

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

2004Open to Public
Inspection**A For the 2004 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**☒ 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 ☒ 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

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) ☒ 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 ▶ **2,547,491.****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	1,563,483.			
	b	Indirect public support	1b	555,832.			
	c	Government contributions (grants)	1c				
	d	Total (add lines 1a through 1c) (cash \$ 2,118,815. noncash \$ 500.)	1d	2,119,315.			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	82,820.			
	3	Membership dues and assessments	3				
	4	Interest on savings and temporary cash investments	4	211.			
	5	Dividends and interest from securities	5				
	6a	Gross rents	6a				
	6b	Less: rental expenses	6b				
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe ▶)	7					
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	294,122.	8a	(B) Other	17,804.
	b	Less: cost or other basis and sales expenses	299,961.	8b	4,830.		
	c	Gain or (loss) (attach schedule)	<5,839.>	8c	12,974.		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 2	STMT 3	8d	7,135.	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
	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		
	10a	Gross sales of inventory, less returns and allowances	10a	31,750.			
	b	Less: cost of goods sold	10b	9,256.			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	STMT 4	10c	22,494.		
	Net Assets	11	Other revenue (from Part VII, line 103)	11	1,469.		
12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,233,444.			
13		Program services (from line 44, column (B))	13	1,739,459.			
14		Management and general (from line 44, column (C))	14	271,498.			
15		Fundraising (from line 44, column (D))	15	359,428.			
16		Payments to affiliates (attach schedule)	16				
17		Total expenses (add lines 13 and 14, column (A))	17	2,370,385.			
18		Excess or (deficit) for the year (subtract line 17 from line 12)	18	<136,941.>			
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,304,595.				
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	1,167,654.				

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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 \$ <u>3,993.</u> noncash \$ _____)	22 3,993.	3,993.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 100,270.	61,031.		15,174.
26 Other salaries and wages	26 474,346.	243,544.		89,251.
27 Pension plan contributions	27			
28 Other employee benefits	28 15,001.	7,702.	4,476.	2,823.
29 Payroll taxes	29 54,029.	27,740.	16,123.	10,166.
30 Professional fundraising fees	30			
31 Accounting fees	31 17.		17.	
32 Legal fees	32 33,148.	31,640.	1,508.	
33 Supplies	33 50,241.	33,006.	12,186.	5,049.
34 Telephone	34 50,168.	25,758.	14,971.	9,439.
35 Postage and shipping	35 114,989.	99,667.	3,384.	11,938.
36 Occupancy	36 43,836.	33,806.	6,057.	3,973.
37 Equipment rental and maintenance	37 37,603.	29,041.	5,542.	3,020.
38 Printing and publications	38 461,297.	455,794.	670.	4,833.
39 Travel	39 51,081.	46,528.	1,694.	2,859.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 246,774.	184,932.	37,411.	24,431.
43 Other expenses not covered above (itemize):				
a BANK CHARGES	43a 29,775.	401.	1,233.	28,141.
b COMMISSIONS	43b 115,736.			115,736.
c PROMOTION	43c 488,081.	454,876.	610.	32,595.
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 2,370,385.	1,739,459.	271,498.	359,428.

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 \$ _____)		164,313.
b HOTLINE SERVICES:		
SEE STATEMENT 15.		
(Grants and allocations \$ _____)		70,456.
c LEGISLATION:		
SEE STATEMENT 16.		
(Grants and allocations \$ _____)		112,813.
d PUBLIC AWARENESS:		
SEE STATEMENT 17.		
(Grants and allocations \$ _____)	1,997.	756,162.
e Other program services (attach schedule) STATEMENT 6	(Grants and allocations \$ 1,996.)	635,715.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		1,739,459.

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	180,935.	45	319,791.
	46 Savings and temporary cash investments	283,252.	46	201,147.
	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	51,717.	52	48,251.
	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 1,382,735.			
b Less: accumulated depreciation	STMT 8 57b 794,048.	785,492.	57c	588,687.
58 Other assets (describe SEE STATEMENT 9)	4,021.	58	10,905.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,309,917.	59	1,173,281.	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe SEE STATEMENT 10)	5,322.	65	5,627.
66 Total liabilities (add lines 60 through 65)	5,322.	66	5,627.	
Net Assets or Fund Balances	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	1,304,595.	72	1,167,654.
	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)	1,304,595.	73	1,167,654.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,309,917.	74	1,173,281.	

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
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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
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Part III		Total expenses and losses per audited financial statements	
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.)	
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[illegible]

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

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> 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? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount 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	90b	37
b	Number of employees employed in the pay period that includes March 12, 2004		
91	The books are in care of SERENITY MACDONALD Telephone no. 323-467-4242		

Located at 6616 SUNSET BLVD., LOS ANGELES, CAZIP + 4 9002892 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 year92N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	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	
93 Program service revenue:					
a LICENSING FEES					18,520.
b ANNUAL AWARDS DINNER					64,300.
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	211.	
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	7,135.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					22,494.
103 Other revenue:					
a COMMISSIONS					264.
b PROPERTY TAX REFUND					1,205.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		7,346.	106,783.
105 Total (add line 104, columns (B), (D), and (E))					114,129.

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 9870 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	Date
Paid Preparer's Use Only	Signature of preparer	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	Preparer's SSN or PTIN
EIN		Phone no.

