

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)

OMB No 1545-0047

2005

Open to Public Inspection

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

A For the **2005** calendar year, or tax year beginning and ending

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

C Name of organization
CITIZENS COMMISSION ON HUMAN RIGHTS
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6616 SUNSET BLVD
 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).

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **3,832,460.**

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 ► **N/A**
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 ► **N/A**
M Check ► ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Expenses	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	1,907,358.		
	b	Indirect public support	1b	1,461,150.		
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 3,368,508. noncash \$)	1d	3,368,508.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	406,423.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	94.		
	5	Dividends and interest from securities	5			
	6a	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			
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
	b	Less: cost or other basis and sales expenses	8b	202,463.		
	c	Gain or (loss) (attach schedule)	8c	<202,463.>		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 2	8d	<202,463.>	
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	51,934.			
b	Less: cost of goods sold	10b	16,950.			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	STMT 3	10c	34,984.		
11	Other revenue (from Part VII, line 103)	11	5,501.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,613,047.			
13	Program services (from line 44, column (B))	13	2,122,895.			
14	Management and general (from line 44, column (C))	14	425,977.			
15	Fundraising (from line 44, column (D))	15	678,471.			
16	Payments to affiliates (attach schedule)	16				
17	Total expenses (add lines 16 and 44, column (A))	17	3,227,343.			
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	385,704.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,167,654.		
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	<100,812.>		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,452,546.		

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Part II **Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>81,732.</u> noncash \$ <u>0.</u> If this amount includes foreign grants, check here <input type="checkbox"/>	22 <u>81,732.</u>	22 <u>81,732.</u>	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 <u>129,354.</u>	25 <u>84,864.</u>		25 <u>28,320.</u>
26 Other salaries and wages	26 <u>641,127.</u>	26 <u>360,141.</u>	26 <u>178,858.</u>	26 <u>102,128.</u>
27 Pension plan contributions	27			
28 Other employee benefits	28 <u>23,364.</u>	28 <u>13,124.</u>	28 <u>6,518.</u>	28 <u>3,722.</u>
29 Payroll taxes	29 <u>70,996.</u>	29 <u>39,881.</u>	29 <u>19,806.</u>	29 <u>11,309.</u>
30 Professional fundraising fees	30 <u>11,045.</u>	30 <u>5,300.</u>	30 <u>5,745.</u>	
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 <u>105,857.</u>	33 <u>66,976.</u>	33 <u>30,222.</u>	33 <u>8,659.</u>
34 Telephone	34 <u>78,313.</u>	34 <u>45,402.</u>	34 <u>20,949.</u>	34 <u>11,962.</u>
35 Postage and shipping	35 <u>29,429.</u>	35 <u>13,948.</u>	35 <u>6,348.</u>	35 <u>9,133.</u>
36 Occupancy	36 <u>347,338.</u>	36 <u>261,258.</u>	36 <u>56,425.</u>	36 <u>29,655.</u>
37 Equipment rental and maintenance	37 <u>25,989.</u>	37 <u>19,194.</u>	37 <u>4,259.</u>	37 <u>2,536.</u>
38 Printing and publications	38 <u>196,768.</u>	38 <u>179,752.</u>	38 <u>1,134.</u>	38 <u>15,882.</u>
39 Travel	39 <u>61,241.</u>	39 <u>50,618.</u>	39 <u>6,601.</u>	39 <u>4,022.</u>
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 <u>248,605.</u>	42 <u>186,305.</u>	42 <u>37,686.</u>	42 <u>24,614.</u>
43 Other expenses not covered above (itemize):				
a BANK CHARGES	43a <u>41,102.</u>			43a <u>41,102.</u>
b COMMISSIONS	43b <u>148,924.</u>			43b <u>148,924.</u>
c PROMOTION	43c <u>933,054.</u>	43c <u>685,834.</u>	43c <u>2,276.</u>	43c <u>244,944.</u>
d INSURANCE	43d <u>5,788.</u>	43d <u>4,337.</u>	43d <u>878.</u>	43d <u>573.</u>
e TAXES, DUES, & FEES	43e <u>19,406.</u>	43e <u>3,312.</u>	43e <u>15,721.</u>	43e <u>373.</u>
f UTILITIES	43f <u>27,911.</u>	43f <u>20,917.</u>	43f <u>4,231.</u>	43f <u>2,763.</u>
g	43g			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 <u>3,227,343.</u>	44 <u>2,122,895.</u>	44 <u>425,977.</u>	44 <u>678,471.</u>

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 ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

Part III Statement of Program Service Accomplishments (See the instructions.)

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

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 \$ 1,871.) If this amount includes foreign grants, check here ► ☐

228,251.

b HOTLINE SERVICES:

SEE STATEMENT 15.

(Grants and allocations \$ 471.) If this amount includes foreign grants, check here ► ☐

64,622.

c LEGISLATION:

SEE STATEMENT 16.

(Grants and allocations \$ 384.) If this amount includes foreign grants, check here ► ☐

189,269.

d PUBLIC AWARENESS:

SEE STATEMENT 17.

(Grants and allocations \$ 77,662.) If this amount includes foreign grants, check here ► ☐

1,258,909.

e Other program services (attach schedule) SEE STATEMENT 6

(Grants and allocations \$ 1,344.) If this amount includes foreign grants, check here ► ☐

381,844.

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 2,122,895.

