

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501 (c) (3) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

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

OMB No. 1545-0047

**1998**This Form Is Open  
to Public Inspection

A For the 1998 calendar year, OB tax year period beginning

1998, and ending

19

Q Check if:

• Change of address

• Initial return  
• Final return  
• Amended return (required also for state reporting)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)

**6362 HOLLYWOOD BLVD.**

Room/suite

**1B**

City or town, state or country, and ZIP+4

**LOS ANGELES, CA 90028-6331**

D Employer identification number

**68-0005541**

E Telephone number

**(323) 467-4242**

F Check • • if exemption

application is pending

G Typify information: If ☒ Exempt under 501(c)(3) (insert number) OR ☐ section 4947(a)(1) nonexempt charitable trust

Note: Section 501 (c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No

I If either box in H is checked "Yes," enter four-digit group

exemption number (GEN) **^ ^ ^**J Accounting method: ☒ Cash ☐ Accrual(C) Is this a separate return filed by an organization covered by a group ruling? • Yes ☐ QD ☒ NO☐ Other (specify) •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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

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

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support

1a

**974162.**

b Indirect public support

1b

**1462843.**

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (attach schedule of contributors)

**STMT 2**(cash \$ **2437005.** noncash \$ )

1d

**2437005.**

2 Program service revenue including government fees and contracts (from Part VII, line 93)

**2**

3 Membership dues and assessments

**3**

4 Interest on savings and temporary cash investments

**4****2368.**

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 sale of assets other than inventory

(A) Securities

(B) Other

6a

b Less: cost or other basis and sales expenses

6b

c Gain or (loss) (attach schedule)

6c

d Net gain or (loss) (combine line 8a, 8b, and 8c)

**8d**

9 Special events and activities (attach schedule):

a Gross revenue (not including contributions reported on line 1a)

9a

b Less: direct expenses other than contributions

9b

c Net income or (loss) from special events (line 9a)

9c

10 a Gross sales of inventory, less returns and allowances

10a

**36247.**

b Less: cost of goods sold

10b

**16247.**c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) **STMT 3**

10c

**20000.**

11 Other revenue (from Part VII, line 103)

**11****33.**

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

**12****2459406.**

13 Program services (from line 44, column (B))

**13****1810669.**

14 Management and general (from line 44, column (C))

**14****126436.**

15 Fundraising (from line 44, column (D))

**15****231074.**

16 Payments to affiliates (attach schedule)

**16**

17 Total expenses (add lines 16 and 44, column (A))

**17****2168179.**

18 Excess or (deficit) for the year (subtract line 17 from line 12)

**18****291227.**

19 Net assets or fund balances at beginning of year (from line 73, column (A))

**19****174432.**

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****465659.**

LHA For Paperwork Reduction Act Notice, see page 1 of the separate Instructions.

Form 990 (1998)

823001  
12-11-98

SCANNED JAN 07 2000

Revenue

Expenses

Net Assets

**Part II 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.	HI	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule).....					
cash \$ _____ noncash \$ _____	22				
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	67630.	41444.	26186.	0.
26 Others salaries and wages .....	26	232092.	165601.	29072.	37419.
27 Pension plan contributions .....	27				
28 Other employee benefits .....	28	2544.	1758.	469.	317.
29 Payroll taxes .....	29	30425.	21018.	5610.	3797.
30 Professional fundraising fees .....	30				
31 Accounting fees .....	31	7695.		7695.	
32 Legal fees .....	32	25437.	20131.	5306.	
33 Supplies .....	33	37586.	25970.	6924.	4692.
34 Telephone .....	34	38623.	26681.	7122.	4820.
35 Postage and shipping .....	35	758937.	673757.	3421.	81759.
36 Occupancy .....	36	47107.	33421.	8301.	5385.
37 Equipment rental and maintenance .....	37	11694.	7575.	2751.	1368.
38 Printing and publications .....	38	648909.	584060.	2221.	62628.
39 Travel .....	39	38460.	36174.	2092.	194.
40 Conferences, conventions, and meetings .....	40				
41 Interest .....	41				
42 Depreciation, depletion, etc. (attach schedule) ...	42	13275.	9420.	2338.	1517.
43 Other expenses (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e SEE STATEMENT 4	43e	207765.	163659.	16928.	27178.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 .....	44	2168179.	1810669.	126436.	231074.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?..... ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

### Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? •

TO INVESTIGATE AND EXPOSE PSYCHIATRIC ABUSES OF HUMAN RIGHTS

AN 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 SEE STATEMENT 5	
(Grants and allocations \$ _____)	84341.
b SEE STATEMENT 6	
(Grants and allocations \$ _____)	79927.
c SEE STATEMENT 7	
(Grants and allocations \$ _____)	17589.
d SEE STATEMENT 8	
(Grants and allocations \$ _____)	307756.
e Other program services (attach schedule) STATEMENT 9 (Grants and allocations \$ _____)	1321056.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1810669.

# Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

				(A) Beginning of year		(B) End of year
* 1	45	Cash-non-interest-bearing .....		30091.	45	48818.
	46	Savings and temporary cash investments .....		79843.	46	358355.
	47 a	Accounts receivable .....	47a			
	b	Less: allowance for doubtful accounts .....	47b		47D	
	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 (attach schedule) .....			50	
	51 a	Other notes and loans receivable .....	51a			
	b	Less: allowance for doubtful accounts .....	51b		51c	
	52	Inventories for sale or use .....		15870.	52	15500.
	53	Prepaid expenses and deferred charges .....			53	
	54	Investments-securities (attach schedule) .....			54	
	55 a	Investments - land, buildings, and equipment: basis .....	55a			
	b	Less: accumulated depreciation (attach schedule) .....	55b		55c	
	56	Investments-other .....	SEE STATEMENT 10	11900.	56	11900.
	57 a	Land, buildings, and equipment: basis .....	57a	110697.		
	b	Less: accumulated depreciation .....	S.T.M.T. 11 57b	78693.	57c	32004.
	58	Other assets (describe • MISCELLANEOUS RECEIVABLE )			58	24.
	59	Total assets (add lines 45 through 58) (must equal line 74) .....		175104.	59	466601.
Liabilities	60	Accounts payable and accrued expenses .....		672.	60	942.
	61	Grants payable .....			61	
	62	Deferred revenue .....			62	
	63	Loans from officers, directors, trustees, and key employees .....			63	
	64 a	Tax-exempt bond liabilities .....			64a	
	b	Mortgages and other notes payable .....			64h	
	65	Other liabilities (describe • )			65	
	66	Total liabilities (add lines 60 through 65) .....		672.	66	942.
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 .....			m	
	Organizations that do not follow SFAS 117, check here • <input checked="" type="checkbox"/> HD 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 .....		174432.	72	465659.
	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) .....		174432.	73	465659.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73) .....		175104.	74	466601.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a	Total revenue, gains, and other support per audited financial statements.	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments. . . . \$		
(2)	Donated services and use of facilities. . . \$		
(3)	Recoveries of prior year grants . . . . . \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4) . . . . .	b	
c	Line a minus line b. . . . .	c	
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2). . . . .	d	
e	Total revenue per line 12, Form 990 (line c plus line d) . . . . .	e	

**Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements.	a	N/A
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . . \$		
(3)	Losses reported on line 20, Form 990 . . . \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4) . . . . .	b	
c	Line a minus line b. . . . .	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2). . . . .	d	
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . .	e	

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contribution to employee benefit plan and deferred compensation	(E) Expense account and other allowances
MICK MCFARLAND	TRUSTEE			
6331 HOLLYWOOD BL. #1200				
LA CA 90028	AS NEEDED	0.	0.	0.
MEGAN SHIELDS	TRUSTEE			
5336 FOUNTAIN AVE.				
LA, CA 90029	AS NEEDED	0.	0.	0.
ISADORE CHAIT	DIRECTOR			
261 18TH ST.				
BEVERLY HILLS, CA 90210	AS NEEDED	0.	0.	0.
ANNE HOGARTH	DIRECTOR			
6331 HOLLYWOOD BL. #1200				
LA, CA 90029	AS NEEDED	0.	0.	0.
BRUCE WISEMAN	PRESIDENT			
206 S. BRAND BL.				
GLENDAL, CA 91205	9 HRS/WEEK	2228.	0.	0.
FRAN ANDREWS	DIRECTOR/EMPLOYEE			
1012 FAIR OAKS #193				
SOUTH PASADENA, CA 91030	40 HRS/WEEK	13382.	0.	0.
PETER DOCKX	VICE PRESIDENT			
6362 HOLLYWOOD BL., SUITE B				
HOLLYWOOD, CA 90028	40 HRS/WEEK	14413.	0.	0.
ROSE TINKLENBERG	SECRETARY			
6362 HOLLYWOOD BL., SUITE B				
HOLLYWOOD, CA 90028	40 HRS/WEEK	8447.	0.	0.
JAN MEYER	KEY EMPLOYEE			
6362 HOLLYWOOD BL., SUITE B				
HOLLYWOOD, CA 90028	40 HRS/WEEK	13542.	0.	0.
BILL EARNSHAW	TREASURER			
426 WHEELING WAY				
PASADENA, CA 90042	40 HRS/WEEK	15618.	0.	0.