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

2004

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68 0005541

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

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

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

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SAM BRUNELLI		
15462 GULF BLVD., #508, ST. PETERSBERG, FL 33708	PUBLIC RELATIONS	115,708.
PETER DOCKX		
10610 WOODWARD AVE., SUNLAND, CA 91040	PUBLIC RELATIONS	54,205.
PAT FREY DBA CREATIVE PRODUCTIONS UNLIMITED		
1543 HILL DRIVE, LOS ANGELES, CA 90041	EVENT PRODUCTION	60,075.
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 ► \$ <u>135,241.</u> \$ <u>112,813.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38A VI-A, LINE 38B 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	
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 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

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

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,286,109.	1,436,471.	3,407,972.	5,672,109.	12,802,661.
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	127,551.	152,560.	128,888.	116,953.	525,952.
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	302.	390.	2,049.	994.	3,735.
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	21,245.	2,177.	SEE STATEMENT 13 2,425.	4,335.	30,182.
23 Total of lines 15 through 22	2,435,207.	1,591,598.	3,541,334.	5,794,391.	13,362,530.
24 Line 23 minus line 17	2,307,656.	1,439,038.	3,412,446.	5,677,438.	12,836,578.
25 Enter 1% of line 23	24,352.	15,916.	35,413.	57,944.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					256,732.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					12,836,578.
d Add: Amounts from column (e) for lines: 18 <u>3,735.</u> 19 <u> </u>					
22 <u>30,182.</u> 26b <u> </u>					33,917.
e Public support (line 26c minus line 26d total)					12,802,661.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					99.7358%
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					
(2003) (2002) (2001) (2000)					
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					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u>					
17 <u> </u> 20 <u> </u> 21 <u> </u>					27c <u>N/A</u>
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					27d <u>N/A</u>
e Public support (line 27c total minus line 27d total)					27e <u>N/A</u>
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) N/A					27f <u>N/A</u>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g <u>N/A</u> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h <u>N/A</u> %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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?	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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/>		
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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	
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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.)		
<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	

Schedule A (Form 990 or 990-EZ) 2004

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
	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.		655.	0.
16	FURNITURE & EQUIPMENT							
	070199	SL	5.00	16	22,962.		20,752.	2,210.
25	FURNITURE & EQUIPMENT							
	070100	SL	5.00	16	35,434.		24,804.	7,087.
38	FURNITURE & EQUIPMENT							
	070101	SL	5.00	16	600,323.		300,161.	120,065.
48	FURNITURE & EQUIPMENT							
	070102	SL	5.00	16	111,508.		33,453.	22,302.
51	FURNITURE & EQUIPMENT							
	070103	SL	5.00	16	211,711.		21,171.	42,342.
62	FURNITURE & EQUIPMENT							
	070104	SL	5.00	16	54,798.			5,480.
73	(D) FURNITURE & EQUIPMENT							
	070100	SL	5.00	16	844.		591.	0.
84	(D) FURNITURE & EQUIPMENT							
	070101	SL	5.00	16	382.		191.	0.
95	(D) FURNITURE & EQUIPMENT							
	070102	SL	5.00	16	6,265.		1,879.	0.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					1,061,525.	0.	420,300.	199,486.
	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.		1,735.	0.
39	COMPUTER SOFTWARE							
	070101	SL	3.00	16	22,035.		18,363.	3,672.
49	COMPUTER SOFTWARE							
	070102	SL	3.00	16	1,191.		596.	397.
40	DISPLAY FIXTURES							
	070101	SL	7.00	16	300,357.		107,270.	42,908.
50	DISPLAY FIXTURES							
	070102	SL	7.00	16	2,179.		467.	311.
	* 990 PAGE 2 TOTAL OTHER							
					328,701.	0.	129,635.	47,288.
	* 990 PAGE 2 TOTAL -							
					1,390,226.	0.	549,935.	246,774.
	* GRAND TOTAL 990 PAGE 2 DEPR							
					1,390,226.	0.	549,935.	246,774.

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 NON-PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF DONATED STOCK	12/22/04	12/31/04	DONATED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
N/A	294,122.	299,961.	0.	<5,839.>
TOTAL TO FM 990, PART I, LN 8	294,122.	299,961.	0.	<5,839.>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPOSAL OF FURNITURE	07/01/00	01/01/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ABANDONED	0.	844.	0.	591.	<253.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPOSAL OF FURNITURE	07/01/01	01/01/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ABANDONED	0.	382.	0.	191.	<191.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
INSURANCE REIMBURSEMENT FOR AND DISPOSAL OF FLOOD DAMAGED FURNITURE	07/01/02	01/01/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
CASUALTY LOSS	17,804.	6,265.	0.	1,879.	13,418.
TO FM 990, PART I, LN 8	17,804.	7,491.	0.	2,661.	12,974.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 4

INCOME

1. GROSS RECEIPTS	31,750	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		31,750
4. COST OF GOODS SOLD (LINE 13)	9,256	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		22,494

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	51,717	
7. MERCHANDISE PURCHASED	5,790	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		57,507
12. INVENTORY AT END OF YEAR	48,251	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		9,256

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 - WESTERN US	LOS ANGELES, CA	N/A	3,993.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				3,993.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	6
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PUBLICATIONS: SEE STATEMENT 18.	1,996.	635,715.
TOTAL TO FORM 990, PART III, LINE E	1,996.	635,715.

FORM 990	OTHER INVESTMENTS	STATEMENT	7
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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
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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.	22,962.	0.
COMPUTER SOFTWARE	64.	64.	0.

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COMPUTER SOFTWARE	490.	490.	0.
COMPUTER SOFTWARE	650.	650.	0.
FURNITURE & EQUIPMENT	35,434.	31,891.	3,543.
SOFTWARE	1,735.	1,735.	0.
FURNITURE & EQUIPMENT	600,323.	420,226.	180,097.
COMPUTER SOFTWARE	22,035.	22,035.	0.
DISPLAY FIXTURES	300,357.	150,178.	150,179.
FURNITURE & EQUIPMENT	111,508.	55,755.	55,753.
COMPUTER SOFTWARE	1,191.	993.	198.
DISPLAY FIXTURES	2,179.	778.	1,401.
FURNITURE & EQUIPMENT	211,711.	63,513.	148,198.
FURNITURE & EQUIPMENT	54,798.	5,480.	49,318.
TOTAL TO FORM 990, PART IV, LN 57	1,382,735.	794,048.	588,687.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
PAYROLL TAX REFUND RECEIVABLE	10,905.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	10,905.

