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

2006

Open to Public Inspection

A For the 2006 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) — 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 [X] Accrual [ ] Other (specify) ▶

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

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶ 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 [X] No

G Website ▶ WWW.CCHR.ORG

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

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

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)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,414,834.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	1,438,974.		
	c	Indirect public support (not included on line 1a)	1c	1,521,724.		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	**Total** (add lines 1a through 1d) (cash $ 2,960,698. noncash $)			1e	2,960,698.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	360,326.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	169.
	5	Dividends and interest from securities			5	
	6 a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities / (B) Other	8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ [ ]				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a	89,073.		
	b	Less cost of goods sold	10b	25,073.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a		STMT 2	10c	64,000.
	11	Other revenue (from Part VII, line 103)			11	4,568.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	3,389,761.
Expenses	13	Program services (from line 44, column (B))			13	2,992,842.
	14	Management and general (from line 44, column (C))			14	328,537.
	15	Fundraising (from line 44, column (D))			15	385,729.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	3,707,108.
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	<317,347.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,452,546.
	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	1,135,199.

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623001 01-18-07 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions** Form **990** (2006)

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
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 63,793. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b	63,793.	63,793.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	146,363.	109,218.	23,183.	13,962.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	718,857.	491,842.	141,687.	85,328.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	12,087.	8,270.	2,382.	1,435.
29 Payroll taxes	29	77,053.	52,720.	15,187.	9,146.
30 Professional fundraising fees	30	50,231.	21,134.	29,097.	
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	67,782.	51,006.	10,774.	6,002.
34 Telephone	34	43,287.	29,617.	8,532.	5,138.
35 Postage and shipping	35	101,252.	85,061.	2,457.	13,734.
36 Occupancy	36	442,402.	357,496.	48,395.	36,511.
37 Equipment rental and maintenance	37	8,762.	5,619.	2,599.	544.
38 Printing and publications	38	304,516.	303,254.	268.	994.
39 Travel	39	27,904.	25,009.	1,658.	1,237.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	311,032.	249,526.	34,679.	26,827.
43 Other expenses not covered above (itemize):					
a BANK CHARGES	43a	40,608.	304.	182.	40,122.
b COMMISSIONS	43b	66,536.			66,536.
c PROMOTION	43c	1,163,971.	1,090,886.		73,085.
d INSURANCE	43d	15,016.	12,046.	1,675.	1,295.
e TAXES, DUES, & FEES	43e	1,301.	457.	837.	7.
f UTILITIES	43f	44,355.	35,584.	4,945.	3,826.
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	3,707,108.	2,992,842.	328,537.	385,729.

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 [X] No

If "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

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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 11. (Grants and allocations $ 217.) If this amount includes foreign grants, check here ▶ ☐	244,179.
b HOTLINE SERVICES: SEE STATEMENT 12. (Grants and allocations $ 87.) If this amount includes foreign grants, check here ▶ ☐	95,934.
c LEGISLATION: SEE STATEMENT 13. (Grants and allocations $ 97.) If this amount includes foreign grants, check here ▶ ☐	183,880.
d PUBLIC AWARENESS: SEE STATEMENT 14. (Grants and allocations $ 63,147.) If this amount includes foreign grants, check here ▶ ☐	2,189,095.
e Other program services (attach schedule) SEE STATEMENT 4 (Grants and allocations $ 244.) If this amount includes foreign grants, check here ▶ ☐	279,754.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	2,992,842.

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		375,867.	45	85,162.
46	Savings and temporary cash investments		7,830.	46	60,079.
47 a	Accounts receivable	47a 58,189.			
b	Less: allowance for doubtful accounts	47b 29,094.	26,067.	47c	29,095.
48 a	Pledges receivable	48a 60,254.			
b	Less: allowance for doubtful accounts	48b 30,127.		48c	30,127.
49	Grants receivable			49	
50 a	Receivables from current and former officers, directors, trustees, and key employees			50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
51 a	Other notes and loans receivable	51a			
b	Less allowance for doubtful accounts	51b		51c	
52	Inventories for sale or use		44,603.	52	39,787.
53	Prepaid expenses and deferred charges		10,000.	53	28,728.
54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
b	Investments - other securities ▶ ☐ Cost ☐ FMV			54b	
55 a	Investments - land, buildings, and equipment: basis	55a			
b	Less: accumulated depreciation	55b		55c	
56	Investments - other SEE STATEMENT 5		4,500.	56	4,500.
57 a	Land, buildings, and equipment: basis	57a 2,104,567.			
b	Less: accumulated depreciation STMT 6	57b 1,075,961.	1,151,424.	57c	1,028,606.
58	Other assets, including program-related investments (describe ▶ PAYROLL TAX REFUND RECEIVABLE)		10,785.	58	7,023.
59	**Total assets** (must equal line 74). Add lines 45 through 58		1,631,076.	59	1,313,107.
Liabilities					
60	Accounts payable and accrued expenses			60	
61	Grants payable			61	
62	Deferred revenue		2,942.	62	2,304.
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 7)		175,588.	65	175,604.
66	**Total liabilities.** Add lines 60 through 65		178,530.	66	177,908.
Net Assets or Fund Balances					
	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted			67	
68	Temporarily restricted			68	
69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ▶ ☒ 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		1,452,546.	72	1,135,199.
73	**Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		1,452,546.	73	1,135,199.
74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		1,631,076.	74	1,313,107.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	3,414,834.
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify): COST OF GOODS SOLD	b4	25,073.		
	Add lines **b1** through **b4**			b	25,073.
c	Subtract line **b** from line **a**			c	3,389,761.
d	Amounts included on Part I, line 12, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	0.
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	3,389,761.

