

Return of Organization Exempt From Income Tax

Under section 501(c) or 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

1997

This Form is Open
to Public Inspection

A For the 1997 calendar year, OR tax year period beginning , 1997, and ending , 19

B Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (required also for state reporting)	C Name of organization CITIZENS COMMISSION ON HUMAN RIGHTS	D Employer identification number 68-0005541
	Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6362 HOLLYWOOD BLVD. B	E State registration number D-112 7596
	City, town, or post office, state, and ZIP+4 LOS ANGELES, CA 90028	F Check <input type="checkbox"/> if exemption application is pending

G Type of organization → ☒ 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

(b) If "Yes," enter the number of affiliates for which this return is filed: _____

(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) _____

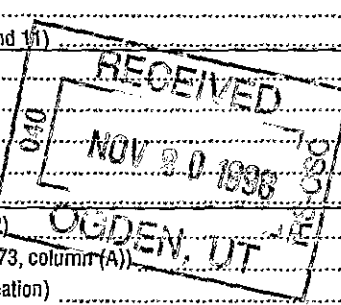
J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	870,699.	
	b Indirect public support	1b	1,556,474.	
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 2,427,173. noncash \$)	1d	STMT 1	2,427,173.
	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		2,861.
	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	
	b Less: cost or other basis and sales expenses	8a	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):			
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10 a Gross sales of inventory, less returns and allowances	10a	13,958.	
	b Less: cost of goods sold	10b	5,732.	
Expenses	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 2	8,226.
	11 Other revenue (from Part VII, line 103)	11		7.
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,438,267.
	13 Program services (from line 44, column (B))	13		2,043,160.
	14 Management and general (from line 44, column (C))	14		244,415.
	15 Fundraising (from line 44, column (D))	15		339,834.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		2,627,409.
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-189,142.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		363,574.
Net Assets	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		174,432.



SCANNED JAN 05 1999

I J H 1 I E - ^Statement of AH organizations must complete column (A). Columns (B), (G), and (D) are required for section 501(c)(3) and
I B J I I I I Functional Expenses (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 Parti.	(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 52,311.	23,578.	23,736.	4,997.
26 Other salaries and wages	26 191,758.	146,108.	43,650.	2,000.
27 Pension plan contributions	27			
28 Other employee benefits	28 2,277.	1,385.	874.	18.
29 Payroll taxes	29 25,168.	18,574.	6,358.	236.
30 Professional fundraising fees	30			
31 Accounting fees	31 5,518.		5,518.	
32 Legal fees	32 22,563.	16,742.	5,609.	212.
33 Supplies	33 30,101.		30,101.	
34 Telephone	34 43,949.	28,422.	3,446.	12,081.
35 Postage and shipping	35 655,533.	498,533.	17,830.	139,170.
36 Occupancy	36 53,724.	34,989.	12,914.	5,821.
37 Equipment rental and maintenance	37 12,525.	7,929.	4,281.	315.
38 Printing and publications	38 978,643.	918,698.	1,289.	58,656.
39 Travel	39 58,272.	52,689.	4,410.	1,173.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 11,205.	8,040.	1,949.	1,216.
43 Other expenses (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
B SEE STATEMENT 3	43e 483,862.	287,473.	82,450.	113,939.
44 Total functional expenses (add lines 22 through 43) Organization completing columns (B)-(D), carry these totals to lines 13-15	44 2,627,409.	2,043,160.	244,415.	339,834.

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

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 SBIVICS Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 4	(Grants and allocations \$ _____)	76,852.
b SEE STATEMENT 5	(Grants and allocations \$ _____)	41,208.
c SEE STATEMENT 6	(Grants and allocations \$ _____)	115,538.
d SEE STATEMENT 7	(Grants and allocations \$ _____)	778,576.
e Other program services (attach schedule) STATEMENT 8	(Grants and allocations \$ _____)	1,030,986.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		2,043,160.