FORM 990	OTHER LIABILITIES	STATEMENT	10
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DESCRIPTION	AMOUNT
SALES TAX PAYABLE	627.
ACCOUNTS PAYABLE	5,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	5,627.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 11

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 7 HRS/WEEK	2,825.	0.	0.
FRAN ANDREWS (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	VICE PRESIDENT 40 HRS/WEEK	19,680.	0.	0.
MARLA FILIDEI (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	VICE PRESIDENT 40 HRS/WEEK	19,380.	0.	0.
MYRA SEVERTSON (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	SECRETARY 40 HRS/WEEK	19,380.	0.	0.
JAN EASTGATE MEYER (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TRUSTEE 40 HRS/WEEK	19,625.	0.	0.
SERENITY MACDONALD (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TREASURER 40 HRS/WEEK	19,380.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		100,270.	0.	0.

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.

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
COMMISSIONS	350.	2,177.	2,319.	4,335.
SCRAP SALES	0.	0.	106.	0.
PROPERTY TAX REFUND	20,895.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	21,245.	2,177.	2,425.	4,335.

**2004 FORM 990, PART III
FEDERAL ID #68-0005541
CITIZENS COMMISSIONS ON HUMAN RIGHTS**

STATEMENT #14

**DESCRIPTION OF PROGRAM SERVICE ONE
RESEARCH & INVESTIGATIONS:**

IN 2004, RESEARCH AND INVESTIGATIVE WORK DONE BY THE CITIZENS COMMISSION ON HUMAN RIGHTS (CCHR) REVEALED THAT APPROXIMATELY 17 MILLION SCHOOL CHILDREN WORLDWIDE HAD BEEN PRESCRIBED SOME TYPE OF PSYCHIATRIC DRUG FOR MENTAL DISORDERS THAT CANNOT BE MEDICALLY PROVEN TO EXIST. CHILDREN WERE DIAGNOSED WITH A VARIETY OF MENTAL DISORDERS BASED SOLELY ON PSYCHIATRIC OPINION, NOT ON ANY PHYSICAL TEST SUCH AS BLOOD TEST, BRAIN SCAN, BIOPSY, URINALYSIS, OR "CHEMICAL IMBALANCE TEST" AND SUBJECTED TO DANGEROUS AND DEADLY PSYCHIATRIC DRUGS AS A DIRECT RESULT.

IN 2004, CCHR CONTINUED ITS INVESTIGATIONS ON THE DANGERS OF PSYCHIATRIC DRUGS, INCLUDING ITS 14-YEAR INVESTIGATION OF THE SUICIDE AND VIOLENCE INDUCING EFFECTS OF ANTIDEPRESSANTS ON BOTH CHILDREN AND ADULTS WHICH YIELDED INTERNATIONAL DRUG WARNINGS IN 2004

STARTING IN 1990, CCHR HAD CALLED ON AMERICAN PSYCHIATRISTS AND THE FOOD AND DRUG ADMINISTRATION TO ISSUE WARNINGS ABOUT THE LATEST PSYCHIATRIC DRUG CAUSING VIOLENCE AND SUICIDE: THE ANTIDEPRESSANT PROZAC. CCHR FILED COMPLAINTS AND PROVIDED EVIDENCE TO THE FDA AND OTHER GOVERNMENT ORGANIZATIONS. IN RESPONSE, ON SEPTEMBER 20, 1991, THE FDA ORDERED AN ADVISORY COMMITTEE TO HOLD A HEARING TO INVESTIGATE THE SAFETY AND EFFECTIVENESS OF ANTIDEPRESSANT DRUGS. A PANEL OF NINE PSYCHIATRISTS, MANY WITH FINANCIAL TIES TO PHARMACEUTICAL COMPANIES, HEARD CHILLING TESTIMONY FROM MEDICAL EXPERTS AS WELL AS THE VICTIMS OF THESE DRUGS. AT THE TIME, THE FDA—INFLUENCED BY PSYCHIATRISTS WITH PHARMACEUTICAL INTERESTS—FOUND NO CAUSAL RELATIONSHIP BETWEEN THE DRUGS AND VIOLENCE/SUICIDE. THOUSANDS OF PATIENTS HAVE SUBSEQUENTLY CONTACTED CCHR. PUBLICITY ABOUT THE DRUG'S DANGERS HAS CONTRIBUTED TO THE PUBLIC OUTCRY AND SUBSEQUENT GOVERNMENT ACTION BEING TAKEN.

ON OCTOBER 15, 2004, DESPITE OBJECTIONS FROM THE PSYCHIATRIC INDUSTRY, THE FDA ORDERED PHARMACEUTICAL COMPANIES TO ADD A "BLACK BOX" WARNING TO ANTIDEPRESSANTS, SAYING THE DRUGS COULD CAUSE SUICIDAL THOUGHTS AND ACTIONS IN CHILDREN AND TEENAGERS. NINE MONTHS LATER THE FDA ISSUED ANOTHER

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CITIZENS COMMISSIONS ON HUMAN RIGHTS**

STATEMENT #14

**DESCRIPTION OF PROGRAM SERVICE ONE
RESEARCH & INVESTIGATIONS (CONTINUED):**

ADVISORY WARNING TELLING DOCTORS TO WATCH FOR SUICIDAL BEHAVIOR IN ADULTS TAKING ANTIDEPRESSANTS.

THE FDA WARNINGS WERE FOLLOWED BY OTHER INTERNATIONAL DRUG REGULATORY AGENCIES ISSUING SIMILAR WARNINGS ON THE DANGERS OF PSYCHIATRIC DRUGS, ALL COMING ON THE HEELS OF INVESTIGATIONS AND PUBLIC AWARENESS CAMPAIGNS BY CCHR AND ALLIED WATCHDOG ORGANIZATIONS, INDEPENDENT MEDICAL DOCTORS, PATIENTS AND FAMILIES REPEATEDLY REQUESTING INDEPENDENT EVALUATIONS OF CLINICAL DRUG TRIALS AND ACCOUNTABILITY FOR THE HARM AND LOSS OF LIVES.