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

a	Total expenses and losses per audited financial statements			a	3,732,181.
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): COST OF GOODS SOLD	b4	25,073.		
	Add lines **b1** through **b4**			b	25,073.
c	Subtract line **b** from line **a**			c	3,707,108.
d	Amounts included on Part I, line 17, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	0.
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	3,707,108.

Part V-A Current Officers, Directors, Trustees, and Key Employees
(List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 8		146,363.	0.	0.

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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 the organization? See the instructions for the definition of "related organization"	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
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 (if not paid, enter -0-)	(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 make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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 ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

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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	N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?			83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?			84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	84b		
85	*501(c)(4), (5), or (6) organizations* **a** Were substantially all dues nondeductible by members?		N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.					
c	Dues, assessments, and similar amounts from members	85c	N/A			
d	Section 162(e) lobbying and political expenditures	85d	N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount 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 a	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			88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶			88b		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.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?			89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A	89g		

90 a List the states with which a copy of this return is filed ▶ CA

b Number of employees employed in the pay period that includes March 12, 2006 | 90b | 44

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

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

			Yes	No
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 ▶ N/A	91b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
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 ▶ N/A	91c		X
92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A	

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

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue					
a LICENSING FEES					44,901.
b ANNUAL AWARDS DINNER					315,425.
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	169.	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					64,000.
103 Other revenue:					
a MISCELLANEOUS INCOME			01	4,568.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		4,737.	424,326.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					429,063.

Note: *Line 105 plus line 1e, 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 9

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).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)* N/A

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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 X 11/15/07

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ CPA	Date 11/15/07	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst. X) P00535334
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 ▶ 95-2399533
			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

2006

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 2 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	87,593.
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 ▶ $ 246,179. $ 183,877. (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	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		X
b	Dd the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

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

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

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

8 [ ] A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

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

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

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

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

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

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

[ ] Type I [ ] Type II [ ] Type III-Functionally Integrated [ ] Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 [ ] An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,368,508.	2,119,315.	2,286,109.	1,436,471.	9,210,403.
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	458,357.	114,570.	127,551.	152,560.	853,038.
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	94.	211.	302.	390.	997.
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	5,501.	1,469.	SEE STATEMENT 10 21,245.	2,177.	30,392.
23 Total of lines 15 through 22	3,832,460.	2,235,565.	2,435,207.	1,591,598.	10,094,830.
24 Line 23 minus line 17	3,374,103.	2,120,995.	2,307,656.	1,439,038.	9,241,792.
25 Enter 1% of line 23	38,325.	22,356.	24,352.	15,916.	

26 **Organizations described on lines 10 or 11: a** Enter 2% of amount in column (e), line 24 ▶ 26a 184,836.

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 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 339,537.

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 9,241,792.

d Add Amounts from column (e) for lines 18 997. 19 ______ 22 30,392. 26b 339,537. ▶ 26d 370,926.

e Public support (line 26c minus line 26d total) ▶ 26e 8,870,866.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 95.9864 %

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

(2005) (2004) (2003) (2002)

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

(2005) (2004) (2003) (2002)

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 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant* **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions)

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	55,735.	44,203.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	190,444.	139,674.
38 Total lobbying expenditures (add lines 36 and 37)	38	246,179.	183,877.
39 Other exempt purpose expenditures	39	3,809,875.	3,021,776.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	4,056,054.	3,205,653.
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000	41	352,803.	310,283.
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42	88,201.	77,571.
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0.	0.
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0.	0.

Caution *If there is an amount on either line 43 or line 44, you must file Form 4720*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	352,803.	334,169.	297,100.	457,663.	1,441,735.
46 Lobbying ceiling amount (150% of line 45(e))					2,162,603.
47 Total lobbying expenditures	246,178.	205,790.	135,241.	111,910.	699,119.
48 Grassroots nontaxable amount	88,201.	83,542.	74,275.	114,416.	360,434.
49 Grassroots ceiling amount (150% of line 48(e))					540,651.
50 Grassroots lobbying expenditures	55,735.	41,055.	30,251.	35,270.	162,311.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions) N/A

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

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions)