Form 990 (2005)

Part IV Balance Sheets (See the instructions)

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	319,791.	45 375,867.
	46 Savings and temporary cash investments	201,147.	46 7,830.
	47 a Accounts receivable	47a 52,134.	
	b Less: allowance for doubtful accounts	47b 26,067.	47c 26,067.
	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	48,251.	52 44,603.
	53 Prepaid expenses and deferred charges		53 10,000.
	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 1,916,352.		
b Less: accumulated depreciation STMT 8	57b 764,928.	57c 1,151,424.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 9)	10,905.	58 10,785.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,173,281.	59 1,631,076.	
Liabilities	60 Accounts payable and accrued expenses		60
	61 Grants payable		61
	62 Deferred revenue		62 2,942.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 10)	5,627.	65 175,588.
66 Total liabilities. Add lines 60 through 65)	5,627.	66 178,530.	
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	1,167,654.	72 1,452,546.
	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)	1,167,654.	73 1,452,546.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,173,281.	74 1,631,076.	

Form 990 (2005)

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 3			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c		X
<p>Note. Related organizations include section 509(a)(3) supporting organizations.</p> <p>If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.</p>			
d Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions.)		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 ▶ <u>N/A</u> 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

Part VI Other Information (continued)		Yes	No
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?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	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?	85g	N/A
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?	85h	N/A
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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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 <u>0.</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
90 a	List the states with which a copy of this return is filed <u>CA</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	37
91 a	The books are in care of <u>SERENITY MACDONALD</u> Telephone no. <u>323-467-4242</u> Located at <u>6616 SUNSET BLVD., LOS ANGELES, CA</u> ZIP + 4 <u>90028</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>82</u>	82	N/A

Part VII Analysis of Income-Producing Activities (See 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					21,932.
b ANNUAL AWARDS DINNER					384,491.
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	94.	
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	<202,463.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					34,984.
103 Other revenue:					
a MISCELLANEOUS INCOME					5,501.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		<202,369.>	446,908.
105 Total (add line 104, columns (B), (D), and (E))					244,539.

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 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 the instructions.)

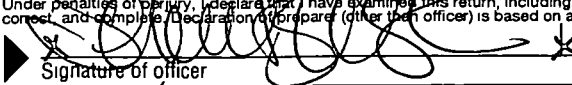

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
NONE	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

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

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

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer 		Date 11/15/06	Type or print name and title. Serenity MacDonald Treasurer	
Paid Preparer's Use Only	Preparer's signature 	Date 11/15/06	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN 95-2399533	
	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 92-2399533		Phone no. (310) 273-2501	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 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

2005

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-A 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
PAT FREY DBA CREATIVE PRODUCTIONS UNLIMITED 1543 HILL DRIVE, LOS ANGELES, CA 90041	EVENT PRODUCTION	296,075.
SAM BRUNELLI 15462 GULF BLVD., #508, ST. PETERSBERG, FL 33708	PUBLIC RELATIONS	162,500.
JOHN SPAGNOLA 675 S. GULFVIEW BLVD #204, CLEARWATER, FL 33767	FUNDRAISING	67,259.
JOHN FLEMING 7123 MACAPA DRIVE, LOS ANGELES, CA 90068	FUNDRAISING	57,055.

Total number of others receiving over \$50,000 for professional services ▶

0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other 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: \$ 205,790. \$ 189,236. (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-A, 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
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,119,315.	2,286,109.	1,436,471.	3,407,972.	9,249,867.
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	114,570.	127,551.	152,560.	128,888.	523,569.
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	211.	302.	390.	2,049.	2,952.
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	1,469.	21,245.	SEE STATEMENT 13 2,177.	2,425.	27,316.
23 Total of lines 15 through 22	2,235,565.	2,435,207.	1,591,598.	3,541,334.	9,803,704.
24 Line 23 minus line 17	2,120,995.	2,307,656.	1,439,038.	3,412,446.	9,280,135.
25 Enter 1% of line 23	22,356.	24,352.	15,916.	35,413.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 185,603.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 9,280,135.
d Add: Amounts from column (e) for lines: 18 2,952. 19 _____ 22 27,316. 26b _____					26d 30,268.
e Public support (line 26c minus line 26d total)					26e 9,249,867.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.6738%
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	(2004)	(2003)	(2002)	(2001)	
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 11b, 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	(2004)	(2003)	(2002)	(2001)	
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 2001 through 2004, 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/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☒ if the organization belongs to an affiliated group.Check **b** ☒ if you checked "a" and "limited control" provisions apply.

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)	41,055.	38,209.												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	164,735.	151,027.												
38	Total lobbying expenditures (add lines 36 and 37)	205,790.	189,236.												
39	Other exempt purpose expenditures	3,477,596.	2,940,190.												
40	Total exempt purpose expenditures (add lines 38 and 39)	3,683,386.	3,129,426.												
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		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		
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														
41		334,169.	306,471.												
42	Grassroots nontaxable amount (enter 25% of line 41)	83,542.	76,618.												
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0.	0.												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0.	0.												

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	334,169.	297,100.	457,663.	281,092.	1,370,024.
46 Lobbying ceiling amount (150% of line 45(e))					2,055,036.
47 Total lobbying expenditures	205,790.	135,241.	111,910.	112,123.	565,064.
48 Grassroots nontaxable amount	83,542.	74,275.	114,416.	70,273.	342,506.
49 Grassroots ceiling amount (150% of line 48(e))					513,759.
50 Grassroots lobbying expenditures	41,055.	30,251.	35,270.	11,609.	118,185.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

- 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.)

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

Yes	No	Amount
		0.

Exempt Organizations (See page 12 of the instructions.)

