSM DISORDERS ARE BEHAVIORS WHICH ARE VOTED ON AS MENTAL DISORDERS BY PSYCHIATRISTS AND INSERTED INTO THE DSM MANUAL. AS NO MEDICAL TESTS EXIST WHICH CAN MEDICALLY SUBSTANTIATE THE EXISTENCE OF SUCH DISORDERS, CHILDREN HAVE BEEN PLACED ON DANGEROUS DRUGS WITHOUT ANY EVIDENCE OF PHYSICAL ABNORMALITY OR DISEASE. CCHR FOUND MANY INSTANCES WHERE CHILDREN HAD BEEN MIS-DIAGNOSED AS MENTALLY DISORDERED WHEN IN FACT THEY HAD AN UNDETECTED MEDICAL CONDITION SUCH AS ALLERGIES, TOXINS, OR OTHER TREATABLE CONDITIONS. OTHER CHILDREN WERE FOUND TO BE SIMPLY IN NEED OF ACADEMIC SOLUTIONS SUCH AS STANDARD PHONICS OR READING INSTRUCTION. THESE CHILDREN MERELY SUFFERED FORMS OF ACADEMIC PROBLEMS THAT COULD EASILY BE ADDRESSED WITHOUT A STIGMATIZING PSYCHIATRIC LABEL OR HARMFUL PSYCHIATRIC DRUGS.

TO ADDRESS THE ISSUE OF WASTED GOVERNMENT FUNDING ON MENTAL HEALTH PROGRAMS THAT SHOWED NO REAL BENEFIT TO PATIENTS YET CAUSED SERIOUS INJURY AND HARM TO PATIENTS, CCHR PRODUCED ITS REPORT: *THE REAL CRISIS IN MENTAL HEALTH*. WRITTEN FOR LEGISLATORS, POLICY MAKERS, COMMUNITY LEADERS AND OTHERS CONCERNED WITH PUBLIC POLICY AND FUNDING, THE REPORT PROVIDES AN IN-DEPTH ANALYSIS OF FAILED MENTAL HEALTH PROGRAMS AND OFFERS SOLUTIONS TO SUCH FAILED PROGRAMS. CCHR ALSO PRODUCED A REPORT ON PSYCHIATRIC HEALTH CARE FRAUD FOR INSURERS ENTITLED *SKYROCKETING MENTAL HEALTH COSTS – A MATTER OF FRAUD*, FOR HEALTH INSURANCE INDUSTRY LEADERS AND EMPLOYEES ON THE FRAUD OF PSYCHIATRY AND ITS TREATMENTS AND DIAGNOSTIC METHODS AND TOOLS SUCH AS THE *DSM*. BOTH PUBLICATIONS OFFER RECOMMENDATIONS INCLUDING ESTABLISHING RIGHTS FOR PATIENTS AND THEIR INSURANCE COMPANIES TO DEMAND REFUNDS FOR ANY MENTAL HEALTH TREATMENT THAT DID NOT ACHIEVE A PROMISED RESULT OR IMPROVEMENT, OR WORSE, RESULTED IN HARM OR DEATH.

CCHR ALSO ASSISTED PARENTS AND OTHERS WHO CONTACTED CCHR IN ORDER TO RECORD STATEMENTS ABOUT PSYCHIATRIC ABUSE AND TO FILE OFFICIAL COMPLAINTS. CCHR DOCUMENTED THE CASE OF A MOTHER WHO HAD BEEN COERCED BY SCHOOL AND SOCIAL SERVICES OFFICIALS TO DRUG HER SON OR LOSE CUSTODY OF HIM, ONLY TO LATER DISCOVER HE WAS SUFFERING FROM

MEDICAL PROBLEMS CAUSED BY CARBON MONOXIDE POISONING. CCHR ASSISTED THIS MOTHER IN FILING COMPLAINTS WITH THE APPROPRIATE OFFICIALS.

IN ANOTHER CASE CCHR FILED COMPLAINTS ON BEHALF OF A MOTHER WHOSE YOUNG DAUGHTER HAD BEEN COERCED TO TAKE PART IN A PSYCHOLOGICAL STUDY THROUGH HER SCHOOL. CCHR ASSISTED THIS MOTHER IN FILING COMPLAINTS TO SEVERAL CIVIL RIGHTS AGENCIES, ONE OF WHOM ACCEPTED HER CASE FOR FURTHER INVESTIGATION AND FUTURE LITIGATION.