IN 2004 CCHR ALSO INVESTIGATED SEVERAL PSYCHIATRISTS AND PSYCHOLOGISTS FOR CRIMINAL ACTIVITIES. EXAMPLES INCLUDE TEXAS PSYCHIATRIST ROBERT HADLEY GROSS WHO ON APRIL 21, 2004 APPEARED IN A FORT WORTH COURTROOM TO FACE CRIMINAL CHARGES RELATED TO THE LARGEST SINGLE HEALTH CARE FRAUD SUIT TO DATE. GROSS HAD BEEN INDICTED IN 1996 FOR BILLING FOR SERVICES WHEN HE WAS OUT OF TOWN AND FOR ACCEPTING \$860,000 IN PATIENT REFERRAL "KICKBACKS" RELATED TO HIS WORK AT BEDFORD MEADOWS AND THE PSYCHIATRIC INSTITUTE OF FORT WORTH, TWO TEXAS PSYCHIATRIC HOSPITALS THAT WERE OPERATED BY NATIONAL MEDICAL ENTERPRISES (NME). HE WAS SENTENCED AUGUST 2, 2004 TO ONE YEAR AND ONE DAY IN PRISON, TO RUN CONCURRENT WITH A HALF-YEAR SENTENCE HE IS ALREADY SERVING FOR CONTEMPT OF COURT, FOR FAILING TO COMPLY WITH A GRAND JURY SUBPOENA TO TURN OVER MEDICAL BILLING RECORDS IN 1996.

ANOTHER EXAMPLE WAS NEW YORK PSYCHIATRIST DAVID ROEMER, WHO WAS CONVICTED OF FELONY CONSPIRACY IN A PRESCRIPTION DRUG SCAM THAT DEFRAUDED MEDICAID AND FLOODED THE STREETS WITH MILLIONS OF DOLLARS IN HIGHLY ADDICTIVE NARCOTICS AND OTHER DRUGS. ROEMER WORKED WITH FOUR ACCOMPLICES, ALL RESIDENTS OF THE BRONX, WHO RECRUITED MEDICAID RECIPIENTS FROM THE STREETS AND DRUG TREATMENT CENTERS OF THE CITY, AND TRANSPORTED THEM TO ROEMER'S OFFICE. RECRUITS WERE GIVEN MONEY AND TOLD WHAT DRUGS TO ASK FOR. ROEMER WOULD THEN SELL THEM THE PRESCRIPTION. THE RECRUITS WERE THEN TAKEN TO PHARMACIES WHERE THE PRESCRIPTIONS WERE FILLED

**2004 FORM 990, PART III
FEDERAL ID #68-0005541
CITIZENS COMMISSIONS ON HUMAN RIGHTS**

STATEMENT #14

**DESCRIPTION OF PROGRAM SERVICE ONE
RESEARCH & INVESTIGATIONS (CONTINUED):**

USING THEIR MEDICAID BENEFITS. THE PILLS WERE THEN TURNED OVER TO THE RECRUITERS AND THE RECRUITS WERE PAID \$100 FOR THEIR INVOLVEMENT. THE RECRUITERS THEN SOLD THE PILLS ON THE BLACK MARKET. ROEMER WAS SENTENCED MAY 13, 2004 TO 3½ TO 10½ YEARS IN STATE PRISON AND WAS ORDERED TO PAY RESTITUTION OF MORE THAN \$340,000 TO THE MEDICAID PROGRAM.

CLINICAL PSYCHOLOGIST TODD EVERETT WALBORN, OF BIRMINGHAM, ALABAMA, WAS CONVICTED OCTOBER 7TH 2003 OF MAIL FRAUD AND MONEY-LAUNDERING RELATED TO FALSE CLAIMS HE SUBMITTED TO MEDICARE IN 1998, 1999 AND 2000. CLAIMS WERE BILLED AS IF WALBORN PERSONALLY PROVIDED SERVICE WHEN IN FACT THE SERVICES WERE NOT ACTUALLY DELIVERED BY A PSYCHOLOGIST. HE BILLED FOR PSYCHOLOGICAL TESTING WHEN LESSER-PAYING SERVICES HAD BEEN PROVIDED. EVIDENCE SHOWED THAT WALBORN WOULD BILL FOR AS MUCH AS 14 HOURS FOR SERVICES WHEN AS LITTLE AS 1½ HOURS WAS SPENT. ALL THE CLAIMS CITED WERE FOR MEDICARE BENEFICIARIES IN NURSING HOMES IN NORTH AND CENTRAL ALABAMA, FOR WHICH WALBORN COLLECTED OVER \$2,300,000 FROM MEDICARE, A LARGE PORTION OF WHICH WAS FRAUDULENT. U.S. ATTORNEY ALICE H. MARTIN SAID, "THERE IS A GREAT DEAL OF MONEY TO BE MADE BY MEDICAL PROVIDERS AND THE GREEDY CAN TURN TO FRAUD TO ENRICH THEMSELVES. TO DO SO AT THE EXPENSE OF ELDERLY NURSING HOME PATIENTS AND THE MEDICARE PROGRAM DESERVES INCARCERATION." ON APRIL 1, 2004 WALBORN WAS SENTENCED TO 33 MONTHS IN PRISON AND WAS ORDERED TO PAY MORE THAN \$1.8 MILLION IN RESTITUTION TO MEDICARE.

**2004 FORM 990, PART III
FEDERAL ID #68-0005541
CITIZENS COMMISSIONS ON HUMAN RIGHTS**

STATEMENT #15

**DESCRIPTION OF PROGRAM SERVICE TWO
HOTLINE:**

CCHR'S TOLL-FREE HOTLINE PROVIDES A VITAL AVENUE WITH WHICH TO PROVIDE INFORMATION AND ASSISTANCE TO THE PUBLIC. THOUSANDS OF CALLS ARE RECEIVED IN RESPONSE TO CCHR'S FREE PUBLICATIONS, PUBLIC SERVICE ANNOUNCEMENTS AIRED ON THE RADIO AND IN NEWSPAPERS, ADVERTISEMENTS, FLYERS, MEDIA ARTICLES, OR TV AND RADIO SHOWS ABOUT CCHR'S ACTIVITIES AND SERVICES AS A PUBLIC AWARENESS MENTAL HEALTH WATCHDOG. IN 2004, MORE THAN 1,900 INDIVIDUALS AND GROUPS WERE PROVIDED WITH INFORMATION AND ASSISTANCE THROUGH THIS HOTLINE SERVICE.