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible][illegible]

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.		22,962.	0.
25	(D) FURNITURE & EQUIPMENT							
	070100	SL	5.00	16	4,752.		4,236.	0.
27	FURNITURE & EQUIPMENT							
	070100	SL	5.00	16	30,682.		27,614.	3,068.
38	FURNITURE & EQUIPMENT							
	070101	SL	5.00	16	434,070.		303,877.	86,814.
41	(D) FURNITURE & EQUIPMENT							
	070101	SL	5.00	16	166,253.		116,389.	0.
48	FURNITURE & EQUIPMENT							
	070102	SL	5.00	16	111,258.		55,629.	22,252.
51	FURNITURE & EQUIPMENT							
	070103	SL	5.00	16	211,711.		63,513.	42,342.
52	(D) FURNITURE & EQUIPMENT							
	070102	SL	5.00	16	250.		125.	0.
61	(D) FURNITURE & EQUIPMENT							
	070104	SL	5.00	16	422.		42.	0.
62	FURNITURE & EQUIPMENT							
	070104	SL	5.00	16	54,375.		5,438.	10,875.
63	FURNITURE & EQUIPMENT							
	070105	SL	5.00	16	356,490.			35,649.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					1,410,523.	0.	617,123.	201,000.
	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	16,062.		16,062.	0.
42	(D) COMPUTER SOFTWARE							
	070101	SL	3.00	16	5,973.		5,973.	0.
49	COMPUTER SOFTWARE							
	070102	SL	3.00	16	1,191.		993.	198.
64	COMPUTER SOFTWARE							
	070105	SL	3.00	16	4,771.			795.
65	DISPLAY FIXTURES							
	070105	SL	7.00	16	652,542.			46,610.

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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	07/01/00	01/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ABANDONED	0.	4,752.	0.	4,236.	<516.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
DISPOSAL OF DISPLAY FIXTURES	07/01/01	01/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ABANDONED	0.	300,357.	0.	150,179.	<150,178.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
DISPOSAL OF DISPLAY FIXTURES	07/01/02	01/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ABANDONED	0.	2,179.	0.	779.	<1,400.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
DISPOSAL OF FURNITURE	07/01/01	01/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ABANDONED	0.	166,253.	0.	116,389.	<49,864.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
DISPOSAL OF SOFTWARE	07/01/01	01/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ABANDONED	0.	5,973.	0.	5,973.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
DISPOSAL OF FURNITURE	07/01/02	01/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ABANDONED	0.	250.	0.	125.	<125.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
DISPOSAL OF FURNITURE	07/01/04	01/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ABANDONED	0.	422.	0.	42.	<380.>
TO FM 990, PART I, LN 8		480,186.	0.	277,723.	<202,463.>

FORM 990

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

STATEMENT 3

INCOME

1. GROSS RECEIPTS	51,934	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		51,934
4. COST OF GOODS SOLD (LINE 13)	16,950	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		34,984

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	48,251	
7. MERCHANDISE PURCHASED	13,302	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		61,553
12. INVENTORY AT END OF YEAR	44,603	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		16,950

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
SEC 481 ADJUSTMENT	<100,812.>
TOTAL TO FORM 990, PART I, LINE 20	<100,812.>

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	81,732.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				81,732.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	6
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PUBLICATIONS: SEE STATEMENT 18.	1,344.	381,844.
TOTAL TO FORM 990, PART III, LINE E	1,344.	381,844.

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.
COMPUTER SOFTWARE	490.	490.	0.
COMPUTER SOFTWARE	650.	650.	0.
SOFTWARE	1,735.	1,735.	0.
FURNITURE & EQUIPMENT	30,682.	30,682.	0.
FURNITURE & EQUIPMENT	434,070.	390,691.	43,379.
COMPUTER SOFTWARE	16,062.	16,062.	0.
FURNITURE & EQUIPMENT	111,258.	77,881.	33,377.
COMPUTER SOFTWARE	1,191.	1,191.	0.
FURNITURE & EQUIPMENT	211,711.	105,855.	105,856.
FURNITURE & EQUIPMENT	54,375.	16,313.	38,062.
FURNITURE & EQUIPMENT	356,490.	35,649.	320,841.
COMPUTER SOFTWARE	4,771.	795.	3,976.
DISPLAY FIXTURES	652,542.	46,610.	605,932.
TOTAL TO FORM 990, PART IV, LN 57	1,916,351.	764,928.	1,151,423.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
PAYROLL TAX REFUND RECEIVABLE	10,785.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	10,785.

FORM 990	OTHER LIABILITIES	STATEMENT	10
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DESCRIPTION	AMOUNT
SALES TAX PAYABLE	1,466.
ACCOUNTS PAYABLE	174,122.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	175,588.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, STATEMENT 11
 TRUSTEES AND KEY EMPLOYEES

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 0.25	0.	0.	0.
MEGAN SHIELDS 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TRUSTEE 0.25	0.	0.	0.
ISADORE CHAIT 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	DIRECTOR 0.25	0.	0.	0.
ANNE HOGARTH 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	DIRECTOR 0.25	0.	0.	0.
BRUCE WISEMAN (SEE STMT) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	PRESIDENT 3.80	1,336.	0.	0.
FRAN ANDREWS (SEE STMT) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	VICE PRESIDENT 40.00	28,380.	0.	0.
MARLA FILIDEI (SEE STMT) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	VICE PRESIDENT 40.00	28,380.	0.	0.
MYRA SEVERTSON (SEE STMT) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	SECRETARY 38.00	15,038.	0.	0.
JAN EASTGATE MEYER (SEE STMT) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TRUSTEE 40.00	27,840.	0.	0.
SERENITY MACDONALD (SEE STMT) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TREASURER 40.00	28,380.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		129,354.	0.	0.