IN ANOTHER INSTANCE, A CHICAGO BOY WAS PLACED IN SPECIAL EDUCATION CLASSES AFTER HIS MOTHER WAS PRESSURED BY SCHOOL PERSONNEL TO TAKE HIM TO A PSYCHIATRIST BECAUSE THE BOY WOULD ASK QUESTIONS OR TALK IN CLASS. THE PSYCHIATRIST LABELED THE BOY WITH AN EMOTIONAL DISORDER AND EACH TIME A NEW TEACHER OR SCHOOL SAW THIS IN HIS EDUCATIONAL RECORDS HE WOULD BE PLACED IN SPECIAL EDUCATION. THE MOTHER DISAGREED WITH THE DIAGNOSES AS HER SON WAS A VERY BRIGHT AND ARTISTICALLY GIFTED CHILD. AS A RESULT OF THE PSYCHIATRIC LABEL, HER SON WAS BARRED FROM ATTENDING THE ACADEMIC PROGRAMS AND SCHOOLS FOR THE ARTS. THE MOTHER CONTACTED CCHR AND SHE WAS IMMEDIATELY EDUCATED ON HER PARENTAL RIGHTS AND THE INFORMATION NEEDED TO BATTLE THE FRAUDULENT LABEL GIVEN HER SON. ARMED WITH THIS INFORMATION SHE NEXT CONTACTED SCHOOL AUTHORITIES AND HER CONGRESSMAN TO DEMAND THE REMOVAL OF THE PSYCHIATRIC LABEL FROM HER SON'S RECORDS. SUBSEQUENTLY HE WAS TAKEN OUT OF SPECIAL EDUCATION, THE PSYCHIATRIC LABEL WAS REMOVED, AND THE BOY WAS PLACED IN A MORE CHALLENGING ACADEMIC PROGRAM WHERE HE FLOURISHED AS A STUDENT. THE BOY SENT CCHR AN EMAIL SAYING, "THANK YOU FOR HELPING ME!!!!

CCHR ALSO INITIATED NEW INVESTIGATIONS INTO 26 DEATHS OF CHILDREN AND ADULTS, EXPANDING ON LAST YEAR'S RESEARCH IN TO 56 CHILDREN WHO DIED AS A RESULT OF PSYCHIATRIC "CARE." THESE INVESTIGATIONS REVEALED THAT:

*9 DEATHS OF ADULTS AND CHILDREN WERE CAUSED BY TOXIC REACTIONS TO PSYCHIATRIC DRUGS INCLUDING HEART AND KIDNEY FAILURE.
*8 ADULTS COMMITTED SUICIDE WHILE UNDERGOING PSYCHIATRIC TREATMENTS INCLUDING DRUGS AND THERAPY WHICH MADE THEM WORSE.
*4 DEATHS WERE DUE TO MISDIAGNOSIS OF PHYSICAL ILLNESSES OR CONDITIONS. THESE INCLUDED A YOUNG WOMAN MISDIAGNOSED AS BIPOLAR WHEN SHE HAD A BRAIN CYST AND A YOUNG BOY MISDIAGNOSED WITH ADHD WHO HAD A BRAIN TUMOR. IN BOTH CASES MEDICAL DIAGNOSIS AND TREATMENT CAME TOO LATE TO SAVE THEIR LIVES.
*3 DEATHS WERE FROM GROSS NEGLIGENCE OR UNKNOWN CAUSES WHILE PEOPLE WERE IN PSYCHIATRIC PROGRAMS.
*2 DEATHS WERE FROM PATIENTS DYING WHILE IN RESTRAINTS AND SECLUSION.

AS PART OF ITS CONTINUING RESEARCH INTO CRIMINAL CONDUCT IN THE MENTAL HEALTH INDUSTRY, CCHR DOCUMENTED THE CRIMINAL CONVICTIONS AND SENTENCES OF 92 PSYCHIATRISTS AND OTHER MENTAL HEALTH PROFESSIONALS. 40 OF THESE WERE SEX OFFENSES (24 OF WHICH WERE AGAINST CHILDREN); 16 WERE FOR FRAUD; 14 WERE FOR MURDER OR MANSLAUGHTER AND 7 WERE FOR DRUG-RELATED CHARGES.