CCHR PROVIDED CALLERS WITH FREE PUBLICATIONS, MEDIA ARTICLES, FLYERS THEY COULD DISTRIBUTE, AND BOOKS RELATING TO MENTAL HEALTH AND PSYCHIATRIC ABUSE. CCHR ALSO PROVIDED CALLERS WITH LINKS TO OTHER WEBSITES WHERE THEY COULD RECEIVE ADDITIONAL INFORMATION TO HELP THEM SOLVE THEIR PROBLEMS THAT WERE NOT DIRECTLY RELATED TO PSYCHIATRIC ABUSE.

AS A RESULT OF THIS HOTLINE SERVICE, THOUSANDS HAVE RECEIVED THE TRUTH ON SUCH IMPORTANT TOPICS AS THE UNSCIENTIFIC NATURE OF PSYCHIATRIC DIAGNOSES, THE SIDE EFFECTS OF PSYCHIATRIC DRUGS, THE NUMBER OF DEATHS THAT HAVE RESULTED FROM PSYCHIATRIC DRUGS AND RESTRAINTS, THE MISLABELING AND DRUGGING OF CHILDREN, AND THE FACT THAT THERE ARE NUMEROUS DRUG-FREE SOLUTIONS FOR HANDLING SO-CALLED BEHAVIOR PROBLEMS.

RESPONSES FROM THE PUBLIC INCLUDED SUCH STATEMENTS AS "YOU ARE ANGELS OF MERCY AND DON'T EVEN KNOW IT"; "WHEN I SAW YOUR WEBSITE, IT WAS LIKE A BREATH OF FRESH AIR"; "WHILE SURFING ACROSS YOUR WEBSITE [IT] GAVE ME THE COURAGE, THE STRENGTH AND THE POWER TO UNLOCK THE GATES OF HELL IN MY MIND"; AND "I JUST PICKED UP YOUR BROCHURE, 'REDEFINING LIFE'S EVERY PROBLEM AS A MENTAL DISORDER' AND THIS IS VITAL INFORMATION."

THE HOTLINE ALSO ALLOWED THE PUBLIC TO EASILY CONTACT CCHR AND REPORT CASES OF PSYCHIATRIC ABUSE AND FRAUD. IN 2004, 883 INDIVIDUALS REPORTED ABUSE AND MANY WERE DIRECTED TO THEIR LOCAL CCHR CHAPTER FOR ASSISTANCE. AS A RESULT, CCHR WAS ABLE TO PROVIDE THOSE CALLERS WITH NEEDED INFORMATION TO

**2004 FORM 990, PART III
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CITIZENS COMMISSIONS ON HUMAN RIGHTS**

STATEMENT #15

**DESCRIPTION OF PROGRAM SERVICE TWO
HOTLINE (CONTINUED):**

SAFEGUARD THEIR RIGHTS AND ASSIST THOSE WHO WERE SEEKING
RECOURSE FOR PSYCHIATRIC ABUSE.

RESPONSES TO THIS ASSISTANCE INCLUDED THE FOLLOWING: "THANKS
SO MUCH FOR ALL YOUR HELP, MAY GOD BLESS YOU", MY HEART
REALLY GOES OUT TO ALL PARENTS WHO HAVE LOST THEIR
CHILD...AND I AM HAPPY YOUR ORGANIZATION EXISTS AND HAS DONE
WONDERS"; "NOW I CAN DEFEND MY DAUGHTER. I COULD HAVE LOST
AND PROBABLY WOULD HAVE IF IT WEREN'T FOR YOUR GROUP. I WILL
ALWAYS BE GRATEFUL KNOWING THERE IS A PLACE TO TURN TO"; AND
"I HAVE GREAT NEWS. TOMORROW MY SON IS GOING BACK TO A
REGULAR SCHOOL. THANKS TO ALL THE WONDERFUL PEOPLE LIKE
YOURSELF THAT MADE IT POSSIBLE. I WILL BE FOREVER GRATEFUL."

**2004 FORM 990, PART III
FEDERAL ID #68-0005541
CITIZENS COMMISSIONS ON HUMAN RIGHTS**

STATEMENT #16

**DESCRIPTION OF PROGRAM SERVICE THREE
LEGISLATION:**

CCHR CARRIED OUT A CAMPAIGN TO PROVIDE INFORMATION TO LOCAL, STATE AND NATIONAL ORGANIZATIONS ON THE PSYCHIATRIC LABELING AND DRUGGING OF SCHOOLCHILDREN, PARTICULARLY THE GROWING INCIDENCE OF SCHOOL PERSONNEL COERCING PARENTS TO PUT THEIR CHILDREN ON PSYCHOTROPIC DRUGS AS A REQUISITE FOR ATTENDING SCHOOL.

CCHR WORKED WITH MANY INDIVIDUALS AND ORGANIZATIONS ON THIS EDUCATIONAL CAMPAIGN WHICH MOBILIZED PARENTS TO URGE MEMBERS OF CONGRESS TO PASS THE CHILD MEDICATION SAFETY ACT (H.R. 1170), A BILL THAT WOULD STOP SCHOOL PERSONNEL COERCING PARENTS TO PUT THEIR CHILDREN ON SOME PSYCHOTROPIC DRUGS AS A REQUISITE FOR ATTENDING SCHOOL. THIS INCLUDED SENDING NUMEROUS PARENTS TO WASHINGTON, D.C. TO VISIT MEMBERS OF THE SENATE SO THEY COULD RELAY THEIR PERSONAL HORROR STORIES OF BEING COERCED TO DRUG THEIR CHILDREN IN ORDER TO ATTEND SCHOOL. SEVERAL OF THESE PARENTS HAD CHILDREN WHO DIED BECAUSE OF THE PSYCHOTROPIC DRUGS THEY WERE FORCED TO TAKE, SO THESE STORIES HAD A TREMENDOUS IMPACT ON MEMBERS OF THE SENATE AND SEVERAL SIGNED ON AS CO-SPONSORS OF THE SENATE VERSION OF H.R. 1170.