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

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

2006 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
8	FURNITURE & EQUIPMENT	12/31/93	SL	5.00	HY	16	1,009.				1,009.	1,009.		0.	1,009.
12	FURNITURE & EQUIPMENT	12/31/95	SL	7.00	HY	16	637.				637.	637.		0.	637.
14	FURNITURE & EQUIPMENT	04/01/97	SL	5.00	HY	16	14,997.				14,997.	14,997.		0.	14,997.
15	FURNITURE & EQUIPMENT	07/01/98	SL	5.00	HY	16	655.				655.	655.		0.	655.
16	FURNITURE & EQUIPMENT	07/01/99	SL	5.00	HY	16	22,962.				22,962.	22,962.		0.	22,962.
27	FURNITURE & EQUIPMENT	07/01/00	SL	5.00	HY	16	30,682.				30,682.	30,682.		0.	30,682.
38	FURNITURE & EQUIPMENT	07/01/01	SL	5.00	HY	16	434,070.				434,070.	390,691.		43,379.	434,070.
48	FURNITURE & EQUIPMENT	07/01/02	SL	5.00	HY	16	111,258.				111,258.	77,881.		22,252.	100,133.
51	FURNITURE & EQUIPMENT	07/01/03	SL	5.00	HY	16	211,711.				211,711.	105,855.		42,342.	148,197.
62	FURNITURE & EQUIPMENT	07/01/04	SL	5.00	HY	16	54,375.				54,375.	16,313.		10,875.	27,188.
63	FURNITURE & EQUIPMENT	07/01/05	SL	5.00	HY	16	354,250.				354,250.	35,649.		70,850.	106,499.
66	FURNITURE & EQUIPMENT	07/01/06	SL	5.00	HY	16	120,897.				120,897.			12,090.	12,090.
69	(D)TRANSFER OF 2005 FURNITURE	01/01/06	SL	5.00	HY	16	2,240.				2,240.			<224.>	
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES						1,359,743.				1,359,743.	697,331.		201,564.	899,119.
	OTHER														
18	COMPUTER SOFTWARE	07/01/96	SL	3.00	HY	16	64.				64.	64.		0.	64.
20	COMPUTER SOFTWARE	07/01/98	SL	3.00	HY	16	490.				490.	490.		0.	490.

628111
12-05-06

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
21	COMPUTER SOFTWARE	07/01/99	SL	3.00	HY	16	650.				650.	650.		0.	650.
26	SOFTWARE	05/01/00	SL	3.00	HY	16	1,735.				1,735.	1,735.		0.	1,735.
39	COMPUTER SOFTWARE	07/01/01	SL	3.00	HY	16	16,062.				16,062.	16,062.		0.	16,062.
49	COMPUTER SOFTWARE	07/01/02	SL	3.00	HY	16	1,191.				1,191.	1,191.		0.	1,191.
64	COMPUTER SOFTWARE	07/01/05	SL	3.00	HY	16	4,771.				4,771.	795.		1,590.	2,385.
67	COMPUTER SOFTWARE	07/01/06	SL	3.00	HY	16	5,184.				5,184.			864.	864.
	* 990 PAGE 2 TOTAL OTHER						30,147.				30,147.	20,987.		2,454.	23,441.
	* 990 PAGE 2 TOTAL -						1,389,890.				1,389,890.	718,318.		204,018.	922,560.
	OTHER														
65	DISPLAY FIXTURES	07/01/05	SL	7.00	HY	16	652,542.				652,542.	46,610.		93,220.	139,830.
68	DISPLAY FIXTURES	07/01/05	SL	7.00	HY	16	64,373.				64,373.			13,794.	13,794.
	* 990 PAGE 2 TOTAL OTHER						716,915.				716,915.	46,610.		107,014.	153,624.
	* 990 PAGE 2 TOTAL -						716,915.				716,915.	46,610.		107,014.	153,624.
	* GRAND TOTAL 990 PAGE 2 DEPR						2,106,805.				2,106,805.	764,928.		311,032.	1,076,184.

628111
12-05-06

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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 INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10 STATEMENT 2

INCOME

1. GROSS RECEIPTS	89,073	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		89,073
4. COST OF GOODS SOLD (LINE 13)	25,073	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		64,000

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	44,603	
7. MERCHANDISE PURCHASED	20,257	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		64,860
12. INVENTORY AT END OF YEAR	39,787	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		25,073

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
EDUCATIONAL CHURCH OF SCIENTOLOGY - WESTERN US LOS ANGELES, CA	63,793.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	63,793.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 4

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
PUBLICATIONS: SEE STATEMENT 15.	244.	279,754.
SEE STATEMENT 18.		
TOTAL TO FORM 990, PART III, LINE E	244.	279,754.

FORM 990 OTHER INVESTMENTS STATEMENT 5

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 6

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.	434,070.	0.
COMPUTER SOFTWARE	16,062.	16,062.	0.
FURNITURE & EQUIPMENT	111,258.	100,133.	11,125.
COMPUTER SOFTWARE	1,191.	1,191.	0.
FURNITURE & EQUIPMENT	211,711.	148,197.	63,514.
FURNITURE & EQUIPMENT	54,375.	27,188.	27,187.
FURNITURE & EQUIPMENT	354,250.	106,499.	247,751.
COMPUTER SOFTWARE	4,771.	2,385.	2,386.
DISPLAY FIXTURES	652,542.	139,830.	512,712.
FURNITURE & EQUIPMENT	120,897.	12,090.	108,807.
COMPUTER SOFTWARE	5,184.	864.	4,320.
DISPLAY FIXTURES	64,373.	13,794.	50,579.
TOTAL TO FORM 990, PART IV, LN 57	2,104,565.	1,076,184.	1,028,381.