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

## Part VI Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		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.		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		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?	X	
b If "Yes," enter the name of the organization <u>CHURCH OF SCIENTOLOGY INTERNATIONAL</u> and check whether it is <input type="checkbox"/> U.S. exempt OR <input type="checkbox"/> nonexempt.		
81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81. <u>81a</u> 0		
b Did the organization file Form 1120-POL for this year?		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		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 for reporting in Part III). <u>82b</u> N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible? M/h		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85 501(c)(4), (5), or (6) organizations. - a Were substantially all dues nondeductible by members? N/A		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
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 <u>85c</u> N/A		
d Section 162(e) lobbying and political expenditures <u>85d</u> N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <u>85e</u> N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) <u>85f</u> N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A		
h If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? M/h		
85 501(c)(7) organizations. - Enter:		
a Initiation fees and capital contributions included on line 12 <u>86a</u> N/A		
b Gross receipts, included on line 12, for public use of club facilities <u>86b</u> N/A		
87 501(c)(12) organizations. - Enter: a Gross income from members or shareholders <u>87a</u> 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.) <u>87b</u> N/A		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX.		X
89 a 501(c)(3) organizations. - Enter: Amount of tax imposed 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? If "Yes," attach a statement explaining each transaction		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 in 89c, above, reimbursed by the organization. <u>0</u>		
90 a List the states with which a copy of this return is filed • <u>CALIFORNIA</u>		
b Number of employees employed in the pay period that includes March 12, 1998. <u>90b</u> 24		

91 The books are in care of • BILL EARNSHAW Telephone no. • 323 467-4242Located at 6362 HOLLYWOOD BLVD. SUITE B L.A. CAL. ZIP+4 • 90028-633192 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**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 312, S13, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
(a) _____					
(b) _____					
(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	2368.	
95 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 .....					20000.
103 Other revenue:					
a COMMISSION .....			01	25.	
b CURRENCY EXCHANGE .....			01	8.	
c .....					
d .....					
e .....					
104 Subtotal (add columns (B), (D), and (E)) .....			O.	2401.	20000.
105 TOTAL (add line 104, columns (B), (D), and (E)) .....					22401.

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**

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).

102 SALE OF PROGRAM RELATED PRINTED MATERIAL

**Part IX Information Regarding Taxable Subsidiaries** (Complete this Part if the "Yes" box on 86 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

I am preparing this return on the basis of the accompanying schedules and statements, and to the best of my knowledge and belief, It is true, and I am not aware of any information which preparer has any knowledge.

5 nov 1999 ILL EARNSHAW

Type or print name and title

**SCHEDULE A**  
**{Form 990}**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501 (k),  
501 (n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information**

- Must be completed by the above organizations and attached to their Form 990 or 990EZ.

OMB No. 1545-0047

**1998**

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68! 0005541

**Part 1**

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

(See 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 2**

**Compensation of the Five Highest Paid Independent Contractors for Professions or Services**

(See 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
NONE		
Total number of others receiving over \$50,000 for professional services.....	0	

**Part I** Statement About Activities

	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? .....	1 X	
If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. • \$ 17589 •		
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 of its 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:		
a Sale, exchange, or leasing of property? .....	2a	X
b Lending of money or other extension of credit? .....	2b	X
c Furnishing of goods, services, or facilities? .....	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?.....SEE PART V, FORM 990.....	2d X	
e Transfer of any part of its income or assets? .....	2e	X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? .....	3	X^
4 a Do you have a section 403(b) annuity plan for your employees?.....	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

**Part II** Reason for Non-Private Foundation Status (See instructions.)

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

- 5 ☒ n 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, page 4.)
- 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).
- g ☐ 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 ☒ m 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 ☒ O An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

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

Provide the following information about the supported organizations. (See instructions on page 4.)

(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 instructions on page 4.)



fPMfiil^iSI

Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above.) 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) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).....	2427173.	2567347.	2698063.	840832.	8533415.
16 Membership fees received.....					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose.....					
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....	2861.	2151.	376.	97.	5485.
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.....	7.		SEE STATEMENT 12		7.
23 Total of lines 15 through 22.....	2430041.	2569498.	2698439.	840929.	8538907.
24 Line 23 minus line 17.....	2430041.	2569498.	2698439.	840929.	8538907.
25 Enter 1% of line 23.....	24300.	25695.	26984.	8409.	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24.....					170778.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1994 through 1997 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.....			SEE STATEMENT 13		224222.
c Total support for section 509(a)(1) test: Enter line 24, column (e).....					8538907.
d Add: Amounts from column (e) for lines: 18 5485. -jg.....					229714.
22 7. 26b 224222. ....					8309193.
e Public support (line 26c minus line 26d).....					97.3098%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).....					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. N / A					
(1997).....(1996).....(1995).....(1994).....					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) 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					
(1997).....(1996).....(1995).....(1994).....					
c Add: Amounts from column (e) for lines: 15.....18.....					
17.....20.....21.....					
d Add: Line 27a total..... and line 27b total.....					
e Public support (line 27c, total minus line 27d total).....					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e).....					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).....					
h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator)).....					
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1994 through 1997, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					