H.R. 1170 PASSED THE U.S. HOUSE OF REPRESENTATIVES BY A VOTE OF 425-1 IN 2003, AND WITH THE COORDINATED EFFORT BY MANY GROUPS INCLUDING CCHR, THE BILL'S CORE LANGUAGE WAS ATTACHED AS AN AMENDMENT TO THE "INDIVIDUALS WITH DISABILITIES EDUCATION ACT" (H.R. 1350) AND WAS SUBSEQUENTLY SIGNED INTO LAW BY PRESIDENT BUSH AS THE PROHIBITION ON MANDATORY MEDICATION AMENDMENT ON DECEMBER 4TH 2004.

CCHR ALSO COORDINATED LEGISLATIVE ACTIVITIES OF ITS CHAPTERS THROUGHOUT THE COUNTRY, WHO WERE INVOLVED WITH GETTING LAWS PASSED TO PROTECT THE RIGHTS OF CHILDREN FROM PSYCHIATRIC COERCION, AS WELL AS OTHER PROTECTIONS OF PATIENTS' RIGHTS ISSUES, PASSED IN 7 DIFFERENT STATES, INCLUDING FLORIDA (SB 1090c2), TEXAS (S. 325), MINNESOTA (HF 141), UTAH (HB 89), NEW HAMPSHIRE (HR 0012), CALIFORNIA (SB 231), AND OREGON (S.324, S.781).

2004 FORM 990, PART III
FEDERAL ID #68-0005541
CITIZENS COMMISSIONS ON HUMAN RIGHTS

STATEMENT #17

DESCRIPTION OF PROGRAM SERVICE FOUR
PUBLIC AWARENESS:

WITHIN THE INTERNATIONAL HEADQUARTERS OF THE CITIZENS COMMISSION ON HUMAN RIGHTS IS A PERMANENT PUBLIC AWARENESS EXHIBITION ENTITLED, "PSYCHIATRY KILLS." THIS EXHIBIT PROVIDES VIEWERS WITH AN IN-DEPTH 200-YEAR HISTORY OF PSYCHIATRY: ITS ORIGINS, ITS FAILURES, INVENTIONS, AND "TREATMENT", AND THE PRESENT-DAY HARM BEING INFLICTED UPON SOCIETY.

THE EXHIBIT 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 17 MILLION CHILDREN WORLDWIDE. DURING THE YEAR 2004, OVER 4,000 LEGISLATORS, HUMAN RIGHTS ACTIVISTS, RELIGIOUS LEADERS, DOCTORS, MEDIA, PARENTS, ARTISTS AND OTHERS TOURED THE EXHIBIT.

THE EXHIBIT WAS ALSO UTILIZED TO EDUCATE HUNDREDS OF COLLEGE STUDENTS, SPECIALIZING IN MEDICAL FIELDS SUCH AS NURSING, MEDICAL TECHNOLOGY AND MEDICAL ADMINISTRATION FROM SUCH SCHOOLS AS CONCORDE CAREER INSTITUTE, CASA LOMA COLLEGE AND UNITED EDUCATION INSTITUTE.

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 HAS ALSO HELPED TO CREATE ALLIANCES WITH INDIVIDUALS AND GROUPS WHO BECAME INTERESTED IN WORKING WITH CCHR TO EXPOSE ABUSES IN THEIR SPHERES OF INFLUENCE. THE EXHIBIT ALSO CONTAINS A SECTION THAT DISPLAYS NUMEROUS FREE CCHR PUBLICATIONS. THESE ARE MADE AVAILABLE AND ARE TAKEN BY THE PUBLIC TO USE FOR THEIR OWN DISTRIBUTION TO FURTHER EDUCATE OTHERS ABOUT PSYCHIATRIC ABUSE AND FRAUD.

FOLLOWING THE RESOUNDING SUCCESS OF CCHR'S PERMANENT EXHIBITION, "PSYCHIATRY KILLS", AND DUE TO POPULAR DEMAND, CCHR CONTINUED ITS TOURS OF FULLY MOBILE EXHIBITS. THESE TRAVELING EXHIBITS WERE PRODUCED IN ENGLISH, SPANISH, FRENCH,

2004 FORM 990, PART III
FEDERAL ID #68-0005541
CITIZENS COMMISSIONS ON HUMAN RIGHTS

STATEMENT #17

DESCRIPTION OF PROGRAM SERVICE FOUR
PUBLIC AWARENESS (CONTINUED):

ITALIAN, GERMAN, JAPANESE, DUTCH, HUNGARIAN, DANISH AND RUSSIAN LANGUAGES. IN 2004, MORE THAN 220,000 PEOPLE TOURED THESE EXHIBITS IN HUNDREDS OF CITIES AROUND THE WORLD, INCLUDING LOS ANGELES, DENVER, SEATTLE, TORONTO, WASHINGTON, DC, SYDNEY, LONDON, JOHANNESBURG, CAPETOWN, COPENHAGEN, MILANO, FLORENCE, PARIS, GENEVA, VIENNA, DUSSELDORF, MOSCOW, ST. PETERSBURG, TOKYO, SHINBASHI-JAPAN, BUDAPEST, SZEKSZARD-HUNGARY, AMSTERDAM, MEXICO CITY AND MONTERREY-MEXICO. THE EXHIBITS WERE SET UP IN LOCATIONS SUCH AS LIBRARIES, COMMERCIAL CENTERS, GOVERNMENT OFFICE BUILDINGS, OUTSIDE PLAZAS AND PROMINENT ART GALLERIES.