E H S 3 Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash-non-Interest-bearing	42,264.	45	30,091.
	46 Savings and temporary cash investments	261,559.	46	79,843.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable	51a	51c	
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use	17,847.	52	15,870.
	53 Prepaid expenses and deferred charges	685.	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 9	11,900.	56	11,900.
57 a Land, buildings, and equipment: basis	57a	102,818.		
b Less: accumulated depreciation	57b	65,418.	57c	37,400.
58 Other assets (describe: *)		500.	58	
59 Total assets (add lines 45 through 58) (must equal line 74)		364,372.	59	175,104.
Liabilities	60 Accounts payable and accrued expenses	798.	60	672.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
65 Other liabilities (describe: *)		55		
66 Total liabilities (add lines 60 through 65)		798.	55	672.
Net assets or fund balances	Organizations that follow SFAS 117, check here: 1** 1__1 and complete lines 67 through 69 and lines 73 and 74			
	57 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		m	
	Organizations that do not follow SFAS 117, check here: [X] and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds	0.	70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	363,574.	72	174,432.
73 Total net assets or fund balances (add lines 67 through 69 C) R lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21		363,574.	73	174,432.
74 Total liabilities and net assets/ fund balances (add lines 66 and 73)		364,372.	74	175,104.

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 111, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return..	
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Return		1	
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)	PTI or year adjustments reported on line 20, Form 990.....\$..		
(3)	tosses 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 lined)..... ▶	e	

[illegible]

• WfllMI 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	75	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X
If "Yes," attach a conformed copy of the changes.		
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 99D-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79	X
If "Yes," attach a statement;		
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, eta, to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization * <u>CHURCH OF SCIENTOLOGY INTERNATIONAL</u> and check whether it is <u>X</u> exempt OR <u>—</u> nonexempt.		
81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part II)	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?	84b	N/A
85 501(c)(4), (5), or (6) organizations. - a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	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	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 in 85f?	85g	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?	85h	N/A
66 501(c)(7) organizations. - Enter:		
a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. - Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	88	X
89 a 501(G)(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	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 in 89c, above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed • <u>C.A.L.I.F.O.^I.A.</u>		
b Number of employees employed in the pay period that includes March 12, 1997.	90b	37

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

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041. - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year. 92 N/A

Part I Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) JO Exclu- sion code	(D) Amount	
93 Program service revenue:					
(fa) _____					
(b) _____					
(c) _____					
(HI) _____					
(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	2,861.	
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 Gain or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					8,226.
103 Other revenue:					
a TELEPHONE COMMISSIONS			01	7.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))	unit	0.		2,868.	8,226.
105 TOTAL (add line 104, columns (B), (D), and (E))					11,094.

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part II 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 III Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 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, the preparer, declare under penalty of perjury that the information on this return is true and correct, and I am not aware of any information that would cause me to believe that the information on this return is not true and correct.

1/16/98

BILL EARNshaw

Type or print name and

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under 501(c)(3)

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

Non-exempt Charitable Trust

Supplementary Information

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

OMB No. 1545-0047

1997

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer Identification number

681 0005541

• SETI B

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			

• SETI C

Compensation of the Five Highest Paid Independent Contractors for Professional 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	

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions to Form 990 (or Form 990-EZ).

Schedule A (Form 990) 1997

LGU111 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?..... If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. • \$ 115,538. Organizations that made an election under section 501 (h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1 X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any 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...9.9.0...	2d. X	
e Transfer of any part of its income or assets?..... If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc?	3	X
4 Attach a statement explaining 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 J 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 ☐ **CZ** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☒ **CH** 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).

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

12 ☒ **CH** 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 ☐ **I** 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)(2)(B).)
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 ☒ **EZ** An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)

Part III 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) 1996	(b) 1995	(c) 1994	(d) 1993	(e) Total
15 Gifts, grants, and contributions received. Do not include unusual grants. See line 23.	2,567,347.	2,698,063.	840,832.	741,870.	6,848,112.
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	2,151.	376.	97.	99.	2,723.
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			SEE STATEMENT 13		
23 Total of lines 15 through 22	2,569,498.	2,698,439.	840,929.	741,969.	6,850,835.
24 Line 23 minus line 17	2,569,498.	2,698,439.	840,929.	741,969.	6,850,835.
25 Enter 1% of line 23	25,695.	26,984.	8,409.	7,420.	