CCHR ALSO DOCUMENTED THE SUSPENSION OR REVOCATION OF 106 PROFESSIONAL LICENSES OF PSYCHIATRISTS, PSYCHOLOGISTS AND OTHER MENTAL HEALTH PROFESSIONALS. 38% OF THESE WERE FOR INAPPROPRIATE RELATIONSHIPS WITH OR ABUSES OF PATIENTS, (27% WERE FOR SEXUAL RELATIONSHIPS AND ABUSES); 14% WERE FOR FRAUD CONVICTIONS AND ANOTHER 10% WERE FOR SUBSTANCE ABUSE OR OTHER DRUG-RELATED CONVICTIONS OR VIOLATIONS.

TO WIDELY EXPOSE THESE CRIMES, CCHR BEGAN PUBLISHING THE *COMMISSIONERS' FRAUD REPORT*, A BRIEF NEWSLETTER EXPOSING THE CRIMINAL CONVICTIONS OF PSYCHIATRISTS AND PSYCHOLOGISTS. IN 2003, THREE ISSUES WERE PRODUCED WITH APPROXIMATELY 1,200 REPORTS DISTRIBUTED TO INDIVIDUALS OF THE ATTORNEY GENERAL MEDICAID FRAUD CONTROL UNIT, UNITED STATES ATTORNEY, DISTRICT ATTORNEY AND PRIVATE HEALTH INSURANCE COMPANY FRAUD INVESTIGATION UNITS.

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CITIZENS COMMISSIONS ON HUMAN RIGHTS
STATEMENT # 15

DESCRIPTION OF PROGRAM SERVICE TWO
HOTLINE AND INFORMATION REQUESTS:

CCHR'S TOLL-FREE HOTLINE PROVIDES A VITAL AVENUE WITH WHICH TO PROVIDE INFORMATION AND ASSISTANCE TO THE PUBLIC. MANY CALLS ARE IN RESPONSE TO CCHR'S FREE PUBLICATIONS, PUBLIC SERVICE ANNOUNCEMENTS AIRED ON THE RADIO AND NEWSPAPERS, ADVERTISEMENTS, FLYERS, MEDIA ARTICLES, OR TV AND RADIO SHOWS ABOUT CCHR'S ACTIVITIES AND SERVICES AS A PUBLIC AWARENESS MENTAL HEALTH WATCHDOG.

IN 2003, MORE THAN 1,800 INDIVIDUALS AND GROUPS WERE PROVIDED WITH INFORMATION AND ASSISTANCE THROUGH THIS HOTLINE SERVICE. CCHR PROVIDED CALLERS WITH FREE PUBLICATIONS, MEDIA ARTICLES, MEDICAL STUDIES, FLYERS, WHITE PAPERS, BOOKS AND STATISTICS RELATING TO MENTAL HEALTH AND PSYCHIATRIC ABUSE. AS A RESULT, THOUSANDS MORE HAVE BEEN ENLIGHTENED ON SUCH IMPORTANT TOPICS AS THE UNSCIENTIFIC NATURE OF PSYCHIATRIC DIAGNOSES, THE SHOCKING AMOUNT OF CHILD DEATHS THAT HAVE RESULTED FROM PSYCHIATRIC DRUGS AND RESTRAINTS, THE FRAUDULENT LABELING AND DRUGGING OF CHILDREN, THE HORRIBLE, YET LITTLE KNOWN EFFECTS OF PSYCHIATRIC DRUGS AND TREATMENTS, AND THE FACT THAT THERE ARE NUMEROUS DRUG-FREE SOLUTIONS TO HANDLING SO-CALLED BEHAVIOR PROBLEMS.

THE HOTLINE ALSO ALLOWED THE PUBLIC TO EASILY CONTACT CCHR AND REPORT CASES OF PSYCHIATRIC ABUSE AND FRAUD, AND/OR BE DIRECTED TO THEIR LOCAL CHAPTER FOR ASSISTANCE. AS A RESULT, CCHR WAS ABLE TO PROVIDE THOSE CALLERS WITH NEEDED INFORMATION TO SAFEGUARD THEIR RIGHTS AND ASSIST THOSE WHO WERE SEEKING RECOURSE FOR PSYCHIATRIC ABUSE, TO PREPARE OFFICIAL COMPLAINTS TO REPORT TO THE PROPER AUTHORITIES. THROUGH THIS HOTLINE CCHR WAS ALSO ABLE TO ENSURE THAT CALLERS WERE AWARE OF ALL POSSIBLE AVENUES OF RECOURSE.