THROUGH THESE EXHIBITS, CCHR WAS ABLE TO INFORM LEGISLATORS, PHYSICIANS, ACTIVISTS, ARTISTS, EDUCATORS, PARENTS, STUDENTS AND THE GENERAL PUBLIC ABOUT PSYCHIATRIC ABUSE AND THE SOLUTIONS TO THESE ABUSES. WHEN THE EXHIBIT OPENED IN ST. PETERSBURG, RUSSIA, THE SECRETARY OF THE CITIZENS' DEPARTMENT FOR THE NORTHWEST REGION, WHO OVERSEES HUMAN RIGHTS ISSUES FOR ONE OF THE SEVEN REGIONS OF THE COUNTRY, TOURED THE EXHIBIT AND IMMEDIATELY REQUESTED THAT THE CCHR DIRECTOR FOR ST. PETERSBURG BECOME THE HEAD OF THE HUMAN RIGHTS COMMISSION FOR THE ENTIRE NORTHWEST REGION.

THE PRESIDENT OF THE AUSTRALIAN NATIONALISTS WORKERS UNION TOURED THE TRAVELING EXHIBIT AND WROTE A LETTER TO CCHR STATING, " KEEP UP THE GOOD WORK. YOU PEOPLE ARE OBVIOUSLY AWARE THAT THERE ARE FAR BETTER ALTERNATIVES FOR MAINTAINING OUR HEALTH THAN CONVENTIONAL MEDICAL PRACTICES THAT ARE BACKED UP BY THE INTERNATIONAL DRUG CARTELS."

THE PUBLIC'S RESPONSE TO THE EXHIBITS WAS EXTREMELY POSITIVE:

"WITHOUT A DOUBT, THE ABUSES COVERED IN THIS EXHIBIT ARE ACTUALLY OCCURRING. DISPLAYING THIS INFORMATION...IS VERY IMPORTANT... ESPECIALLY SINCE MANY DOCTORS DIAGNOSE PEOPLE WITHOUT ANY SCIENTIFIC GROUNDS, AND PUT THESE PEOPLE ON PSYCHIATRIC DRUGS. YOUR EXHIBITION GETS PEOPLE TO PAY MORE ATTENTION TO THIS PROBLEM "

"THIS EXHIBITION IS A BIG, SCREAMING MESSAGE. IT HELPS TO RING

**2004 FORM 990, PART III
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CITIZENS COMMISSIONS ON HUMAN RIGHTS**

STATEMENT #17

**DESCRIPTION OF PROGRAM SERVICE FOUR
PUBLIC AWARENESS (CONTINUED):**

THE ALARM BELL AND TO SPEAK LOUDLY ABOUT THIS ISSUE. WE MUST
TEACH PEOPLE TO FIGHT FOR PEACE, GOOD WORKS AND HUMAN
RIGHTS."

**2004 FORM 990, PART III
FEDERAL ID #68-0005541
CITIZENS COMMISSIONS ON HUMAN RIGHTS**

STATEMENT #18

**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 PSYCHIATRY'S INFILTRATION INTO OUR CHURCHES AND SCHOOLS.

IN 2004, CCHR PRODUCED 20 NEW BOOKLETS AND 20 NEW PAMPHLETS ON A WIDE RANGE OF PSYCHIATRIC HUMAN RIGHTS VIOLATIONS PUBLISHED IN 15 LANGUAGES: ENGLISH, SPANISH, ITALIAN, FRENCH, GERMAN, HUNGARIAN, RUSSIAN, JAPANESE, DUTCH, DANISH, HEBREW, CZECHOSLOVAKIAN, SWEDISH, CHINESE AND FINNISH.

IN ADDITION TO BROAD DISTRIBUTION, THE BOOKLETS AND PAMPHLETS WERE ALSO PACKAGED INTO HUMAN RIGHTS INVESTIGATOR KITS WHICH ALSO CONTAINED INSTRUCTIONS FOR THEIR USE AND INFORMATION AND FORMS FOR THE PUBLIC TO DOCUMENT CASES OF PSYCHIATRIC ABUSE.

THESE KITS WERE DISTRIBUTED TO THOUSANDS WHO WORK WITH CCHR TO PROTECT HUMAN RIGHTS IN THE FIELD OF MENTAL HEALTH AND PROVIDE THE PUBLIC WITH INFORMATION AND MATERIALS TO COMBAT PSYCHIATRIC ABUSE.

THE KITS WERE RELEASED IN OCTOBER 2004. THE DEMAND FROM THE PUBLIC GREW SO FAST THAT CCHR CREATED AN ELECTRONIC ONLINE VERSION OF THE HUMAN RIGHTS INVESTIGATOR KIT AVAILABLE ON ITS WEBSITE WWW.CCHR.ORG. THOUSANDS MORE SIGNED UP AS HUMAN RIGHTS INVESTIGATORS THROUGH THIS ONLINE SERVICE.

**Citizens Commission on Human Rights
Lobbying Expenditures
Affiliated Group Members
Form 990, Schedule A, Part VI-A, for the year 2004**