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

N/A

	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	
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	
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	
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**(To be completed **ONLY** by an eligible organization that filed Form 5768)Check here • a 130 If the organization belongs to an affiliated group.Check here • b 1 If you checked "a" above 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	16448.	14885.
37 Total lobbying expenditures to influence a legislative body (direct lobbying).....	37	9552.	2704.
38 Total lobbying expenditures (add lines 36 and 37).....	38	26000.	17589.
39 Other exempt purpose expenditures .....	39	2186008.	1807965.
40 Total exempt purpose expenditures (add lines 38 and 39) .....	4P	2212008.	1825554.
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	260600.	241278.
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	65150.	60320.
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.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) •	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
45 Lobbying nontaxable amount .....	260600.	264065.			524665.
46 Lobbying ceiling amount (150% of line 45(e)).....					786998.
47 Total lobbying expenditures .....	26000.	31065.			57065.
48 Grassroots nontaxable amount .....	65150.	66016.			131166.
49 Grassroots ceiling amount (150% of line 48(e)).....					196749.
50 Grassroots lobbying expenditures .....	16448.	6349.			22797.

**Part VII Lobbying/Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A)

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 .....			
B 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.



**Citizens Commission on Human Rights  
Lobbying Expenditures  
Affiliated Group Members  
For the Year 1998**

<b>Group Member Address</b>	<b>Grassroots <u>Lobbying</u></b>	<b>Direct <u>Lobbying</u></b>	<b>Other Exempt Purpose <u>Expenditures</u></b>	<b><u>Lobbying</u> Nontaxable</b>	<b><u>Grassroots</u> Nontaxable</b>
68-0005541 Citizens Commission on Human Rights 6362 Hollywood Blvd. #B Los Angeles, CA 90028	14,885	2,704	1,807,965	241,278	60,320
74-2683124 Citizens Commission on Human Rights 711 West 7th St. Austin, Texas 78701	0	0	55,437	55,437	0
91-1938843 Citizens Commission on Human Rights 448 Beacon St Boston, MA 02115	24	276	0	0	0
36-3688416 Citizens Commission on Human Rights 385 Anne Ter Wheeling, IL 60090	0	0	0	0	0
59-2973520 Citizens Commission on Human Rights 305 N. Fort Harrison Ave. Clearwater, FL 33755-3923	542	3,420	275,495	55,891	13,973
84-1358039 Citizens Commission on Human Rights P.O. Box 9202 Denver, CO 80209-0202	0	0	0	0	0
06-1435334 Citizens Commission on Human Rights PO Box 17 Higganum, CT 06441	0	0	0	0	0
95-4680716 Citizens Commission on Human Rights P.O. Box 29754 Los Angeles, CA 90029-0754	0	0	0	0.00	0

**Citizens Commission on Human Rights  
Lobbying Expenditures  
Affiliated Group Members  
For the Year 1998**

38-3430811 Citizens Commission on Human Rights 23205 Gratiot Ave., PMB #397 Eastpointe, MI 48021-1684	0	0	0	0	0
56-1929853 Citizens Commission on Human Rights P.O. Box 24 Davidson, NC 28036	0	925	0	0	0
33-0631999 Citizens Commission on Human Rights P.O. Box 984 Tustin, CA 92781-0984	0	0	0	0	0
94-3102568 Citizens Commission on Human Rights P.O. Box 8842 Portland, OR 97207	0	0	0	0	0
74-2548468 Citizens Commission on Human Rights 727 E. Glendale Ave., Suite 2B Phoenix, AZ 85078	0	0	0	0	0
94-3309544 Citizens Commission on Human Rights P.O. Box 4005-308 Carmichael, CA 95608	77	0	0	0	0
94-3109471 Citizens Commission on Human Rights 300 Lenora St. #B252 Seattle, WA 98121-2400	843	2,227	44,235	9,461	2,365
43-1630660 Citizens Commission on Human Rights P.O. Box 24222 St. Louis, MO 63130-0222	27	0	2,876	580	145
77-0389584 Citizens Commission on Human Rights P.O. Box 10428 San Jose, CA 95157	0	0	0	0	0

**Citizens Commission on Human Rights  
Lobbying Expenditures  
Affiliated Group Members  
For the Year 1998**

87-0516153					
Citizens Commission on Human Rights	50	0	0	0	0
PO Box 521384					
Salt Lake City, UT 84152					
52-1842070					
Citizens Commission on Human Rights	0	0	0	0	0
1731 Connecticut Ave., Suite 300					
Washington, D.C. 2009					
TOTALS	16,448	9,552	2,186,008	362,647	76,803

# Depreciation and Amortization

(Including Information on Listed Property) 990

- See separate instructions.
- Attach this form to your return.