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

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	OTHER MISCELLANEOUS INCOME.

SCHEDULE A OTHER INCOME STATEMENT 13

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
COMMISSIONS	264.	350.	2,177.	2,319.
SCRAP SALES	0.	0.	0.	106.
PROPERTY TAX REFUND	1,205.	20,895.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	1,469.	21,245.	2,177.	2,425.

2005 FORM 990, PART III
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CITIZENS COMMISSION ON HUMAN RIGHTS

STATEMENT 14

DESCRIPTION OF PROGRAM SERVICE ONE
RESEARCH & INVESTIGATIONS:

THE CITIZENS COMMISSION ON HUMAN RIGHTS (CCHR) HAS CONDUCTED A 15-YEAR CAMPAIGN TO EXPOSE THE DANGERS OF ANTIDEPRESSANTS AFTER ITS INVESTIGATIONS FOUND MEDICAL AND ANECDOTAL EVIDENCE IN THE EARLY 1990S THAT SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI) ANTIDEPRESSANTS COULD CAUSE VIOLENT AND SUICIDAL BEHAVIOR. NEVER WAVERING FROM ITS INVESTIGATIONS, IT CONTINUED TO PUT PRESSURE ON GOVERNMENT AGENCIES TO ISSUE PUBLIC WARNINGS. WHILE IN 2004, THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) FINALLY ISSUED A "BLACK BOX" WARNING ABOUT SUICIDE RISK IN ADOLESCENTS TAKING ANTIDEPRESSANTS, IN 2005 NUMEROUS OTHER GOVERNMENT AGENCY WARNINGS AGAINST PSYCHIATRIC DRUGS WERE ISSUED AROUND THE WORLD.

THESE INCLUDED THE FDA, THE AUSTRALIAN THERAPEUTIC GOODS ADMINISTRATION, THE EUROPEAN MEDICINES AGENCY'S COMMITTEE FOR MEDICINAL PRODUCTS FOR HUMAN USE AND THE NEW ZEALAND MEDICINES ADVERSE REACTIONS COMMITTEE. FOR EXAMPLE, IN JUNE, THE FDA WARNED ABOUT THE POTENTIAL INCREASED RISK OF SUICIDAL BEHAVIOR IN ADULTS TAKING ANTIDEPRESSANTS, BROADENING ITS 2004 SUICIDE WARNING. IN AUGUST, THE AUSTRALIAN THERAPEUTIC GOODS ADMINISTRATION DETERMINED A RELATIONSHIP BETWEEN SSRI ANTIDEPRESSANTS AND SUICIDALITY, SEVERE RESTLESSNESS, AGITATION, NERVOUSNESS AND ANXIETY IN ADULTS.

ALSO IN AUGUST, THE EUROPEAN DRUG REGULATORY AGENCY ISSUED ITS STRONGEST WARNING AGAINST CHILDREN TAKING SSRI ANTIDEPRESSANTS, STATING THE DRUGS CAUSED SUICIDE ATTEMPTS AND THOUGHTS, AGGRESSION, HOSTILITY, OPPOSITIONAL BEHAVIOR AND ANGER.

IN SEPTEMBER, THE FDA WARNED THAT THE ANTIDEPRESSANT PAXIL, AND OTHER SSRI ANTIDEPRESSANTS TAKEN DURING THE FIRST TRIMESTER OF PREGNANCY, COULD CAUSE INCREASED RISK OF MAJOR BIRTH DEFECTS, INCLUDING HEART MALFORMATIONS IN NEWBORN INFANTS. AND IN NOVEMBER, IT WARNED THAT EFFEXOR XR COULD CAUSE HOMICIDAL IDEATION.

WITH THE EXPOSURE OF SSRIS CAUSING SUICIDE AND VIOLENCE, STUDIES SUPPORTING THIS AND OTHER RISKS WERE PUBLISHED THROUGHOUT 2005. FOR EXAMPLE, IN FEBRUARY, A STUDY PUBLISHED IN THE *BRITISH MEDICAL JOURNAL* DETERMINED THAT ADULTS TAKING SSRIS WERE MORE THAN TWICE AS LIKELY TO ATTEMPT SUICIDE AS PATIENTS GIVEN A PLACEBO. IN JULY, THE *BRITISH MEDICAL JOURNAL* PUBLISHED A STUDY, "EFFICACY OF ANTIDEPRESSANTS IN ADULTS," BY JOANNA MONCRIEFF, SENIOR LECTURER IN PSYCHIATRY AT UNIVERSITY COLLEGE LONDON, WHO FOUND THAT ANTIDEPRESSANTS WERE NO MORE EFFECTIVE THAN A PLACEBO AND DO NOT REDUCE DEPRESSION. IN A MEDIA INTERVIEW ON THE STUDY, DR. MONCRIEFF STATED, "THE BOTTOM LINE IS THAT WE REALLY DON'T HAVE ANY GOOD EVIDENCE THAT THESE DRUGS WORK."