FORM 990 OTHER LIABILITIES STATEMENT 7

DESCRIPTION	AMOUNT
SALES TAX PAYABLE	1,556.
ACCOUNTS PAYABLE	174,048.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	175,604.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

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 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	PRESIDENT 4.70	1,659.	0.	0.
FRAN ANDREWS (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	VICE PRESIDENT 40.00	29,280.	0.	0.
MARLA FILIDEI (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	VICE PRESIDENT 40.00	29,280.	0.	0.
MYRA SEVERTSON (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	SECRETARY 1.00	334.	0.	0.
JAN EASTGATE MEYER (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TRUSTEE 40.00	28,740.	0.	0.
SERENITY MACDONALD (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	TREASURER 40.00	29,080.	0.	0.
CARLA MOXON (SEE STMT 1) 6616 SUNSET BOULEVARD LOS ANGELES, CA 90028	SECRETARY 40.00	27,990.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		146,363.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 9

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 10

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
COMMISSIONS	0.	264.	350.	2,177.
PROPERTY TAX REFUND	0.	1,205.	20,895.	0.
MISCELLANEOUS	5,501.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	5,501.	1,469.	21,245.	2,177.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization 990

(Including Information on Listed Property)

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

OMB No 1545-0172

2006

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
CITIZENS COMMISSION ON HUMAN RIGHTS	FORM 990 PAGE 2	68-0005541

Part I Election To Expense Certain 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	108,000.
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	430,000.
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 2005 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 2007. 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 qualified New York Liberty or Gulf Opportunity 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	311,032.

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 2006	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 2006 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 2006 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
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	311,032.
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	2,240.

616251 10-17-06 LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **4562** (2006)

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 qualified New York Liberty or Gulf Opportunity 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												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See 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 2006 tax year:					
43 Amortization of costs that began before your 2006 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 ▶ [X]

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. You 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):

[X] 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, 2007

5 For calendar year 2006, 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	**8a**	$	
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.	**8b**	$	
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.	**8c**	$	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
623832 05-01-07	**City or town, province or state, and country (including postal or ZIP code)** BEVERLY HILLS, CA 90212-2907

2006 FORM 990, PART III
FEDERAL ID #68-0005541
CITIZENS COMMISSION ON HUMAN RIGHTS

STATEMENT 11

DESCRIPTION OF PROGRAM SERVICE ONE
RESEARCH & INVESTIGATIONS:

A PRIMARY INVESTIGATION OF THE CITIZENS COMMISSION ON HUMAN RIGHTS (CCHR) IS INTO THE SIDE EFFECTS AND DANGERS OF PSYCHIATRIC DRUGS. CONSUMERS REPORT ADVERSE REACTIONS TO PSYCHIATRIC DRUGS DIRECTLY TO CCHR THAT ARE SUBSEQUENTLY INVESTIGATED AND COMPARED TO FREQUENTLY REPORTED REACTIONS AND CURRENT MEDICAL LITERATURE ON DRUG REACTIONS. CCHR ALSO ANALYZES STUDIES PROVIDED BY PSYCHIATRIC/PHARMACEUTICAL COMPANIES FOR ACCURACY AND VESTED INTERESTS OF RESEARCHERS INVOLVED WITH THE STUDIES. SINCE 1991 CCHR DOCUMENTED THOUSANDS OF ACCOUNTS OF ADVERSE REACTIONS TO SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI) ANTIDEPRESSANTS PARTICULARLY RELATING TO VIOLENCE AND SUICIDE AND IN 1991 BEGAN SEEKING U.S. FOOD AND DRUG ADMINISTRATION (FDA) RECOGNITION OF THIS. DURING THE NEXT 14 YEARS, CCHR FURTHERED ITS INVESTIGATION INTO THESE SIDE EFFECTS ENLIGHTENED THE PUBLIC ABOUT REPORTING ALL PSYCHIATRIC DRUG ADVERSE REACTIONS, AND WORKED WITH DOCTORS AND RESEARCHERS TO PUT PRESSURE ON GOVERNMENT AGENCIES TO ISSUE PUBLIC WARNINGS. WHILE IN 2004, THE FDA FINALLY ISSUED A "BLACK BOX" WARNING ABOUT SUICIDE RISK IN ADOLESCENTS TAKING ANTIDEPRESSANTS, A DECEMBER 13, 2006 ADVISORY COMMITTEE TO THE FDA RECOMMENDED EXTENDING THIS "BLACK BOX" ON ANTIDEPRESSANTS FROM UNDER 18 YEAR OLDS TO THOSE 24 AND UNDER.