25 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	137,017.
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 1993 through 1996 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts	26b	0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	6,850,835.
d Add: Amounts from column (e) for lines: 18 <u>2,723</u> - 19 <u></u> 22 <u></u> 26b <u></u>	26d	2,723.
e Public support (line 26c minus line 26d total)	26e	6,848,112.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	99.9603%

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
(1996) (1995) (1994) (1993)

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
(1996) (1995) (1994) (1993)

c Add: Amounts from column (e) for lines: 15 <u></u> 16 <u></u> 17 <u></u> 20 <u></u> 21 <u></u>	27c	N/A
d Add: Line 27a total <u></u> and line 27b total <u></u>	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) <u></u> • I 27f 1 \$ <u>N/A</u>	27f	
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	W %

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1993 through 1996, 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.) "NrnNP"

reran**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	
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 G.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 5763)

Check here • a ☐ If the organization belongs to an affiliated group.Check here • b ☐ If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
35 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	6,349.	3,446.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	24,716.	8,000.
38 Total lobbying expenditures (add lines 36 and 37)	38	31,065.	11,446.
39 Other exempt purpose expenditures	39	2,250,244.	1,927,622.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	2,281,309.	1,939,068.
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		
Over \$500,000 but not over \$1,000,000	21		
Over \$1,000,000 but not over \$1,500,000	22		
Over \$1,500,000 but not over \$2,000,000	23		
Over \$2,000,000	24		
Over \$2,000,000 but not over \$5,000,000	25		
Over \$5,000,000	26		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	264,065.	246,953.
43 Subtract line 42 from line 36. Enter -O- if line 42 is more than line 36	43	66,016.	61,738.
44 Subtract line 41 from line 38. Enter -O- if line 41 is more than line 38	44		

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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
45 Lobbying nontaxable amount	264,065.				264,065.
46 Lobbying ceiling amount (150% of line 45(e))					396,098.
47 Total lobbying expenditures	31,065.				31,065.
48 Grassroots nontaxable amount	66,016.				66,016.
49 Grassroots ceiling amount (150% of line 48(e))					99,024.
50 Grassroots lobbying expenditures	6,349.				6,349.

Part VII-A Lobbying Activity by Nonelecting Public Charities

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

Asset Number	Description of property								
	<div>m</div>	<div>Date placed in service</div>	<div>Method/ IRC sec.</div>	<div>Life or rate</div>	<div>Line No.</div>	<div>Cost or other basis</div>	<div>Basis reduction</div>	<div>Accumulated depreciation/amortization</div>	<div>Current year deduction</div>
1		FURNITURE & EQUIPMENT							
	m	12,31,86	SL	5.00	19	313.		313.	0.
2		FURNITURE & EQUIPMENT							
	fl	12,31,87	SL	5.00	19	313.		313.	0.
3		FURNITURE & EQUIPMENT							
	m	12,31,88	SL	7.00	19	2,143.		2,143.	0.
4		FURNITURE & EQUIPMENT							
	1112131	12,31,89	SL	5.00	19	2,973.		2,761.	212.
5		FURNITURE & EQUIPMENT							
	#1	12,31,90	SL	7.00	19	16,651.		16,651.	0.
6		FURNITURE & EQUIPMENT							
	i	12,31,91	SL	7.00	19	2,356.		1,852.	337.
7		FURNITURE & EQUIPMENT							
	11	12,31,92	SL	5.00	19	1,080.		972.	108.
8		FURNITURE & EQUIPMENT							
	ff	12,31,93	SL	5.00	19	1,593.		1,116.	319.
9		FURNITURE & EQUIPMENT							
	1112131	12,31,93	SL	7.00	19	36,477.		24,526.	5,211.
10		FURNITURE & EQUIPMENT							
	HI	12,31,94	SL	7.00	19	1,178.	1	420.	168.
11		FURNITURE & EQUIPMENT							
	S	12,31,94	SL	5.00	19	1,125.		563.	225.
12		FURNITURE & EQUIPMENT							
	i\$	12,31,95	SL	7.00	19	637.		137.	91.
13		FURNITURE & EQUIPMENT							
	i1	12,31,95	SL	5.00	19	2,648.		795.	530.
14		LEASEHOLD IMPROVEMENT							
	«2	12,31,93	SL	27.50	19	4,797.1		609.	174.
15		SOFTWARE							
	IH	12,31,95	SL	5.00	119	758.		152.	152.
16		COMPUTER EQUIPMENT							
	1107i01	12,31,96	SL	5.00	19	8,627.		863.	1,725.
17		COMPUTER SOFTWARE							
	m07	12,31,96	SL	3.00	19	161.		27.	54.
18		FURNITURE & EQUIPMENT							
	gj	04,01,97	SL	5.00	19	18,988.			1,899.
** TOTAL 990 PAGE 2 DEPRECIATION									
	WB	1 1				102,818.		54,213.	11,205.
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	III	i i							