ADDITIONALLY, THE RESULTS OF CCHR'S LONG-RUNNING INVESTIGATION OF THE DANGERS OF PEDIATRIC USE OF STIMULANT DRUGS FOR SO-CALLED "ATTENTION DEFICIT HYPERACTIVITY DISORDER" (ADHD) HAVE BEEN RELEASED TO RAISE PUBLIC AWARENESS, AND MANY NOW QUESTION THE USE OF SUCH DRUGS IN CHILDREN. IN SEPTEMBER, THE OREGON HEALTH &

SCIENCE UNIVERSITY, EVIDENCE-BASED PRACTICE CENTER PUBLISHED THE FINDINGS OF ITS REVIEW OF 2,287 STUDIES—VIRTUALLY EVERY STUDY EVER CONDUCTED ON “ADHD” DRUGS—AND FOUND THAT THERE WERE NO TRIALS SHOWING THE EFFECTIVENESS OF THESE DRUGS AND THAT THERE WAS A LACK OF EVIDENCE THAT THEY COULD AFFECT “ACADEMIC PERFORMANCE, RISKY BEHAVIORS, SOCIAL ACHIEVEMENTS, ETC.” FURTHER, “WE FOUND NO EVIDENCE ON LONG-TERM SAFETY OF DRUGS USED TO TREAT ADHD IN YOUNG CHILDREN” OR “ADOLESCENTS.”

CCHR, CONTINUING ITS INVESTIGATIONS INTO THE CRIMINAL ABUSE IN THE MENTAL HEALTH SYSTEM, ALSO INVESTIGATED SEVERAL PSYCHIATRISTS AND PSYCHOLOGISTS IN 2005. ON MARCH 14, FLORIDA PSYCHOLOGIST HOLLI BODNER PLEADED GUILTY TO PERJURY. SHE LIED ON COMMITMENT FORMS ABOUT A NEIGHBOR, STATING HE WAS ABUSING HIS WIFE AND CHILD. HER LIES LED TO THE NEIGHBOR BEING INVOLUNTARILY COMMITTED TO A PSYCHIATRIC FACILITY. BODNER HAD BEEN INVOLVED IN A YEAR-LONG DISPUTE WITH THE NEIGHBOR OVER THE POSITION OF STREETLIGHTS. THE COURT DECIDED THAT BODNER HAD USED THE STATE COMMITMENT LAW (KNOWN AS THE “BAKER ACT”) TO PUNISH HER NEIGHBOR. “TAKING SOMEBODY’S FREEDOM AWAY IS EGREGIOUS,” ASSISTANT STATE ATTORNEY DARLENE RAGOONANAN TOLD THE COURT. BODNER WAS SENTENCED TO TEN WEEKENDS IN JAIL AND SIX MONTHS PROBATION.

IN CALIFORNIA, A CCHR INVESTIGATOR CARRIED OUT AN IN-DEPTH INVESTIGATION INTO NAPA STATE PSYCHIATRIC HOSPITAL AND TURNED OVER EVIDENCE OF NEGLECT AND ABUSE TO THE U.S. DEPARTMENT OF JUSTICE (DOJ) THAT CONDUCTED ITS OWN INVESTIGATION. THE DOJ’S SUBSEQUENT 23-PAGE REPORT FOUND: A FACILITY “CRAWLING WITH ILLEGAL DRUG USE,” TRAFFICKING IN CONTRABAND, PATIENT ASSAULTS AND SUICIDES, EXCESSIVE DRUG DOSAGES, AND DEATHS. THREE PATIENTS

OVERDOSED ON AMPHETAMINES AND/OR COCAINE, INCLUDING ONE PATIENT WHO DIED OF THE OVERDOSE. THE DOJ ALSO ACCUSED STATE OFFICIALS OF FAILING TO COOPERATE WITH THEIR INVESTIGATION AND OF REPEATEDLY REFUSING TO ALLOW ACCESS TO THE FACILITY. CONSEQUENTLY, THE DOJ SLAPPED AN "AA" CITATION—THE MOST SEVERE UNDER STATE LAW—ON NAPA STATE, FINED IT \$80,000 AND THREATENED TO CUT ITS FEDERAL FUNDING IF IT DIDN'T CORRECT ITS VIOLATIONS.

IN FLORIDA, A CCHR INVESTIGATOR HELPED SPARK AN INVESTIGATION INTO PSYCHIATRIC SEXUAL ABUSE THAT HAD BEEN ONGOING FOR YEARS. SEARCHING THROUGH RECORDS, THE INVESTIGATOR ASSEMBLED THE NAMES OF MENTAL HEALTH PRACTITIONERS IN FLORIDA THAT THE DEPARTMENT OF HEALTH HAD DISCIPLINED. HE DISCOVERED OVER 100 CASES OF CRIMINAL SEXUAL MISCONDUCT BY PSYCHOTHERAPISTS THAT HAD NOT BEEN REFERRED TO STATE PROSECUTORS AS REQUIRED BY LAW. WHILE THE FLORIDA HEALTH DEPARTMENT HAD SUSPENDED OR REVOKED LICENSES FOR THESE CRIMES, THEY HAD FAILED TO NOTIFY STATE PROSECUTORS. THIS RESULTED IN THE DEPARTMENT OF HEALTH SECRETARY JOHN O. AGWUNOBI ANNOUNCING THAT MORE THAN 15,000 DISCIPLINARY CASES AGAINST PSYCHIATRISTS, PSYCHOLOGISTS AND DOCTORS INVESTIGATED BY THE DEPARTMENT SINCE 1992 WERE BEING SENT TO PROSECUTORS THROUGHOUT THE STATE TO DETERMINE WHAT CRIMINAL ACTIONS SHOULD BE PURSUED.

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CITIZENS COMMISSION 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. CCHR RECIEVES MANY CALLS IN RESPONSE TO ITS PUBLICATIONS, PUBLIC SERVICE ANNOUNCEMENTS AIRED ON THE RADIO, NEWSPAPER ADVERTISEMENTS, FLYERS, MEDIA ARTICLES, OR TV AND RADIO SHOWS ABOUT CCHR'S ACTIVITIES AS A PUBLIC AWARENESS MENTAL HEALTH WATCHDOG ORGANIZATION.