OMB No. 1545-0172

**1998**

Attachment  
Sequence No. 67

Name(a) shown on return

Business or activity to which this form relates

Identifying number

CITIZENS COMMISSION ON HUMAN RIGHTS

FORM 990 PAGE 2

68-0005541

**Part I Election To Expense Certain Tangible Property (Section 179)** (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see instructions.	1	18500.
2	Total cost of section 179 property placed in service.	2	
3	Threshold cost of section 179 property before reduction in limitation.	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27.	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 1997.	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 1999. Add lines 9 and 10, less line 12.	13	

**Note:** Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

**Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1998 Tax Year (Do Not Include Listed Property.)**

**Section A - General Asset Account Election**

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions. ☐ **L Z J**

**Section B - General Depreciation System (GDS)** (See instructions.)

(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
15 a 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 - Alternative Depreciation System (ADS)** (See instructions.)

16 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part III Other Depreciation (Do Not Include Listed Property.)** (See instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1998.	17	
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	13275.

**Part IV Summary** (See instructions.)

20 Listed property. Enter amount from line 26.	20	
21 <b>Total.</b> Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations • see instructions.	21	13275.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	22	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 4562 (1998)



**Part V****Listed Property - 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 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)**

**23a** Do you have evidence to support the business/investment use claimed? **EZJ** Yes **CZI** No **23b** If "Yes," is the evidence written? **I** Yes **LJ** 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
--------------------------------------------------	----------------------------------	-----------------------------------------------	----------------------------	--------------------------------------------------------------------	------------------------	---------------------------	-------------------------------	------------------------------------

**24** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

**25** Property used 50% or less in a qualified business use:

	:	:	%			S/L-		
	:	:	%			S/L-		
	:	:	%			S/L-		

**26** Add amounts in column (h). Enter the total here and on line 20, page 1..... **26**

**27** Add amounts in column (i). Enter the total here and on line 7, page 1..... **27**

**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
<b>28</b> Total business/investment miles driven during the year (DO NOT include commuting miles) .....						
<b>29</b> Total commuting miles driven during the year ...						
<b>30</b> Total other personal (noncommuting) miles driven.....						
<b>31</b> Total miles driven during the year. Add lines 28 through 30.....						
	Yes	No	Yes	No	Yes	No
<b>32</b> Was the vehicle available for personal use during off-duty hours? .....						
<b>33</b> Was the vehicle used primarily by a more than 5% owner or related person?.....						
<b>34</b> 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
<b>35</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?.....		
<b>36</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1 % or more owners .....		
<b>37</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>38</b> 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?.....		
<b>39</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** if your answer to 35,36,37,38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

**Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) to Amortization for this year
<b>40</b> Amortization of costs that begins during your 1998 tax year:					
	:	:			
	:	:			
<b>41</b> Amortization of costs that began before 1998 .....					<b>41</b>
<b>42</b> Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return .....					<b>42</b>

SCHEDULE A	OTHER INCOME	STATEMENT 12
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DESCRIPTION	1997 AMOUNT	1996 AMOUNT	1995 AMOUNT	1994 AMOUNT
COMMISSIONS	7.			
TOTAL TO SCHEDULE A, LINE 22	7.			

FORM 990	OTHER INVESTMENTS	STATEMENT 10
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DESCRIPTION	VALUATION METHOD	AMOUNT
BOOKS	COST	4500.
ARTWORK	COST	7400.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		11900.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 11
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT	313.	313.	0.
FURNITURE & EQUIPMENT	313.	313.	0.
FURNITURE & EQUIPMENT	2143.	2143.	0.
FURNITURE & EQUIPMENT	2973.	2973.	0.
FURNITURE & EQUIPMENT	16651.	16651.	0.
FURNITURE & EQUIPMENT	2356.	2356.	0.
FURNITURE & EQUIPMENT	1080.	1080.	0.
FURNITURE & EQUIPMENT	1593.	1593.	0.
FURNITURE & EQUIPMENT	36477.	34948.	1529.
FURNITURE & EQUIPMENT	1178.	756.	422.
FURNITURE & EQUIPMENT	1125.	1013.	112.
FURNITURE & EQUIPMENT	637.	319.	318.
FURNITURE & EQUIPMENT	2648.	1855.	793.
LEASEHOLD IMPROVEMENT	4797.	957.	3840.
SOFTWARE	758.	456.	302.
COMPUTER EQUIPMENT	8627.	4313.	4314.
COMPUTER SOFTWARE	161.	135.	26.
FURNITURE & EQUIPMENT	18988.	5697.	13291.
FURNITURE & EQUIPMENT	7362.	736.	6626.
COMPUTER SOFTWARE	517.	86.	431.
TOTAL TO FORM 990, PART IV, LN 57	110697.	78693.	32004.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 9