FORM 990	INCOME AND COST OF GOODS SOLD	STATEMENT	2
	INCLUDED ON PART I, LINE 10		

INCOME

1. GROSS RECEIPTS	13,958	
2. RETURNS AND ALLOWANCES		
3- LINE 1 LESS LINE 2		13,958
4. COST OF GOODS SOLD (LINE 15)	5,732	
5- GROSS PROFIT (LINE 3 LESS LINE 4)		8,226

COST OF GOODS SOLD

8. INVENTORY AT BEGINNING OF YEAR	17,847	
9. MERCHANDISE PURCHASED	3,755	
10. COST OF LABOR		
11. MATERIALS AND SUPPLIES		
12. OTHER COSTS		
13. ADD LINES 8 THROUGH 12		21,602
14. INVENTORY AT END OF YEAR	15,870	
15. COST OF GOODS SOLD (LINE 13 LESS LINE 14)		5,732

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	<D) FUNDRAISING
DISSEMINATION	405,029.	287,473.	21,586.	95,970.
STAFF TRAINING	3,352.		3,352.	
PENALTIES	20.		20.	
COMMISSIONS AND AWARDS	17,969.			17,969.
BANK CHARGES				
MANAGEMENT & GENERAL	13,840.		13,840.	
LEGAL SETTLEMENT & OTHER	43,652.		43,652.	
TOTAL TO FM 990, LN 43	483,862.	287,473.	82,450.	113,939.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

INVESTIGATIONS: ONE OF CCHR'S MAIN FUNCTIONS IS TO DOCUMENT PSYCHIATRIC ABUSE CASES AND FILE COMPLAINTS WITH LOCAL, STATE AND FEDERAL AUTHORITIES SO PROPER LAW ENFORCEMENT ACTIONS CAN BE TAKEN. IN 1997, CCHR DOCUMENTED OVER 300 CASES INVOLVING COMPLAINTS OF FRAUD AND ABUSE WITHIN THE MENTAL HEALTH INDUSTRY.

CCHR ALSO FILED OVER 250 COMPLAINTS WITH STATE AND FEDERAL LAW ENFORCEMENT AGENCIES, PRACTITIONER LICENSING BOARDS, FACILITY LICENSING AGENCIES AND PRIVATE AND FEDERAL HEALTH CARE FRAUD UNITS. THESE COMPLAINTS WERE FILED BASED ON VIOLATIONS OF CRIMINAL AND CIVIL LAW, LICENSING AND PROFESSIONAL REGULATION, AND STANDARDS OF CARE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		76,852.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

HOTLINE SERVICES: CCHR'S HOTLINE IS A PUBLIC SERVICE 800 NUMBER WHICH INDIVIDUALS CAN CALL TO GET ABUSE CASE SUMMARY FORMS FOR USE IN REPORTING CASES OF PSYCHIATRIC FRAUD AND ABUSE. THE HOTLINE IS ALSO AN INFORMATION REQUEST LINE, THROUGH WHICH THE PUBLIC CAN GET INFORMATION ABOUT PSYCHIATRIC DRUGS AND TREATMENTS- CCHR PROVIDES THE FORMS AND INFORMATION FREE OF CHARGE.