CCHR CONTINUED TO RESEARCH AND EXPOSE THE DANGERS OF OTHER PSYCHIATRIC DRUGS BEING PRESCRIBED TO MILLIONS INCLUDING STIMULANTS AND ANTI-PSYCHOTICS AND RAN PUBLIC AWARENESS CAMPAIGNS GLOBALLY TO INFORM THE GENERAL PUBLIC, CONSUMERS, MEDIA AND GOVERNMENT AGENCIES ABOUT ITS RESEARCH FINDINGS. DOCTORS AND CONSUMER GROUPS ALSO WORKED TO ENSURE STRINGENT GOVERNMENT AGENCY DRUG WARNINGS WERE ISSUED. IN 2006, THERE WERE MORE THAN 60 DRUG REGULATORY AGENCY WARNINGS AND PUBLISHED MEDICAL STUDIES EXPOSING THE DANGERS OF PSYCHIATRIC DRUGS IN NUMEROUS COUNTRIES. FOR EXAMPLE, THE HEALTH MINISTRY IN JAPAN DIRECTED PHARMACEUTICAL COMPANIES THAT PRODUCE SSRI ANTIDEPRESSANTS TO ADD A WARNING LABEL REGARDING SUICIDAL SIDE EFFECTS FOR THOSE UNDER 18 YEARS OF AGE TAKING THEM. A CANADIAN WARNING WAS ABOUT ANTIDEPRESSANTS POTENTIALLY CAUSING BIRTH DEFECTS IN BABIES WHO'S MOTHERS TOOK THE DRUGS DURING PREGNANCY. THE FDA ORDERED STRONGER WARNINGS AGAINST STIMULANTS TO ALERT PARENTS AND OTHERS THAT THE DRUGS CAN CAUSE HALLUCINATIONS, PSYCHOSIS, STROKES, HEART ATTACKS AND DEATH. HEALTH CANADA ALSO ISSUED A WARNING THAT ALL STIMULANT DRUGS PRESCRIBED FOR "ATTENTION DEFICIT HYPERACTIVITY DISORDER" STIMULATE THE HEART AND BLOOD VESSELS, AND IN RARE CASES, CAN RESULT IN CARDIAC

ARRESTS, STROKES OR SUDDEN DEATH. AND THE RUSSIAN MINISTRY OF HEALTH SUSPENDED THE REGISTRATION AND SALE OF THE ANTIDEPRESSANT STRATTERA—ALSO PRESCRIBED TO TREAT "ADHD"—BECAUSE OF SERIOUS SIDE EFFECTS, INCLUDING SUICIDAL INCLINATIONS.

ANOTHER KEY AREA OF RESEARCH IS INTO THE AMERICAN PSYCHIATRIC ASSOCIATION'S *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM). DSM* IS USED TO IDENTIFY AND LABEL PEOPLE AS MENTALLY DISORDERED REQUIRING DANGEROUS PSYCHIATRIC DRUGS AND/OR OTHER HAZARDOUS TREATMENTS. CCHR CONTINUED TO EXPOSE THE LACK OF SCIENCE BEHIND *DSM* DIAGNOSES, COLLECTING RESEARCH PAPERS, EXPERT COMMENTS AND DOCUMENTING HOW PSYCHIATRISTS ADMIT THEY DO NOT KNOW THE CAUSE OR CURE FOR A SINGLE "DISORDER" IN THEIR *DSM.* IT FURTHER DOCUMENTED HOW PHARMACEUTICAL COMPANY INTERESTS CAN INFLUENCE THE DSM.

CCHR ALSO INVESTIGATES SYSTEMIC ABUSE AND FRAUD IN THE MENTAL HEALTH SYSTEM AND SENDS INFORMATION ON ITS FINDINGS TO STATE LAW ENFORCEMENT AGENCIES, LICENSING BOARDS AND OTHER OVERSIGHT AND HEALTHCARE FRAUD INVESTIGATING AGENCIES. IT ALERTS VARIOUS STATE AND FEDERAL BODIES ABOUT CONVICTIONS OR LICENSE REVOCATIONS OF PSYCHIATRISTS AND PSYCHOLOGISTS. WITH MORE AWARENESS OF THE TYPES OF CRIMES COMMITTED IN THE NAME OF MENTAL HEALTH CARE, IN 2006, THERE WERE MORE THAN 230 LICENSE REVOCATIONS OR SUSPENSIONS AND 64 CRIMINAL CONVICTIONS OF PSYCHIATRISTS, PSYCHOLOGISTS AND OTHER MENTAL HEALTH WORKERS—ALMOST DOUBLE THAT REPORTED IN 2005. FOR EXAMPLE, MAINE PSYCHIATRIST MARC SHINDERMAN WAS CONVICTED ON JULY 20 OF 58 COUNTS OF PRESCRIPTION FRAUD. HE HAD ESTABLISHED A METHADONE TREATMENT FACILITY CALLED "CAP QUALITY CARE," WHERE HE WROTE ILLEGAL METHADONE PRESCRIPTIONS USING THE

NAME AND FEDERAL DRUG ENFORCEMENT ADMINISTRATION NUMBER OF THE CLINIC'S MEDICAL DIRECTOR, AS SHINDERMAN DID NOT POSSESS THE REQUIRED LICENSE HIMSELF.

ON JUNE 13, 2006, MARYLAND PSYCHIATRIST ROMAN OSTROVSKY PLEADED GUILTY TO DEFRAUDING THE MEDICAID PROGRAM OF $200,000. HE'D BILLED MEDICAID FOR SERVICES THAT WERE NEVER PROVIDED, INCLUDING FOR THOUSANDS OF 45-MINUTE THERAPY SESSIONS THAT HE NEVER PERFORMED. HIS SCHEME WAS DISCOVERED BECAUSE THERE WERE MANY DAYS WHERE DR. OSTROVSKY BILLED FOR UP TO 19 HOURS OF TREATMENT FOR A SINGLE DAY. HE WAS SENTENCED TO FIVE YEARS IN JAIL, ALL BUT 12 MONTHS SUSPENDED, WITH THE 12 MONTHS TO BE SERVED IN HOME CONFINEMENT. FURTHER, OSTROVSKY PAID $250,000 AT THE TIME OF SENTENCING AND IS REQUIRED TO PAY AN ADDITIONAL $150,000 DURING THE NEXT TWO YEARS.