Group Member Address	Grassroots Lobbying	Direct Lobbying	Exempt Purpose Other Expenditures	Lobbying Nontaxable	Grassroots Nontaxable
68-0005541 Citizens Commission on Human Rights 6616 Hollywood Blvd Los Angeles, CA 90028	26,529 47	86,283.77	2,257,572 00	268,519 26	67,129.82
74-2683124 Citizens Commission on Human Rights 403 E Ben White Blvd Austin, Texas 78704	0 00	2,350 00	179,572.00	36,384 40	9,096.10
36-3688416 Citizens Commission on Human Rights 428 Greenbriar Dr Chicago, IL 60139	0 00	0 00	1,643 00	328 60	82.15
59-2973520 Citizens Commission on Human Rights 714 N Fort Harrison Ave Clearwater, FL 33755	0 00	4,392 00	98,849 00	20,648.20	5,162.05
84-1358039 Citizens Commission on Human Rights PMB #516, 303 S Broadway, Suite 200 Denver, CO 80209	0 00	0 00	9,407 09	1,881 42	470 35
06-1435334 Citizens Commission on Human Rights Pox Box 17 Higganum, CT 06441	0 00	0.00	821.28	164.26	41.06
95-4680716 Citizens Commission on Human Rights P O Box 29754 Los Angeles, CA 90029-0754	595 00	0.00	60,927 00	12,304.40	3,076.10
38-3430811 Citizens Commission on Human Rights 117 Cass Av, Ste 300 Mt Clemens, MI 48043	0 00	0 00	322.37	64 47	16.12
91-1938843 Citizens Commission on Human Rights 1112 Boylston St, PMB 213 Boston, MA 02215	0 00	1,493 00	40,959.00	8,490 40	2,122.60
56-1929853 (Carolinas) Citizens Commission on Human Rights 3208 McLendon Rd Matthews, NC 28104-8510	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	910 48	0.00	8,548.80	1,891.86	472.96

**Citizens Commission on Human Rights
Lobbying Expenditures
Affiliated Group Members
Form 990, Schedule A, Part VI-A, for the year 2004**

Group Member Address	Grassroots <u>Lobbying</u>	Direct <u>Lobbying</u>	Other Exempt Purpose <u>Expenditures</u>	Lobbying <u>Nontaxable</u>	Grassroots <u>Nontaxable</u>
94-3102568 (Oregon) Citizens Commission on Human Rights P O Box 8842 Portland, OR 97207	0 00	0 00	3,471 46	694 29	173.57
74-2548468 Citizens Commission on Human Rights 722 E Flynn Ln Phoenix, AZ 85014	279 75	2,726.73	2,988 14	1,198 92	299.73
94-3309544 Citizens Commission on Human Rights 926 J Street, Suite 519 Sacramento, CA 95814	1,197 00	3,208 00	17,084 00	4,297 80	1,074.45
94-3109471 Citizens Commission on Human Rights PO Box 19633 Seattle, WA 98109	559 00	1,235 00	37,107 00	7,780 20	1,945.05
77-0389584 (South Bay) Citizens Commission on Human Rights 500 E Remington Dr , Ste 315 Sunnyvale, CA 94087	0 00	260.00	12,396 62	2,531.32	632.83
43-1630660 Citizens Commission on Human Rights P O Box 300256 St Louis, MO 63130-9256	0 00	391 52	29,370 63	5,952 43	1,488.11
87-0516153 (Utah) Citizens Commission on Human Rights Po Box 521384 Salt Lake City, UT 84152-1384	180 00	2,650 20	38,757 02	8,317 44	2,079 36
77-0502618 (Ventura County) Citizens Commission on Human Rights 3600 S Harbor Blvd, Ste 69 Oxnard, CA 93035	0 00	0.00	1,629 31	325.86	81.47
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 PO Box 347425 San Francisco, CA 94134	0 00	0 00	0 00	0 00	0.00

**Citizens Commission on Human Rights
Lobbying Expenditures
Affiliated Group Members
Form 990, Schedule A, Part VI-A, for the year 2004**

Group Member Address	<u>Grassroots Lobbying</u>	<u>Direct Lobbying</u>	<u>Other Exempt Purpose Expenditures</u>	<u>Lobbying Nontaxable</u>	<u>Grassroots Nontaxable</u>
26-0061540 Citizens Commission on Human Rights PO Box 771051 Wichita, KS 67277-1051	0 00	0 00	38 00	7.60	1.90
88-0482800 (Nevada) Citizens Commission on Human Rights 4057 Industrial Rd Las Vegas, NV 89103	0 00	0 00	4,621.00	924 20	231.05
41-1990772 (Minnesota) Citizens Commission on Human Rights 330 Prior Ave N St Paul, MN 55104	0 00	0 00	677.03	135 41	33.85
TOTALS	30,250 70	104,990.22	2,806,761 75	297,100.13	74,275.03

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)

OMB No 1545-0172

2004Attachment
Sequence No **67**

▶ 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 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	102,000.
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	410,000.
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 2003 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 2005. 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	246,774.

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 2004	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 2004 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 2004 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	246,774.
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												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 2004 tax year:					
43 Amortization of costs that began before your 2004 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).
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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. Los Angeles, Ca 90028	

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 |

- The books are in the care of ► Serenity Macdonald-Treasurer

Telephone No. ► (323) 467-4242

FAX No. ► (323) 467-3720

- 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. CITIZING COMMISSION ON HUMAN RIGHTS ONLY

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until Aug 15th, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2004 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 \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- 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	Employer identification number
	CITIZENS COMMISSION ON HUMAN RIGHTS	68-0005541
	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.

- The books are in the care of **► SERENITY MACDONALD**
 Telephone No. **► 323-467-4242** FAX No. **►**
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) **►** If this is for the **whole** group, check this box ☐ If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2005.**
- 5 For calendar year **2004**, or other tax year beginning **►** and ending **►**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ **►**
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ **►**
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **►** Title **►** Date **►**

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 extended 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 NSBN LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 9454 WILSHIRE BLVD., 4TH FLOOR
	City or town, province or state, and country (including postal or ZIP code) BEVERLY HILLS, CA 90212-2907

- 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):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

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

- The books are in the care of
- Serenity Macdonald**

Telephone No. **(323) 467-4242** FAX No. **(323) 467-3720**

- 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 **15 November 2005**.
- 5 For calendar year **2004**, 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 of the financial data has been collected and compiled for the 990 form.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ **_____**
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ **_____**
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **_____**

Signature and Verification

Under penalty of perjury, I declare that I have prepared this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]**Title **Treasurer**Date **Aug 15, 05****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 to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other **_____**

EXTENSION APPROVEDDirector **_____**By: **_____**Or **_____**

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional return 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)