ANOTHER IMPORTANT ASPECT OF CCHR'S ACTIVITIES IS ITS PUBLIC EDUCATION CAMPAIGN, BROUGHT ABOUT IN LARGE PART THROUGH FREE PUBLICATIONS PRODUCED AND DISTRIBUTED IN 17 LANGUAGES TO OVER 22 COUNTRIES. IN 2003, A TOTAL OF 168,866 PUBLICATIONS WERE SENT FROM CCHR INTERNATIONAL TO GROUPS AND INDIVIDUALS ACROSS THE GLOBE.

IN PARTICULAR, A NEW PUBLICATION ENTITLED, "THE REAL CRISIS IN MENTAL HEALTH" WAS WRITTEN AND PUBLISHED, WITH OVER 16,000 COPIES OF THE BOOKLET DISTRIBUTED INTERNATIONALLY DURING THE YEAR 2003.

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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 THE SCHOOLS. AS A RESULT, 15 STATES INTRODUCED 24 BILLS AND/OR RESOLUTIONS IN 2003 CURBING THE LABELING AND DRUGGING OF SCHOOL CHILDREN OR PROTECTING PARENTS FROM BEING CHARGED WITH MEDICAL NEGLECT OR ABUSE IF THEY REFUSED TO DRUG THEIR CHILD. FIVE OF THESE STATE BILLS WERE SIGNED INTO LAW. IN ADDITION, A U.S. FEDERAL BILL CALLED THE CHILD MEDICATION SAFETY ACT WAS INTRODUCED AND PASSED BY THE HOUSE OF REPRESENTATIVES TO STOP SCHOOL PERSONNEL FROM COERCING PARENTS TO PUT THEIR CHILDREN ON PSYCHOTROPIC DRUGS AS A REQUISITE FOR ATTENDING SCHOOL. THE NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE (NAACP) PASSED A RESOLUTION SUPPORTING THE FEDERAL CHILD MEDICATION SAFETY ACT.

THE FIVE STATE BILLS SIGNED INTO LAW IN 2003 WERE THE FOLLOWING:

COLORADO, HB 1172 – A LAW REQUIRING SCHOOL BOARDS TO ADOPT A POLICY PROHIBITING SCHOOL PERSONNEL FROM RECOMMENDING OR REQUIRING THE USE OF A PSYCHOTROPIC DRUG FOR ANY STUDENT.

OREGON, SB 456 – A LAW WHICH FORBIDS SCHOOL PERSONNEL FROM RECOMMENDING A STUDENT SEEK A PRESCRIPTION FOR A MEDICATION THAT IS PRESCRIBED WITH THE INTENT OF AFFECTING OR ALTERING THE THOUGHT PROCESSES, MOOD OR BEHAVIOR OF THE STUDENT.

TEXAS, HB 1406 – A LAW STATING A SCHOOL DISTRICT EMPLOYEE MAY NOT RECOMMEND THE USE OF A PSYCHOTROPIC DRUG OR SUGGEST ANY PARTICULAR DIAGNOSIS, OR USE REFUSAL BY A PARENT TO CONSENT TO ADMINISTRATION OF A PSYCHOTROPIC DRUG OR PSYCHIATRIC EVALUATION FOR A STUDENT AS GROUNDS FOR PROHIBITING THE CHILD FROM ATTENDING CLASS OR A SCHOOL-RELATED ACTIVITY.

TEXAS, HB 320 – A LAW THAT MAKES IT CLEAR THAT A PARENT'S REFUSAL TO CONSENT TO A PSYCHIATRIC EVALUATION, TREATMENT OR DRUG FOR A CHILD DOES NOT CONSTITUTE MEDICAL NEGLECT; HENCE NO GROUNDS FOR A CHILD PROTECTIVE SERVICES (CPS) INVESTIGATION.