ON JULY 20, 2006, MICHIGAN CHILD PSYCHOLOGIST CHARLES BRUCE FRAELICH PLEADED GUILTY TO SETTING UP A SEXUAL RENDEZVOUS NEAR ATLANTA WITH AN 11-YEAR-OLD GIRL WHOSE MOM HE MET ON THE INTERNET. THE "MOM" WAS AN UNDERCOVER AGENT ON THE FBI'S SAFE CHILD TASK FORCE IN GEORGIA, AND THE DAUGHTER WAS FICTITIOUS. FRAELICH WAS CHARGED WITH ONE COUNT OF AGGRAVATED SEXUAL ABUSE AND ONE COUNT OF USING THE INTERNET TO ATTEMPT TO COERCE AND ENTICE A MINOR TO ENGAGE IN ILLEGAL SEXUAL ACTIVITY. ON MAY 17, THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH SUSPENDED FRAELICH'S LICENSE TO PRACTICE PSYCHOLOGY.

2006 FORM 990, PART III
FEDERAL ID #68-0005541
CITIZENS COMMISSION ON HUMAN RIGHTS

STATEMENT 12

DESCRIPTION OF PROGRAM SERVICE TWO
HOTLINE AND INFORMATION REQUESTS:

CCHR MAINTAINS A TOLL-FREE 800# HOTLINE THAT IS A VITAL AVENUE WITH WHICH TO PROVIDE INFORMATION AND ASSISTANCE TO THE PUBLIC, THEREBY HELPING TO PROTECT THEM FROM PSYCHIATRIC ABUSE AND HARM. THIS HOTLINE IS PROMOTED IN CCHR'S PUBLICATIONS, MEDIA ARTICLES, FLYERS, PAMPHLETS, PUBLIC SERVICE ANNOUNCEMENTS ON THE RADIO, NEWSPAPER ADVERTISEMENTS, OR TV AND RADIO SHOWS ABOUT CCHR'S ACTIVITIES AND SERVICES.

MORE THAN 2,400 INDIVIDUALS AND GROUPS WERE PROVIDED INFORMATION AND ASSISTANCE THROUGH THIS HOTLINE SERVICE. FOR EXAMPLE, CALLERS WITH GIVEN FREE PUBLICATIONS, STUDIES, MEDIA ARTICLES, WHITE PAPERS AND OTHER MATERIAL THAT BETTER INFORMS THEM.

CCHR ALSO REFERRED CALLERS TO OTHER VALUABLE WEBSITES AND TO BOOKS AND WHITE PAPERS TO READ THAT RELATE TO MENTAL HEALTH AND PSYCHIATRIC ABUSE AND WHAT TO DO ABOUT IT. THOUSANDS OF INDIVIDUALS WERE ENLIGHTENED ABOUT THE UNSCIENTIFIC NATURE OF PSYCHIATRIC DIAGNOSES, HOW, UNLIKE FOR MEDICAL DISEASES, THERE ARE NO BLOOD, URINE, X-RAY OR OTHER PHYSICAL TESTS TO SUBSTANTIATE A PSYCHIATRIC "DISORDER." PARENTS, TEACHERS AND OTHERS WERE PROVIDED FACTS ABOUT THE HARMFUL LABELING OF CHILDREN WITH SUCH CONDITIONS AS "ATTENTION DEFICIT DISORDER" AND THE RISKS OF THE DRUGS PRESCRIBED TO TREAT THIS. THEY WERE ALSO INFORMED ABOUT HOW FRAUDULENT AND POTENTIALLY HARMFUL EFFECTS MENTAL HEALTH

SCREENING IS, ESPECIALLY WHEN IT LEADS TO A PSYCHIATRIC DRUG PRESCRIPTION. AT THE SAME TIME, CCHR ALSO INFORMED PEOPLE ABOUT THE NUMEROUS NON-DAMAGING SOLUTIONS TO HANDLING EMOTIONAL AND LIFE PROBLEMS AND SITUATIONS.

THE HOTLINE ALSO ALLOWED PEOPLE TO EASILY CONTACT CCHR AND REPORT INCIDENTS OF PSYCHIATRIC ABUSE OR FRAUD, AND/OR BE DIRECTED TO THEIR LOCAL CHAPTER FOR ASSISTANCE. CONSEQUENTLY, CCHR PROVIDED PEOPLE WITH NEEDED INFORMATION TO SAFEGUARD THEIR RIGHTS AND ASSIST THOSE WHO WERE SEEKING RECOURSE, OR TO PREPARE AND FILE OFFICIAL COMPLAINTS TO THE PROPER AUTHORITIES.

2006 FORM 990, PART III
FEDERAL ID #68-0005541
CITIZENS COMMISSION ON HUMAN RIGHTS

STATEMENT 13

DESCRIPTION OF PROGRAM SERVICE THREE
LEGISLATION:

CCHR'S LEGISLATIVE ACTIONS IN 2006 INVOLVED WORKING WITH CONSUMERS, ADVOCATES, MEDICAL DOCTORS AND MEMBERS OF THE UNITED STATES CONGRESS ON FDA REFORM. THIS WAS IN RESPONSE TO RECENT DRUG SCANDALS, INCLUDING THE FDA'S ADMISSION THAT ANTIDEPRESSANTS CAN CAUSE CHILDREN AND TEENS TO BECOME SUICIDAL. CCHR ADVOCATED FOR MORE PROTECTIONS FOR CONSUMERS AND THE RIGHT TO FULL INFORMED CONSENT, INCLUDING TRANSPARENCY OF CLINICAL DRUG TRIALS, AND INCREASING CONSUMERS' ABILITY TO PARTICIPATE IN POST-MARKET SURVEILLANCE OF FDA-APPROVED DRUGS BY EDUCATING THEM ABOUT THE FDA'S VOLUNTARY ADVERSE DRUG REACTION REPORTING SYSTEM, MEDWATCH.