IN 2005, MORE THAN 3,000 INDIVIDUALS AND GROUPS WERE PROVIDED WITH INFORMATION AND ASSISTANCE THROUGH THIS HOTLINE SERVICE. CCHR PROVIDED CALLERS WITH FREE PUBLICATIONS, MEDIA ARTICLES, MEDICAL STUDIES, PAPERS AND REPORTS. CCHR ALSO TOLD CALLERS WHERE THEY COULD GET ADDITIONAL INFORMATION THROUGH WEBSITES AND BOOKS 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 HORRIFIC EFFECTS OF PSYCHIATRIC DRUGS AND TREATMENTS, AND THE FACT THAT THERE ARE NUMEROUS DRUG-FREE SOLUTIONS TO HANDLING 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 EMPOWERS CALLERS WITH NEEDED INFORMATION TO SAFEGUARD THEIR RIGHTS, ASSISTS THOSE WHO WERE SEEKING RECOURSE FOR PSYCHIATRIC ABUSE, AND HELPED THEM PREPARE OFFICIAL COMPLAINTS TO REPORT TO THE PROPER AUTHORITIES. CCHR ENSURES THAT CALLERS WERE AWARE OF ALL POSSIBLE AVENUES OF RECOURSE.

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STATEMENT 16

DESCRIPTION OF PROGRAM SERVICE THREE
LEGISLATION:

CCHR'S LEGISLATIVE ACTIONS IN 2005 CENTERED AROUND AN EDUCATIONAL CAMPAIGN TO RAISE AWARENESS TO GAIN CONGRESSIONAL SUPPORT FOR H.R. 181, THE PARENTAL CONSENT ACT OF 2005, A BILL THAT WOULD PROHIBIT THE USE OF FEDERAL FUNDS FOR ANY UNIVERSAL OR MANDATORY MENTAL HEALTH SCREENING PROGRAM IN SCHOOLS OR IN THE WORKPLACE. MENTAL HEALTH SCREENING ULTIMATELY LEADS TO CHILDREN BEING PRESCRIBED DANGEROUS PSYCHOTROPIC DRUGS. CCHR'S EDUCATIONAL CAMPAIGN AND THE ACTIONS OF MANY LIKE-MINDED GROUPS HELPED BRING THE NUMBER OF CO-SPONSORS OF H.R. 181 FROM ONE, WHEN IT WAS INTRODUCED, TO 43 BY YEAR-ENDING.

IN FLORIDA, CCHR RAN AN EDUCATIONAL CAMPAIGN TO ASSIST GETTING A BILL PASSED THAT WOULD MAKE IT A RIGHT OF CHILDREN TO BE EDUCATED DRUG-FREE IN SCHOOLS. CCHR REPRESENTATIVES TESTIFIED BEFORE HEARINGS AND MET WITH LEGISLATORS. ON MAY 5, THE HOUSE AND THE SENATE OF THE FLORIDA LEGISLATURE VOTED UNANIMOUSLY TO PASS THE BILL, AND IT WAS SIGNED INTO LAW ON MAY 27. THE LAW MAKES IT ILLEGAL FOR EDUCATORS TO FORCE ANY PARENT TO PUT THEIR CHILD ON PSYCHOTROPIC DRUGS IN ORDER TO ATTEND SCHOOL AND REGUIRES WRITTEN PARENTAL CONSENT FOR ANY MENTAL HEALTH TESTS, SCREENINGS OR QUESTIONNAIRES TO BE GIVEN TO CHILDREN IN SCHOOLS.

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STATEMENT 17

DESCRIPTION OF PROGRAM SERVICE FOUR
PUBLIC AWARENESS:

DURING THE FIRST FOUR MONTHS OF 2005, 564 INDIVIDUALS TOURED CCHR'S PUBLIC AWARENESS EXHIBITION "PSYCHIATRY KILLS," HOUSED AT CCHR'S INTERNATIONAL HEADQUARTERS. LEGISLATORS, HUMAN RIGHTS ACTIVISTS, RELIGIOUS LEADERS, DOCTORS, MEDIA, PARENTS AND ARTISTS WERE AMONG THOSE WHO TOURED. IN MAY, THE EXHIBITION WAS CLOSED FOR RENOVATIONS.

IT WAS RE-OPENED IN DECEMBER AS A NEW PERMANENT MUSEUM, ENTITLED "PSYCHIATRY: AN INDUSTRY OF DEATH," AND IS FREE TO THE PUBLIC. THE MUSEUM IS A GRAPHIC DOCUMENTARY-STYLE EXPOSE' THAT PROVIDES PEOPLE WITH AN IN-DEPTH 300-YEAR HISTORY OF PSYCHIATRY. THE MUSEUM ALSO OFFERS 14 STATE-OF-THE-ART DOCUMENTARIES ON SUBJECTS SUCH AS THE ORIGINS OF PSYCHIATRY, ITS DENIAL OF THE SPIRIT OF MAN, ITS EARLY "TREATMENTS" THAT WERE NOTHING MORE THAN TORTURE, THE ADVENT OF ELECTROSHOCK AND PSYCHOSURGERY, THE FRAUD OF PSYCHIATRIC DIAGNOSES AND THE DRUGGING OF MILLIONS OF MEN, WOMEN AND CHILDREN FOR THESE "DISORDERS," OFTEN VOTED INTO EXISTENCE BY MEMBERS OF THE AMERICAN PSYCHIATRIC ASSOCIATION AND INFLUENCED BY THE PHARMACEUTICAL INDUSTRY.