UTAH, SB 208 - A LAW THAT PROHIBITS A STATE OR PEACE OFFICER OR CHILD WELFARE WORKER FROM BEING ABLE TO REMOVE A MINOR FROM HIS OR HER SCHOOL OR HOME—WITH OR WITHOUT A WARRANT OR COURT ORDER—UNLESS THE MINOR'S PARENT OR GUARDIAN CONSENTS. IT ALSO RESCINDS PRIOR LAW THAT PERMITTED A CHILD TO BE REMOVED FROM A HOME FOR "EDUCATIONAL NEGLECT."

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DESCRIPTION OF PROGRAM SERVICE FOUR
PUBLIC AWARENESS:

HOUSED AT THE INTERNATIONAL HEADQUARTERS OF THE CITIZENS COMMISSION ON HUMAN RIGHTS, IS A PERMANENT PUBLIC AWARENESS EXHIBITION ENTITLED, "PSYCHIATRY KILLS." THIS EXHIBIT IS A GRAPHIC DOCUMENTARY STYLE EXPOSÉ WHICH PROVIDES VIEWERS WITH AN IN-DEPTH 300-YEAR HISTORY OF THE TRUE BEGINNINGS OF PSYCHIATRY, THEIR FAILURES, INVENTIONS, "TREATMENTS," AND PRESENT-DAY HARM BEING INFLICTED UPON SOCIETY. IT EXPOSES NUMEROUS ASPECTS AND HISTORICAL PERSPECTIVES ON PSYCHIATRIC ABUSE, FROM THE BIRTH OF ELECTROSHOCK AND PSYCHOSURGERY TO THE CURRENT EPIDEMIC OF THE PSYCHIATRIC LABELING AND DRUGGING OF MILLIONS OF CHILDREN WORLDWIDE. DURING THE YEAR 2003, 4,310 LEGISLATORS, HUMAN RIGHTS ACTIVISTS, RELIGIOUS LEADERS, DOCTORS, MEDIA, PARENTS, ARTISTS AND OTHERS TOURED THE EXHIBIT.

THIS FREE PUBLIC AWARENESS EXHIBIT HAS RESULTED IN THE PUBLIC BECOMING INFORMED ABOUT MENTAL HEALTH ABUSES AND THEIR RIGHTS RELATING TO THESE ABUSES; IT HAS PROVIDED THE PUBLIC WITH AN OPPORTUNITY TO REPORT CASES OF PSYCHIATRIC ABUSE AND FRAUD DIRECTLY TO CCHR INTERNATIONAL; AND IT HAS ALSO HELPED TO CREATE ALLIANCES WITH LIKE-MINDED INDIVIDUALS AND GROUPS, WHO BECAME INTERESTED IN WORKING WITH CCHR TO EXPOSE THESE ABUSES IN THEIR SPHERES OF INFLUENCE. THE EXHIBIT ALSO CONTAINS A SECTION THAT DISPLAYS NUMEROUS FREE CCHR PUBLICATIONS. THESE PUBLICATIONS ARE MADE AVAILABLE AND TAKEN BY THE PUBLIC TO USE FOR THEIR OWN DISTRIBUTION TO FURTHER EDUCATE OTHERS ABOUT PSYCHIATRIC ABUSE AND FRAUD.

THE EXHIBIT WAS ALSO UTILIZED TO EDUCATE MORE THAN 355 COLLEGE STUDENTS, SPECIALIZING IN THE FIELDS OF NURSING AND PSYCHOLOGY, FROM 18 DIFFERENT SCHOOLS/CLASSES, SUCH AS: CONCORDE CAREER INSTITUTE NURSING SCHOOL, MARIAN COLLEGE, CALIFORNIA CAREER COLLEGE, LOS ANGELES JOB CORPS, OCCIDENTAL COLLEGE, PACIFIC COLLEGE OF NURSING, POINT LOMA NAZARENE COLLEGE, CASA LOMA COLLEGE AND UNITED EDUCATION INSTITUTE.