IN 1997_f THE CCHR HOTLINE RECEIVED A TOTAL OF 12,611 REQUESTS FOR INFORMATION.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE B		41,208.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

LEGISLATION: IN 1997 CCHR ASSISTED IN GETTING LEGISLATIVE REFORM WITH A NATIONAL WELFARE LAW PASSED WHICH HELPED TO CURTAIL FRAUDULENT LABELING AND DRUGGING OF SCHOOL CHILDREN BY PSYCHIATRISTS AND OTHER MENTAL HEALTH PRACTITIONERS.

THE LAW HAD BEEN ALTERED FROM ITS ORIGINAL FORM TO ALLOW CHILDREN GIVEN PSYCHIATRIC LABELS FOR LEARNING DISABILITIES TO RECEIVE FEDERAL FUNDING TO ENSURE THEY GOT TREATMENT FOR THIS "DISABILITY" ALONG WITH KIDS WHO HAVE A PHYSICAL DISABILITY SUCH AS DEAFNESS.

UNSCRUPULOUS MENTAL HEALTH PRACTITIONERS AND OTHERS TURNED THIS LAW TO THEIR ADVANTAGE WHO WERE ENCOURAGING FAMILITES TO HAVE THEIR CHILDREN LABELED AS MENTALLY ILL, EVEN TO THE POINT OF COACHING THE CHILDREN TO ACT MENTALLY ILL. ALL INVOLVED THEN RECEIVED EXTRA FEDERAL FUNDING UNDER THESE FRAUDULENT CIRCUMSTANCES WHILE THE CHILDREN WERE THEN GIVEN PSYCHIATRIC LABELS AND DANGEROUS PSYCHIATRIC DRUGS THAT WOULD REMAIN PART OF THEIR MEDICAL HISTORY FOR THE REST OF

THEIR LIVES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		115,538.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	7
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DESCRIPTION OF PROGRAM SERVICE FOUR

PUBLIC AWARENESS: DURING 1997 CCHR CONTINUED TO EDUCATE THE PUBLIC ABOUT PSYCHIATRY, ITS DANGEROUS PRACTICES, AND NEGATIVE INFLUENCE ON SOCIETY. CCHR CAMPAIGNED THROUGH THE MASS MEDIA, AS WELL AS THROUGH THE DISTRIBUTION OF NINE BOOKLETS AND TWO BOOKS ORIGINALLY RELEASED IN 1995. CCHR GOT MEDIA COVERAGE ON OVER 323 RADIO STATIONS AND 818 TV SHOWS WHICH AIRED TO A COMBINED AUDIENCE OF OVER 850 MILLION. TOPICS INCLUDED A WIDE RANGE OF PSYCHIATRIC ABUSES INCLUDING PSYCHIATRIC INSURANCE FRAUD, SEXUAL ASSAULT, DAMAGE CAUSED BY ELECTROSHOCK TREATMENT, CHILDREN WHO ARE FRAUDULENTLY LABELED AND PUT ON DANGEROUS PSYCHIATRIC DRUGS, THE HARM CAUSED BY PSYCHIATRY IN THE EDUCATION SYSTEMS, THE CULTIVATION OF RACIAL INTOLERANCE AND PSYCHIATRY'S INFILTRATION AND SUBVERSION OF RELIGION. MORE THAN 138 PRESS ARTICLES WERE PUBLISHED AROUND THE COUNTRY DOCUMENTING PSYCHIATRY'S NEGATIVE INFLUENCE IN EDUCATION, THE DAMAGE CAUSED TO CHILDREN THROUGH THIS INFLUENCE, AND THE NEGATIVE IMPACT THAT PSYCHIATRY HAS ON THE FAMILY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		778,576.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	8
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PUBLICATIONS; CCHR PRODUCES PUBLICATIONS IN A MAGAZINE FORMAT WHICH ARE THEN SENT TO OPINION LEADERS AND THE GENERAL PUBLIC TO EDUCATE THEM ABOUT THE POTENTIAL DANGERS OF GETTING INVOLVED IN THE PSYCHIATRIC SYSTEM. CCHR SENT OUT A TOTAL OF 1,441,433 SUCH BOOKLETS IN 1997 FREE OF CHARGE TO THE PUBLIC- THESE WENT TO MEDICAL STUDENTS, MEDICAL DOCTORS, ELDERLY GROUPS, STATE AND FEDERAL LEGISLATORS, MEMBERS OF WOMEN'S GROUPS, HOMEOWNERS, PARTNERS, MEDIA, TO CCHR ALLIES WHO REQUESTED THEM, AND TO THOSE WHO CALLED IN FOR MORE INFORMATION. THE NUMBER OF NEWSLETTERS DISTRIBUTED WAS 26,000.		1,030,986.
TOTAL TO FORM 990 _p PART III, LINE E		1,030,986.