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PUBLICATIONS: AS PART OF CCHR'S ONGOING COMMITMENT TO PUBLIC EDUCATION AND AWARENESS, CCHR PRODUCED THE 10TH BOOKLET IN ITS SERIES OF PUBLICATIONS ON PSYCHIATRIC ABUSE WHICH DEALT WITH PSYCHIATRIC BETRAYAL AND DRUGGING OF CHILDREN. THIS COMPREHENSIVE BOOKLET, OF WHICH OVER 250,000 WERE DISTRIBUTED, PROVIDED INFORMATION CONCERNING FRAUDULENT PSYCHIATRIC DIAGNOSING, ABUSIVE PSYCHIATRIC DRUG TREATMENTS AND RESTRAINTS, AND CRIMINAL CONVICTIONS OF PSYCHIATRISTS WHO ENGAGED IN THE ABOVE. IT SENT A PUBLIC WARNING TO PARENTS, TEACHERS, EDUCATORS AND LEGISLATORS OF THE THREAT TO OUR FUTURE GENERATIONS. THERE WERE MORE THAN 780,000 OF THIS BOOKLET AND OTHERS PRINTED EARLIER IN THE SERIES DISTRIBUTED FREE OF CHARGE IN 1998.		1321056.
CCHR ALSO PRODUCED 3 PAMPHLETS AND DISTRIBUTED MORE THAN 5,000 OF THEM FREE OF CHARGE THROUGH THE COURSE OF THE YEAR. THE PAMPHLETS DISCUSSED "LEARNING DISORDERS" AND OTHER UNFOUNDED PSYCHIATRIC DIAGNOSES OF CHILDREN, THE VIOLENCE AND SUICIDE-INDUCING EFFECTS OF PSYCHIATRIC DRUGS AND GAVE GENERAL INFORMATION ABOUT PSYCHIATRIC MIND-ALTERING DRUGS. EDUCATIONAL REPORTS ON THE HARMFUL INFLUENCE OF PSYCHIATRIC/PSYCHOLOGICAL PROGRAMS SUCH AS "DEATH EDUCATION" IN SCHOOLS WERE PRODUCED AND DISTRIBUTED. TWO VIDEOS WERE ALSO PRODUCED CONCERNING CCHR'S PUBLIC INQUIRIES HELD IN 1998 WHICH WERE DISTRIBUTED TO MEDIA AND CONCERNED INDIVIDUALS AND GROUPS.		
TOTAL TO FORM 990, PART III, LINE E		1321056.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

8

DESCRIPTION OF PROGRAM SERVICE FOUR

PUBLIC AWARENESS: CCHR ACTIVELY RAISED PUBLIC AWARENESS OF THE NEED FOR REFORMS IN THE FIELD OF MENTAL HEALTH DURING 1998. SEVERAL PUBLIC RALLIES, REACHING MORE THAN 2,000 PEOPLE AT A TIME, EDUCATED PEOPLE THAT CHILDREN ARE BEING FRAUDULENTLY DIAGNOSED AND HARMFULLY DRUGGED WITH "MEDICATION" THAT COULD TURN THEM INTO ADDICTS AND KILLERS. THERE WAS CONSIDERABLE INFORMATION PROVIDED TO PARENTS AND PARENT GROUPS ABOUT THIS AND IT ALSO GRABBED THE ATTENTION OF THE MEDIA.

CCHR SUPPORTED GRIEVING FAMILIES OF CHILDREN WHO HAD DIED IN PSYCHIATRIC INSTITUTIONS BY HOLDING CANDLELIGHT VIGILS THAT RAISED PUBLIC AWARENESS OF ABUSES IN THESE FACILITIES, THE PERPETRATORS OF WHICH HAVING BEEN UNTIL THEN UNACCOUNTABLE.

CCHR ALSO PROVIDED INFORMATION TO THE MEDIA ON ABUSIVE PSYCHIATRIC OVER-DRUGGING OF CHILDREN. ADDITIONALLY, INFORMATION WAS PROVIDED TO MEDIA AND INDIVIDUALS ABOUT FRAUDULENT ACTIVITIES IN PSYCHIATRIC FACILITIES, INCLUDING THE SEXUAL ASSAULT OF PATIENTS.

SEMINARS WERE ALSO HELD TO EDUCATE PEOPLE ABOUT THE DANGERS IN THE MENTAL HEALTH SYSTEM. IN SUMMARY, THROUGHOUT THE YEAR, CCHR SPOKESPEOPLE WERE INTERVIEWED ON MORE THAN 220 RADIO SHOWS AND THERE WERE MORE THAN 200 PRINT ARTICLES AND NEARLY 60 TV SHOWS THAT COVERED ISSUES OF CONCERN TO CCHR. THESE REACHED APPROXIMATELY 50 MILLION PEOPLE.

TO FORM 990, PART III, LINE D

GRANTSEXPENSES307756.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

7

DESCRIPTION OF PROGRAM SERVICE THREE

LEGISLATION: 150 PEOPLE ARE CONFIRMED AS HAVING DIED IN PSYCHIATRIC HOSPITALS THROUGH THE USE OF RESTRAINTS IN THE PAST DECADE. AN ADDITIONAL 1,500 SUCH DEATHS ARE SUSPECTED. IT WAS THEREFORE IMPERATIVE THAT CCHR ALERT LEGISLATORS TO THE FACT THAT THERE WAS NO MANDATORY REPORTING SYSTEM REQUIRED FOR HOSPITALS WHEN SUCH A DEATH OCCURRED. TO STOP THIS ABUSIVE PRACTICE FROM LEADING TO MORE UNNECESSARY DEATHS, CCHR WROTE AND PRESENTED SUBMISSIONS AND REPORTS CONCERNING THIS DANGEROUS PRACTICE TO VARIOUS STATE AND FEDERAL LEGISLATIVE BODIES, RESULTING IN COMMITMENTS TO REFORM.