FOLLOWING THE RESOUNDING SUCCESS OF CCHR'S PERMANENT EXHIBITION, "PSYCHIATRY KILLS", AND DUE TO POPULAR DEMAND, CCHR INTERNATIONAL PRODUCED SIX TRAVELING EXHIBITS ENTITLED "PSYCHIATRY EXPOSED," FULLY MOBILE EXHIBITS, THAT WHEN DISPLAYED, REVEAL A CONDENSED VERSION OF CCHR'S PERMANENT EXHIBITION. PRODUCED IN ENGLISH, SPANISH, FRENCH, ITALIAN, GERMAN AND JAPANESE. MORE THAN 35,000 PEOPLE TOURED THE EXHIBITS IN SUCH CITIES AS MEXICO CITY, MEXICO; LOS ANGELES, CALIFORNIA; MIAMI, FLORIDA; HARLEM, NEW YORK; ROME, ITALY; FLORENCE, ITALY; PARIS, FRANCE; TOKYO, JAPAN; MUNICH, GERMANY AND HAMBURG, GERMANY.

THROUGH THESE EXHIBITS, CCHR WAS ABLE TO INFORM LEGISLATORS, PHYSICIANS, ACTIVISTS, ARTISTS, EDUCATORS, PARENTS, STUDENTS AND OTHERS ABOUT

PSYCHIATRIC ABUSE AND THE SOLUTIONS TO THESE ABUSES. IN TURN, THESE INDIVIDUALS WERE ABLE TO ENLIST CCHR'S ASSISTANCE IN DRAFTING LEGISLATION AND RESOLUTIONS FOR THEIR RESPECTIVE AREAS TO STOP THE PSYCHIATRIC LABELING AND DRUGGING OF CHILDREN. THEY ALSO RECEIVED VITAL INFORMATION IN THE FORM OF PUBLICATIONS AND BROCHURES TO ASSIST THEM IN THEIR LINE OF WORK, AND RECEIVED ASSISTANCE FROM CCHR IN REPORTING CASES OF PSYCHIATRIC ABUSE AND FRAUD TO THE PROPER AUTHORITIES.

NOTABLE EVENTS/VENUES THAT THE EXHIBITS WERE DISPLAYED AT INCLUDED: THE NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE (NAACP) ANNUAL CONVENTION IN MIAMI, FLORIDA; THE GEORGIA STATE CAPITOL BUILDING; THE FLORIDA FAMILY PHYSICIANS CONFERENCE; THE FEDERAL HOUSE OF REPRESENTATIVES IN MEXICO CITY, MEXICO; CASA DE LA CULTURA (THE CULTURE HOUSE) IN MONTERREY, MEXICO; AS WELL AS OPEN PLAZAS ALL THROUGHOUT EUROPE AND JAPAN.

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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.

Citizens Commission on Human Rights
Lobbying Expenditures
Affiliated Group Members
Form 990, Schedule A, Part VI-A, for the year 2003

Group Member Address	Grassroots Lobbying	Direct Lobbying	Other Exempt Purpose Expenditures	Lobbying Nontaxable	Grassroots Nontaxable
68-0005541 Citizens Commission on Human Rights 6616 Hollywood Blvd Los Angeles, CA 90028	32,246.00	55,250.00	5,473,299.00	428,039.75	107,009.94
74-2683124 Citizens Commission on Human Rights 403 E Ben White Blvd. Austin, Texas 78704	1,890.10	1,631.55	167,634.86	34,231.30	8,557.83
36-3688416 Citizens Commission on Human Rights 428 Greenbriar Dr. Chicago, IL 60139	0.00	0.00	655.00	131.00	32.75
59-2973520 Citizens Commission on Human Rights 305 N. Fort Harrison Ave. Clearwater, FL 33755-3923	0.00	0.00	118,305.80	23,661.16	5,915.29
84-1358039 Citizens Commission on Human Rights PMB #516, 303 S Broadway, Suite 200 Denver, CO 80209	0.00	3,500.00	9,407.09	2,581.42	645.35
06-1435334 Citizens Commission on Human Rights 256 Brainard Hill Rd Higganum, CT 06441	0 00	0.00	421.70	84.34	21.09
95-4680716 Citizens Commission on Human Rights P.O. Box 29754 Los Angeles, CA 90029-0754	0.00	8,491 27	118,986.65	25,495.58	6,373.90
38-3430811 Citizens Commission on Human Rights 18125 Greenfield Rd Clinton Township, MI 48038	0.00	0.00	10.00	2.00	0.50
91-1938843 Citizens Commission on Human Rights 1112 Boylston St, PMB 213 Boston, MA 02215	0.00	0.00	10,753.62	2,150.72	537.68
56-1929853 (Carolinas) Citizens Commission on Human Rights 3208 McLendon Rd Matthews, NC 28104	0.00	0.00	0.00	0.00	0.00
33-0631999 (Orange County) Citizens Commission on Human Rights P O. Box 984 Tustin, CA 92781-0984	0.00	0.00	7,520.02	1,504.00	376.00