FORM 990	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	VALUATION METHOD	AMOUNT
BOOKS	COST	4,500.
ARTWORK	COST	7,400.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		11,900.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
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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	2,143.	2,143.	0.
FURNITURE & EQUIPMENT	2,973.	2,973.	0.
FURNITURE & EQUIPMENT	16,651.	16,651.	0.
FURNITURE & EQUIPMENT	2,356.	2,189.	167.

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68-0005541

FURNITURE & EQUIPMENT	1,080.	1,080.	0.
FURNITURE & EQUIPMENT	1,593.	1,435.	158.
FURNITURE & EQUIPMENT	36,477.	29,737.	6,740.
FURNITURE & EQUIPMENT	1,178.	588.	590.
FURNITURE & EQUIPMENT	1,125.	788.	337.
FURNITURE & EQUIPMENT	637.	228.	409.
FURNITURE & EQUIPMENT	2,648.	1,375 *	1,323.
LEASEHOLD IMPROVEMENT	4,797.	783.	4,014.
SOFTWARE	758.	304.	454.
COMPUTER EQUIPMENT	8,627.	2,588.	6,039.
COMPUTER SOFTWARE	161.	81.	80.
FURNITURE & EQUIPMENT	18,988.	1,899.	17,089.
TOTAL TO FORM 990, PART IV, LN 57	102,818.	65,418.	37,400.

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

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
MICK MCFARLAND 6331 HOLLYWOOD BL. #1200, LA CA 90028	TRUSTEE AS NEEDED		0.	0.	0.
MEGAN SHIELDS 5336 FOUNTAIN AVE., LA, CA 90029	TRUSTEE AS NEEDED		0.	0.	0.
MICHEAL LEE DEAN 6331 HOLLYWOOD BL. #1200, LA, CA 90029	TRUSTEE AS NEEDED		0.	0.	0.
ISADORE CHAIT 261 18TH ST., BEVERLY HILLS, CA 90210	DIRECTOR AS NEEDED		0.	0.	0.
ANNE HOGARTH 6331 HOLLYWOOD BL. #1200, LA, CA 90029	DIRECTOR AS NEEDED		0.	0.	0.
RENA WEINBERG 6331 HOLLYWOOD BL. #1200, LA, CA 90029	DIRECTOR AS NEEDED		0.	0.	0.