OVER 3,000 PEOPLE, INCLUDING NUMEROUS INTERNATIONAL DIGNITARIES, LEGISLATORS, BUSINESSMEN, PSYCHOLOGISTS,

NURSING SCHOOL STUDENTS AND HUMAN RIGHTS ADVOCATES
ATTENDED THE GRAND OPENING OF THE MUSEUM ON DECEMBER 17.

ANOTHER OF CCHR'S PUBLIC AWARENESS ACTIVITIES FOR 2005 WAS
THE HIGHLY SUCCESSFUL TRAVELING EXHIBITS, CALLED "PSYCHIATRY
EXPOSED" AND MODELED AFTER THE "PSYCHIATRY KILLS" EXHIBITION.
THESE PORTABLE EXHIBITS WERE DISPLAYED IN 100 CITIES IN 16
DIFFERENT COUNTRIES ON SIX CONTINENTS, AND VIEWED BY TENS OF
THOUSANDS OF PEOPLE.

WHILE THE TRAVELING EXHIBIT WAS IN JAPAN IN FEBRUARY, OVER
14,400 PEOPLE TOURED IT, WHERE IT WAS DISPLAYED IN AREAS AS
DIVERSE AS CIVIC CENTERS, PARKS, A SYMPHONY HALL AND, FOR TWO
DAYS, IN TOKYO'S FEDERAL PARLIAMENT BUILDING. HERE IT WAS USED
AS PART OF A CCHR WORKSHOP/STUDY MEETING ON PSYCHIATRY.
FIVE GOVERNMENT OFFICIALS WERE AMONG THE OFFICIAL ATTENDEES
FOR THE TWO-DAY WORKSHOP.

IN THE UNITED STATES, THE CCHR TRAVELING EXHIBIT WAS DISPLAYED
IN THE ILLINOIS STATE CAPITOL. IN THE STATE SENATE, ONE SENATOR
WAS SO IMPRESSED HE ENCOURAGED OTHER SENATORS TO TOUR IT.

THE CCHR TRAVELING EXHIBIT WAS ALSO DISPLAYED IN THE
WASHINGTON STATE CAPITOL, WHERE VISITORS INCLUDED SEVERAL
STATE LEGISLATORS, MAYORS AND NUMEROUS GOVERNMENT
EMPLOYEES.

THE CCHR TRAVELING EXHIBIT WAS ALSO DISPLAYED IN THE
COLORADO STATE CAPITOL FOR SIX DAYS. NUMEROUS
REPRESENTATIVES TOURED THE EXHIBIT. SOME RESPONSES
INCLUDED, "IT [PSYCHIATRY] IS ALL ABOUT THE MONEY" AND IN

REFERENCE TO A PSYCHIATRIC CLAIM THAT 1 IN 5 COLORADOANS ARE MENTALLY ILL, ONE LEGISLATOR STATED IT WAS "RIDICULOUS AND DESTROYS ALL CREDIBILITY OF MENTAL HEALTH PROVIDERS."

PUBLIC AWARENESS THROUGH THE MEDIA: OVER A 3-MONTH PERIOD, THERE WERE 2,837 TV SHOWS, PRINT ARTICLES AND RADIO SHOWS EXPOSING PSYCHIATRY AND/OR THE DANGERS OF PSYCHIATRIC DRUGS, REACHING MILLIONS OF PEOPLE.

THE MEDIA ALSO COVERED THE 17 GOVERNMENT AGENCY WARNINGS ISSUED REGARDING THE DANGERS OF PSYCHOTROPIC DRUGS. THE MEDIA COVERAGE INCLUDED:

APRIL: THE BRITISH HOUSE OF COMMONS HEALTH COMMITTEE ISSUED A DAMNING REPORT THAT SSRI ANTIDEPRESSANTS HAD BEEN "INDISCRIMINATELY PRESCRIBED ON A GRAND SCALE" AND THAT DRUG COMPANIES HAVE MARKETING THE DRUGS WITHOUT PUNISHMENT TO TREAT "UNHAPPINESS [THAT] IS PART OF THE SPECTRUM OF HUMAN EXPERIENCE, NOT A MEDICAL CONDITION."

APRIL 11: THE FDA WARNED THAT ANTIPSYCHOTIC DRUGS IN ELDERLY PATIENTS COULD INCREASE THE RISK OF DEATH.

JUNE 28: THE FDA ANNOUNCED ITS INTENTION TO MAKE LABELING CHANGES TO STIMULANTS TO INCLUDE THE SIDE EFFECTS: "VISUAL HALLUCINATIONS, SUICIDAL IDEATION [IDEAS], PSYCHOTIC BEHAVIOR, AS WELL AS AGGRESSION OR VIOLENT BEHAVIOR."

JUNE 30: THE FDA WARNED THAT THE LATEST ANTIDEPRESSANT CYMBALTA COULD INCREASE SUICIDAL THINKING OR BEHAVIOR IN PEDIATRIC PATIENTS TAKING IT.

JUNE 30: THE FDA ALSO WARNED ABOUT A POTENTIAL INCREASED RISK OF SUICIDAL BEHAVIOR IN ADULTS TAKING ANTIDEPRESSANTS.

AUGUST: THE AUSTRALIAN THERAPEUTIC GOODS ADMINISTRATION FOUND A RELATIONSHIP BETWEEN ANTIDEPRESSANTS AND SUICIDALITY, AKATHISIA (SEVERE RESTLESSNESS), AGITATION, NERVOUSNESS AND ANXIETY IN ADULTS. SIMILAR SYMPTOMS COULD OCCUR DURING WITHDRAWAL FROM THE DRUGS, IT DETERMINED.