CCHR, ALONG WITH MANY OTHER ADVOCACY AND PARENTS' RIGHTS GROUPS WORKED TO EDUCATE MEMBERS OF CONGRESS ON THE DANGERS OF UNIVERSAL MENTAL HEALTH SCREENING OF SCHOOL CHILDREN. SUCH SCREENINGS USE SUBJECTIVE QUESTIONNAIRES ON CHILDREN, WITHOUT PARENTS AND TEACHERS BEING INFORMED THAT THE SCREENING PROCESS LACKS ANY SCIENTIFIC/MEDICAL VALIDITY, YET BASED ON THIS THE CHILD COULD BE PRESCRIBED DANGEROUS AND EVEN DEADLY PSYCHIATRIC DRUGS.

CCHR ALSO EXPOSED HOW EXTREMELY POWERFUL ANTIPSYCHOTIC DRUGS WERE INCREASINGLY BEING PRESCRIBED TO MILLIONS OF U.S. CHILDREN, INCLUDING INFANTS UNDER MEDICAID FUNDING.

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CITIZENS COMMISSION ON HUMAN RIGHTS

STATEMENT 14

DISCRIPTION OF PROGRAM SERVICE FOUR
PUBLIC AWARENESS:

DURING 2006, MANY THOUSANDS OF INDIVIDUALS, INCLUDING HUMAN RIGHTS ACTIVITISTS, RELIGIOUS LEADERS, LEGISLATORS, DOCTORS, MEDIA, PARENTS, ARTISTS AND OTHERS, TOURED THE "PSYCHIATRY: AN INDUSTRY OF DEATH" MUSEUM AT THE INTERNATIONAL HEADQUARTERS OF CCHR.

THIS MUSEUM IS A GRAPHIC DOCUMENTARY-STYLE EXPOSÉ THAT PROVIDES VIEWERS WITH AN IN-DEPTH 300-YEAR HISTORY OF PSYCHIATRY. IT OFFERS 14 STATE-OF-THE-ART DOCUMENTARIES ON SUBJECTS SUCH AS THE ORIGINS OF PSYCHIATRY, ITS FAILURES, DESTRUCTIVE INVENTIONS, AND PRESENT-DAY HARM BEING INFLICTED UPON SOCIETY THROUGH ITS OFTEN BRUTAL TREATMENTS, INCLUDING ELECTROSHOCK "TREATMENT," RESTRAINTS AND DRUGS.

IN JULY 2006, CCHR INTERNATIONAL LAUNCHED 11 TRAVELING EXHIBITS, MODELED AFTER THE PERMANENT MUSEUM, AND DISPLAYED THEM IN 28 CITIES, IN 10 COUNTRIES, ON 4 CONTINENTS. TENS OF THOUSANDS OF INDIVIDUALS TOURED AND THE RESPONSE WAS OVERWHELMINGLY POSITIVE, WITH PEOPLE NOW ENLIGHTED AND ABLE TO DO SOMETHING ABOUT THE PSYCHIATRIC INFLUENCE IN THEIR LIVES. PEOPLE WANTED TO SUPPORT CCHR, ITS MISSION AND ACTIVITIES, TO REPORT ABUSES THEY WERE AWARE OF, AND TO TAKE NEEDED ACTION TO EFFECT CHANGE.

CCHR ALSO EXPANDED ITS WEBSITE, WWW.CCHR.ORG, ADDING 300 PAGES TO EDUCATE ATTORNEYS, EDUCATORS, LEGISLATORS, GOVERNMENT

OFFICIALS, ALTERNATIVE HEALTH PROFESSIONALS, INSURANCE COMPANIES, HUMAN AND CIVIL RIGHTS GROUPS AND MEDIA ON MENTAL HEALTH INDUSTRY FACTS AND STATISTICS, PROVIDING DOWNLOADABLE REPORTS, INCLUDING STUDIES AND WARNINGS ON PSYCHOTROPIC DRUGS.

NOT ONLY DOES CCHR BROADLY INFORM PEOPLE THROUGH ITS WEBSITE, REPORTS, DOCUMENTARIES AND NEWSLETTERS, IT ALSO GENERATES ADVOCACY ON ISSUES OF CONCERN. AND IT ENSURED THAT ITS ADVISORY BOARD CALLED "COMMISSIONERS," THE CCHR CHAPTERS AROUND THE WORLD AND ITS MANY VOLUNTEERS AND SUPPPORTERS ARE ALSO FURNISHED WITH UP-TO-DATE INFORMATION ABOUT ITS ACTIVITIES AND MENTAL HEALTH REFORMS.