CITIZENS COMMISSION ON HUMAN RIGHTS

68--0005541

BRUCE WISEMAN 206 S. BRAND BL., GLENDALE, CA 91205	PRESIDENT 15 HRS/WEEK	3,569.	0.	0.
FRAN ANDREWS 1012 FAIR OAKS #193, SOUTH PASADENA, CA 91030	VICE PRESIDENT 40 HRS/WEEK	10,053.	0.	0.
PETER DOCKX 6362 HOLLYWOOD BL., SUITE B, HOLLYWOOD, CA 90028	VICE PRESIDENT 40 HRS/WEEK	13,138.	0.	0.
ROSE TINKLENBERG 6362 HOLLYWOOD BL., SUITE B, HOLLYWOOD, CA 90028	SECRETARY 40 HRS/WEEK	8,208.	0.	0.
LESLEY MCCAFFREY 6362 HOLLYWOOD BL., SUITE B, HOLLYWOOD, CA 90028	TREASURER 40HRS/WEEK	8,959.	0.	0.
JAN MEYER 6362 HOLLYWOOD BL., SUITE B, HOLLYWOOD	KEY EMPLOYEE 40HRS/WEEK	8,384.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>52,311.</u>	<u>0.</u>	<u>0.</u>

FOOTNOTES

STATEMENT 12

PART VI-A LOBBYING EXPENDITURES BY ELECTING PUBLIC CHARITIES

AFFILIATED GROUP MEMBERS

CITISENS COMMISSION ON HUMAN RIGHTS OF CLEARWATER, INC.

59-2973520

305 N. FT. HARRISON AVE., CLEARWATER, FL. 33755-3923

CITISENS COMMISSION ON HUMAN RIGHTS OF AUSTIN

74-2683124

711 W. 7TH STREET, STE. 110, AUSTIN, TX 78701

CITISENS COMMISSION ON HUMAN RIGHTS OF ST. LOUIS, INC.

43-1630660

PO BOX 24222, ST. LOUIS, MO 63130-0222

CITI2ENS COMMISSION ON HUMAN RIGHTS SEATTLE

94-3109471

300 LENORA ST., #B252, SEATTLE, WA 98121

CITIZENS COMMISSION ON HUMAN RIGHTS

68-0005541

CITIZENS COMMISSION ON HUMAN RIGHTS OF ORANGE COUNTY
33-0631999
PO BOX 984, TUSTIN, CA 92781

CITIZENS COMMISSION ON HUMAN RIGHTS
52-1842070
1701 20TH STREET NW, WASHINGTON, DC 20009

CITIZENS COMMISSION ON HUMAN RIGHTS OF UTAH
87-0516153
PO BOX 51138, SALT LAKE CITY, UT 84152

CITIZENS COMMISSION ON HUMAN RIGHTS - SOUTH BAY
77-0389584
PO BOX 10428, SAN JOSE, CA 95157

CITIZENS COMMISSION ON HUMAN RIGHTS OF COLORADO
84-1358039
PO BOX 9202, DENVER, CO 80209

CITIZENS COMMISSION ON HUMAN RIGHTS
36-3688416
385 ANNE TERRACO, WHEELING, IL 60090-4311

CITIZENS COMMISSION ON HUMAN RIGHTS OF OREGON
94-3102568

P.O. BOX 8842 PORTLAND, OR. 97207

SCHEDULE A	OTHER INCOME			STATEMENT 13
DESCRIPTION	1996 AMOUNT	1995 AMOUNT	1994 AMOUNT	1993 AMOUNT
COMMISSIONS				
TOTAL TO SCHEDULE A, LINE 22				

Part IV 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 G 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? CZJ Yes EZI No 23b If Yes/Is the evidence written? [ZII Yes CZI 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
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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-		
	:	:	%			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 G 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
28 Total business/investment miles driven during the year (DO NOT include commuting miles).....						
29 Total commuting miles driven during the year						
30 Total other personal (noncommuting) miles driven.....						
31 Total miles driven during the year. Add lines 28 through 30.....						
	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?						
33 Was the vehicle used primarily by a more than 5% owner or related person?						
34 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
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?.....		
36 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		
37 Do you treat all use of vehicles by employees as personal use?		
38 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?.....		
39 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.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) W Amortization for this year
40 Amortization of costs that begins during your 1997 tax year:					
	:	:			
41 Amortization of costs that began before 1997.....				41	
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return				42	