Citizens Commission on Human Rights
Lobbying Expenditures
Affiliated Group Members
Form 990, Schedule A, Part VI-A, for the year 2003

Group Member Address	Grassroots Lobbying	Direct Lobbying	Other Exempt Purpose Expenditures	Lobbying Nontaxable	Grassroots Nontaxable
94-3102568 (Oregon) Citizens Commission on Human Rights P O. Box 8842 Portland, OR 97207	139.60	0.00	6,772.75	1,382.47	345 62
74-2548468 Citizens Commission on Human Rights 722 E Flynn Ln Phoenix, AZ 85020	500.35	550.38	5,843.15	1,378.78	344 69
94-3309544 Citizens Commission on Human Rights 926 J Street, Suite 519 Sacramento, CA 95814	0 00	475.00	2,353.00	565.60	141.40
94-3109471 Citizens Commission on Human Rights 300 Lenora St #B252 Seattle, WA 98121-2400	455.00	1,174.00	39,967.00	8,319.20	2,079.80
77-0389584 (South Bay) Citizens Commission on Human Rights P.O. Box 10428 San Jose, CA 95157-1428288	0.00	150.00	8,736.75	1,777.35	444.34
43-1630660 Citizens Commission on Human Rights P.O. Box 24222 St Louis, MO 63130-0222	4.00	628.86	31,144.11	6,355.39	1,588.85
87-0516153 (Utah) Citizens Commission on Human Rights Po Box 521384 Salt Lake City, UT 84152-1384	35.00	4,759.67	33,345.91	7,628.12	1,907.03
77-0502618 (Ventura County) Citizens Commission on Human Rights 3600 S. Harbor Blvd PMB69 Oxnard, CA 93035	0.00	0.00	1,072.95	214.59	53.65
52-1842070 Citizens Commission on Human Rights 1701 20TH ST. N.W. Washington, D C 20009	0.00	0.00	0.00	0.00	0.00
91-2088078 (San Francisco North Bay) Citizens Commission on Human Rights 500 E Remington, Ste B15 Sunnyvale, CA 94087	0.00	0.00	440.17	88.03	22.01

Citizens Commission on Human Rights
Lobbying Expenditures
Affiliated Group Members
Form 990, Schedule A, Part VI-A, for the year 2003

Group Member Address	Grassroots Lobbying	Direct Lobbying	Other Exempt Purpose Expenditures	Lobbying Nontaxable	Grassroots Nontaxable
88-0482800 (Nevada) Citizens Commission on Human Rights P O Box 46993 Las Vegas, NV 89103	0.00	0.00	2,136.00	427.20	106.80
41-1990772 (Minnesota) Citizens Commission on Human Rights PO Box 141191 Minneapolis, MN 55414-1191	0.00	28.83	2,553.99	516.56	129.14
TOTALS	35,270.05	76,639.56	6,041,359.52	457,663.46	114,415.86

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

Form **4562** Department of the Treasury Internal Revenue Service

Depreciation and Amortization 990
(Including Information on Listed Property)
▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172 **2003** 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	100,000.
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	400,000.
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 the 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 2002 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 2004. 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	227,932.

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 2003	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 2003 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 2003 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	227,932.
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:								
		%				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 2003 tax year:					
43 Amortization of costs that began before your 2003 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: 68:0005541
Number, street, and room or suite no If a P.O. box, see instructions: 6616 Sunset Blvd
City, town or post office, state, and ZIP code. For a foreign address, see instructions: Hollywood, 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) 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 will cover. Citizens Commission on Human Rights only

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until Aug 15th , 20 04 to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ ☑ calendar year 20 03 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 ▶ Title ▶ Treasurer Date ▶ 4 May 04

- 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) 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

4 I request an additional 3-month extension of time until November 15th , 20 04 .

5 For calendar year 2003 , 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 Form 990.

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 ▶ Title ▶ Treasurer Date ▶ 12 Aug 04

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)