AUGUST 19: THE EUROPEAN MEDICINES AGENCY'S COMMITTEE FOR MEDICINAL PRODUCTS FOR HUMAN USE ISSUED ITS STRONGEST WARNING AGAINST CHILD ANTIDEPRESSANT USE, STATING THAT THE DRUGS CAUSED SUICIDE ATTEMPTS AND THOUGHTS, AGGRESSION, HOSTILITY, OPPOSITIONAL BEHAVIOR AND ANGER.

SEPTEMBER 27: THE FDA WARNED THAT PAXIL AND OTHER ANTIDEPRESSANTS TAKEN DURING THE FIRST TRIMESTER OF PREGNANCY COULD CAUSE INCREASED RISK OF MAJOR BIRTH DEFECTS, INCLUDING HEART MALFORMATIONS IN NEWBORN INFANTS.

SEPTEMBER 28: THE BRITISH NATIONAL HEALTH SERVICE'S INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE RELEASED A CLINICAL GUIDELINE FOR TREATMENT OF "DEPRESSION IN CHILDREN AND YOUNG PEOPLE." IT ADVISED "ALL ANTIDEPRESSANT DRUGS HAVE SIGNIFICANT RISKS WHEN GIVEN TO CHILDREN AND YOUNG PEOPLE" AND INSTEAD, THEY SHOULD BE "OFFERED ADVICE ON THE BENEFITS OF REGULAR EXERCISE," "SLEEP HYGIENE," "NUTRITION AND THE BENEFITS OF A BALANCED DIET."

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STATEMENT 18

DESCRIPTION OF PROGRAM SERVICE FIVE
PUBLICATIONS:

CCHR'S PUBLIC EDUCATION AND INFORMATION CAMPAIGN FOCUSED ON THE DISTRIBUTION OF FREE PUBLICATIONS OR CD'S THAT COVER SUCH SUBJECTS AS THE CRIMINALITY AND FRAUD WITHIN THE PSYCHIATRIC PROFESSION, UNDERMINING MORAL VALUES, DAMAGING CHILDREN THROUGH PSYCHIATRIC DIAGNOSES AND DRUGS, THE HARMING OF THE ELDERLY THROUGH ELECTROSHOCK AND DRUGS AND PSYCHIATRY'S HARMFUL INFILTRATION OF CHURCHES AND SCHOOLS.

CCHR CONTINUED ITS DISTRIBUTION OF THE CCHR HUMAN RIGHTS INVESTIGATOR KITS, INCLUDING THE 20 BOOKLETS AND 20 PAMPHLETS IN 15 LANGUAGES, COVERING A WIDE RANGE OF PSYCHIATRIC HUMAN RIGHTS VIOLATIONS. THESE KITS WERE DISTRIBUTED TO HUNDREDS WHO WORK WITH CCHR TO PROTECT HUMAN RIGHTS IN THE FIELD OF MENTAL HEALTH AND PROVIDE PEOPLE WITH INFORMATION AND MATERIALS TO COMBAT AND EXPOSE PSYCHIATRIC ABUSE.

IN OCTOBER, CCHR ALSO PRODUCED WHISTLEBLOWER ADVERTISEMENTS TO RUN IN LOCAL NEWSPAPERS. THESE URGED PEOPLE TO REPORT PSYCHIATRIC ABUSE TO THEIR LOCAL CCHR. THESE WERE PRODUCED ON CD AND DISTRIBUTED TO THOUSANDS WHO WORK WITH CCHR AROUND THE WORLD.

CCHR WORKED THROUGHOUT THE YEAR ON RESEARCH FOR THE PRODUCTION OF 14 VIDEO DOCUMENTARIES COVERING PSYCHIATRY'S CRUEL HISTORY, IT'S BRUTAL TREATMENTS, HOW PSYCHIATRY IS CREATING SOCIAL

CHAOS, HOW PSYCHIATRY INVENTS MENTAL DISORDERS, HOW PSYCHIATRIC DRUGS CAN KILL AND WHAT CAN BE DONE ABOUT IT. IN DECEMBER, CCHR INTERNATIONAL'S NEW "PSYCHIATRY: AN INDUSTRY OF DEATH" MUSEUM OPENED AT ITS HEADQUARTERS IN LOS ANGELES, WHICH FEATURED THE 14 VIDEO DOCUMENTARIES. OVER 2000 PEOPLE ATTENDED THE GRAND OPENING. THE MUSEUM AND ITS 14 DOCUMENTARIES WERE EXTREMELY WELL RECEIVED BY THE PUBLIC, AND THESE HAVE STARTED A NEW GROUNDSWELL OF PEOPLE SUPPORTING CCHR'S ACTIVITIES.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2005

Attachment
Sequence No **67**

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 the instructions for a higher limit for certain businesses	1	105,000.
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	420,000.
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 2004 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 2006. 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	248,603.

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 2005	17	
18	If you are electing 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 2005 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 2005 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	248,603.
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 the 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone 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 the 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 2005 tax year:					
43 Amortization of costs that began before your 2005 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

- 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 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	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.

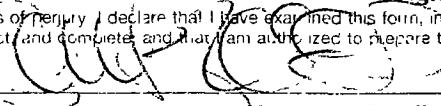
- The books are in the care of **Serenity Macdonald**
Telephone No. **(323) 467-4242** FAX No. **(323) 467-3720**
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group 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.

- 4 I request an additional 3 month extension of time until **November 15**, 20 **06**.
- 5 For calendar year _____ 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 compiled at this time.**

- 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-EF, 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 8378. \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with EFT coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, 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 **3/14/06****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
	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)