CCHR ALSO PRODUCED A WHITE PAPER FOR LEGISLATORS ON THE SUBJECT OF "MENTAL HEALTH INSURANCE PARITY." THE WHITE PAPER PROVIDED STUDIES AND REPORTS THAT REFUTED INACCURATE CLAIMS THAT MENTAL HEALTH INSURANCE PARITY WOULD BE COST-EFFECTIVE AND LESS DISCRIMINATORY FOR THOSE DEEMED MENTALLY ILL. SEVERAL STATES RESPONDED AND QUESTIONED THE VERACITY OF MANDATED MENTAL HEALTH INSURANCE PARITY WHICH WOULD HAVE LEFT MORE INDIVIDUALS UNINSURED AND COULD HAVE LED TO WRONGFUL INCARCERATION AND TREATMENT IN PSYCHIATRIC FACILITIES.

CCHR WAS ALSO INVITED TO AND PRESENTED EVIDENCE TO LEGISLATIVE HEARINGS INTO PSYCHIATRIC ABUSE.

TO FORM 990, PART III, LINE C

GRANTS

EXPENSES

17589.

DIAGNOSED WITH "ATTENTION DEFICIT HYPERACTIVITY DISORDER" (ADHD) AND IRRESPONSIBLY DRUGGED, AND HELD SEVERAL PUBLIC INQUIRIES INTO THIS ISSUE. CCHR GAVE EVIDENCE ON ITS FINDINGS TO THE NATIONAL INSTITUTE OF HEALTH AT THEIR INVITATION.

CCHR DOCUMENTED MORE THAN 400 CASES OF FRAUD AND ABUSE IN THE MENTAL HEALTH SYSTEM, WITH MORE THAN 350 COMPLAINTS SUBSEQUENTLY FILED WITH STATE OR FEDERAL LAW ENFORCEMENT AGENCIES, PRACTITIONER OR FACILITY LICENSING BOARDS, OR WITH PRIVATE AND FEDERAL HEALTH CARE FRAUD UNITS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		84341.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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#### DESCRIPTION OF PROGRAM SERVICE TWO

HOTLINE SERVICES: CCHR'S HOTLINE 800 NUMBER PROVIDED INVALUABLE INFORMATION TO INDIVIDUALS AND MORE THAN 350 COMMUNITY GROUPS. THE HOTLINE HAS ENABLED CCHR TO PROVIDE RAPID RESPONSES TO INFORMATION REQUESTS, ESPECIALLY IN LIGHT OF THE GROWING NUMBER OF REPORTS OF SENSELESS ACTS OF VIOLENCE BEING COMMITTED BY INDIVIDUALS, INCLUDING CHILDREN, WHO WERE PRESCRIBED PSYCHIATRIC DRUGS KNOWN TO CAUSE VIOLENT REACTIONS. THE HOTLINE ENABLED PEOPLE TO RECEIVE THE REPORTS AND INFORMATION THAT THEY NEEDED REGARDING SUCH SITUATIONS FREE OF CHARGE. IN ADDITION, THE HOTLINE PROVIDED THE MEANS FOR THE PUBLIC TO REPORT INCIDENTS OF PSYCHIATRIC ABUSE AND FRAUD SO THAT CCHR COULD ASCERTAIN WHAT RESEARCH OR INVESTIGATION WAS NECESSARY. THERE WERE A TOTAL OF 7,500 REQUESTS FOR INFORMATION MADE THROUGH THE HOTLINE NUMBER.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		79927.

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DISSEMINATION	144951.	136163.	4542.	4246.
STAFF TRAINING	16134.	10901.	3264.	1969.
LICENSES, FEES & DUES	7031.	6900.	131.	
COMMISSIONS & AWARDS	19211.			19211.
BANK CHARGES	14035.	9695.	2588.	1752.
LEGAL SETTLEMENT	6403.		6403.	
TOTAL TO FM 990, LN 43	207765.	163659.	16928.	27178.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT 5
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## DESCRIPTION OF PROGRAM SERVICE ONE

INVESTIGATIONS: DURING 1998, CCHR, AMONG ITS PROGRAM ACTIVITIES, RESEARCHED AND INVESTIGATED PSYCHIATRIC ABUSES, AND, WHERE WARRANTED, FILED COMPLAINTS WITH THE PROPER AUTHORITIES. THIS FORWARDED ONE OF CCHR'S OVERALL PURPOSES TO "CLEAN UP THE FIELD OF MENTAL HEALING" AND HELPED TO SAFEGUARD LIVES.