CCHR LAUNCHED THE "FIGHT FOR KIDS" CAMPAIGN WITH EVENTS HELD IN NEW YORK AND LOS ANGELES, DURING WHICH PARENTS GAVE LIVE AND VIDEOED TESTIMONIALS ABOUT HOW PSYCHIATRIC LABELING AND DRUGS HAD HARMED THEIR CHILDREN, SOMETIMES FATALLY. DOCTORS ALSO EDUCATED THOSE ATTENDING ON WHAT THE REAL CAUSES OF CHILDHOOD BEHAVIORAL AND LEARNING PROBLEMS ARE AND ON NON-DAMAGING SOLUTIONS TO PSYCHIATRIC DRUGS.

CCHR ALSO RAISES CONSIDERABLE PUBLIC AWARENESS THROUGH ITS WORK WITH MEDIA, REPORTING PSYCHIATRIC VIOLATIONS OF HUMAN RIGHTS, ABUSES, AND FRAUD. AS A RESULT, MORE THAN 29,000 ARTICLES AND ELECTRONIC MEDIA COVERED ISSUES OF CONCERN TO CCHR, INCLUDING THE DANGEROUS EFFECTS OF PSYCHIATRIC DRUGS, DRUG REGULATORY AGENCY WARNINGS AND STUDIES ABOUT ADVERSE DRUG REACTION, AND THE INCREASING DAMAGING EFFECTS OF THESE DRUGS ON CHILDREN ESPECIALLY. MEDIA EXPOSED CRIMINAL PSYCHIATRIC ACTIVITY, ILL-

TREATMENT OF PATIENTS IN PSYCHIATRIC INSTITUTIONS, AND FRAUD AND OTHER MENTAL HEALTH INDUSTRY ABUSE.

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STATEMENT 15

DESCRIPTION OF PROGRAM SERVICE FIVE
PUBLICATIONS:

CCHR WIDELY DISTRIBUTES FREE PUBLICATIONS IN ADDITION TO PROVIDING CD'S OR DVDS THAT COVER MANY ASPECTS OF PSYCHIATRY'S HARMFUL IMPACT IN SOCIETY.

TO HANDLE THE MASSIVE RESPONSE TO THE DOCUMENTARIES SHOWN IN THE *PSYCHIATRY: AN INDUSTRY OF DEATH* MUSEUM AT CCHR'S HEADQUARTERS IN LOS ANGELES, CCHR PRODUCED A NEW DVD IN OCTOBER WITH THE SAME TITLE. THIS CONTAINED ALL 14 DOCUMENTARIES FROM THE MUSEUM, WAS PRODUCED IN 15 LANGUAGES AND DISTRIBUTED TO MORE THAN 180,000 PEOPLE WORLDWIDE.

CCHR CONTINUED TO PRINT AND DISTRIBUTE ITS *REPORT AND RECOMMENDATION* SERIES OF 20 BOOKLETS AND 20 PAMPHLETS IN 15 LANGUAGES THAT ADDRESS A RANGE OF PSYCHIATRIC HUMAN RIGHTS VIOLATIONS. THESE ARE ALSO PRODUCED AND DISTRIBUTED FREE OF CHARGE TO PUBLIC WHO TOUR CCHR'S MUSEUM.

IN 2006, CCHR DISTRIBUTED OVER ONE MILLION COPIES OF THE MORE THAN 100 DIFFERENT PUBLICATIONS IT PRODUCED, INCLUDING THE BOOKLETS, *COMMON SIDE EFFECTS OF PSYCHIATRIC DRUGS* AND *HOW TO SURVIVE THE EDUCATION SYSTEM AS A PARENT: WHAT TO DO IF YOUR CHILD IS LABLED "ADHD" OR "LD."* WHITE PAPERS WERE PRODUCED INCLUDING, *ADHD DRUG WARNING: EXPOSING THE DSM (DIAGNOSTIC AND STATISTICAL MANUAL)*; *CITIZENS COMMISSION ON HUMAN RIGHTS* AND THE *U.S. FOOD*

AND DRUG ADMINISTRATION WARNINGS ON ANTIDEPRESSANTS. FURTHER, THERE WERE EDUCATIONAL MATERIALS SUCH AS THE *FIGHT FOR KIDS* PARENTS KITS, AND *THE HUMAN RIGHTS INVESTIGATOR MANUAL.*

CCHR PRODUCED AND DISTRIBUTED MORE THAN 3,000 OTHER DVDS/CDS, INCLUDING THE TOOLS AND MATERIALS CD FOR *THE HUMAN RIGHTS INVESTIGATOR MANUAL,* DVDS FOR THE *FIGHT FOR KIDS* PARENTS KITS, DVDS OF *CCHR'S 37TH ANNIVERSARY DINNER AND HUMAN RIGHTS AWARDS CELEBRATION,* PROMOTIONL DVDS FOR THE *PSYCHIATRY: AN INDUSTRY OF DEATH* MUSEUM AND DVDS OF THE MINI-DOCUMENTARY, *PSYCHIATRY: NO SCIENCE, NO CURES.*

Form **8868** (Rev. December 2006) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	CITIZENS COMMISSION ON HUMAN RIGHTS	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):

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

- 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 will cover.

1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until AUGUST 15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2006 or
▶ [ ] tax year beginning ______, and ending ______.

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.	3a	$
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.	3b	$
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.	3c	$ N/A

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.