CCHR INVESTIGATED NUMEROUS INCIDENTS OF CHILDREN WHO REBELLED AGAINST A FAILING EDUCATIONAL SYSTEM AND WERE THEN PLACED IN PSYCHIATRIC INSTITUTIONS WHERE THEY WERE VIOLENTLY RESTRAINED AND DIED. THE LAW DOES NOT REQUIRE THAT PSYCHIATRIC HOSPITALS REPORT THESE DEATHS. THEREFORE, CCHR REPORTED THE INFORMATION TO STATE AND FEDERAL AUTHORITIES TO HAVE CRIMINAL CHARGES BROUGHT WHERE INDICATED AND REGULATIONS PASSED THAT WOULD PROTECT CHILDREN AGAINST THIS ABUSE. NATIONAL MEDIA COVERED THESE INVESTIGATIONS. AS A RESULT, SEVERAL PRIVATE PSYCHIATRIC HOSPITALS WERE INDEPENDENTLY INVESTIGATED, PROSECUTED AND/OR FINED FOR ABUSIVE PRACTICES.

CCHR ALSO INVESTIGATED CHILDREN WHO WERE WRONGLY



FORM 990

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

STATEMENT 3

## INCOME

1. GROSS RECEIPTS	36247	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		36247
4. COST OF GOODS SOLD (LINE 13)	16247	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		20000

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	15870	
7. MERCHANDISE PURCHASED	15877	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		31747
12. INVENTORY AT END OF YEAR	15500	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		16247

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 & EQUIPMENT							
	i i							
1	FURNITURE & EQUIPMENT							
	11	12,31,86	SL	5.00	19	313.	313.	0.
2	FURNITURE & EQUIPMENT							
	11	12,31,87	SL	5.00	19	313.	313.	0.
3	FURNITURE & EQUIPMENT							
	11	12,31,88	SL	7.00	19	2143.	2143.	0.
4	FURNITURE & EQUIPMENT							
	11	12,31,89	SL	5.00	19	2973.	2973.	0.
5	FURNITURE & EQUIPMENT							
	11	12,31,90	SL	7.00	19	16651.	16651.	0.
6	FURNITURE & EQUIPMENT							
	11	12,31,91	SL	7.00	19	2356.	2189.	167.
7	FURNITURE & EQUIPMENT							
	11	12,31,92	SL	5.00	19	1080.	1080.	0.
8	FURNITURE & EQUIPMENT							
	11	12,31,93	SL	5.00	19	1593.	1435.	158.
9	FURNITURE & EQUIPMENT							
	11	12,31,93	SL	7.00	19	36477.	29737.	5211.
10	FURNITURE & EQUIPMENT							
	11	12,31,94	SL	7.00	19	1178.	588.	168.
11	FURNITURE & EQUIPMENT							
	11	12,31,94	SL	5.00	19	1125.	788.	225.
12	FURNITURE & EQUIPMENT							
	11	12,31,95	SL	7.00	19	637.	228.	91.
13	FURNITURE & EQUIPMENT							
	11	12,31,95	SL	5.00	19	2648.	1325.	530.
16	COMPUTER EQUIPMENT							
	11	12,31,96	SL	5.00	19	8627-1	2588.	1725.
18	FURNITURE & EQUIPMENT							
	11	04,01,97	SL	5.00	19	18988.	1899.	3798.
19	FURNITURE & EQUIPMENT							
	11	07,01,98	SL	5.00	19	7362.		736.
** 990 PAGE 2 TOTAL - FURNITURE & EQUIPMENT								
	11	i i				104464.	64250.	12809.
COMPUTER SOFTWARE								
	11	i i						
15	SOFTWARE							
	11	12,31,95	SL	5.00	19	758.	304.	152.
17	COMPUTER SOFTWARE							
	11	07,01,96	SL	3.00	19	161.	81.	54.
20	COMPUTER SOFTWARE							
	11	12,31,98	SL	3.00	19	517.		86.
** 990 PAGE 2 TOTAL - COMPUTER SOFTWARE								
	11	i i				1436.	385.	292.
LEASEHOLD IMPROVEMENTS								
	11	i i						
14	LEASEHOLD IMPROVEMENT							
	11	12,31,93	SL	27.50	19	4797.	783.	174.
** 990 PAGE 2 TOTAL - LEASEHOLD IMPROVEMENTS								
	11	i i				4797.	783.	174.
** GRAND TOTAL 990 PAGE 2 DEPRECIATION								
	11	i i				110697.	65418.	13275.

## FOOTNOTES

STATEMENT

1

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

OFFICERS, TRUSTEES AND DIRECTORS WHO ARE ALSO  
EMPLOYEES ARE COMPENSATED ONLY FOR THEIR DUTIES  
AS EMPLOYEES, NOT FOR THEIR DUTIES AS OFFICERS,  
TRUSTEES OR DIRECTORS.