

Note that the CCHR does ask delays... after having not desposed its return.

Form 990	Return of Organization Exempt From Income Tax Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust	OMB No. 1545-0047 1997 This Form is Open to Public Inspection
Department of the Treasury Internal Revenue Service	Note: The organization may have to use a copy of this return to satisfy state reporting requirements.	

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

B Check if:
☐ Change of address
☐ Initial return
☐ Final return
☐ Amended return (required also for State reporting)

C Name of organization CITIZENS COMMISSION ON HUMAN RIGHTS OF CLEARWATER INC
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
305 N. FT. HARRISON AVE
City or town, state or country, and ZIP+4
CLEARWATER FL 33755-3923

D Employer identification number
5912973520

E State registration number

F Check ☐ if exemption application is pending

G Type of organization: ☐ Exempt under section 501(c)() (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) 4169

(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

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 (See Specific Instructions on page 11.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	<u>50m t. l.</u>	1a	<u>162,045</u>
	b Indirect public support		1b	
	c Government contributions (grants)		1c	
	d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ <u>162,180</u> noncash \$ <u>865</u>)		1d	<u>162,045</u>
	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	
	5 Dividends and interest from securities		5	
	6a Gross rents			
	b Less: rental expenses			
	c Net rental income or (loss) (subtract line 6b from line 6a)		6c	
	7 Other investment income (describe <u> </u>)		7	
	8a Gross amount from sale of assets other than inventory	(A) Securities	8a	
	b Less: cost or other basis and sales expenses		8b	
	c Gain or (loss) (attach schedule)		8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
9 Special events and activities (attach schedule)				
a Gross revenue (not including \$ <u> </u> of contributions reported on line 1a)	9a	<u>29,272</u>		
b Less: direct expenses other than fundraising expenses	9b	<u>38,310</u>		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	<u>< 9,038 ></u>		
10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	<u>153,007</u>		
13 Program services (from line 44, column (B))	13	<u>70,558</u>		
14 Management and general (from line 44, column (C))	14	<u>49,419</u>		
15 Fundraising (from line 44, column (D))	15	<u>28,702</u>		
16 Payments to affiliates (attach schedule)	16	<u>0</u>		
17 Total expenses (add lines 13 and 14, column (A))	17	<u>148,679</u>		
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<u>4,328</u>		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	<u>104,798</u>		
20 Other changes in net assets or fund balances (attach explanation) <u>50m t. 3</u>	20	<u>156</u>		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	<u>109,282</u>		

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 15.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ 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	15,684	7,254	7,253
26	Other salaries and wages	26	28,753	17,541	2,012
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	2,979	1,728	626
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32	251		251
33	Supplies	33	2,947	2,210	737
34	Telephone	34	18,861	13,203	943
35	Postage and shipping	35	8,575	4,802	2,486
36	Occupancy	36			
37	Equipment rental and maintenance	37	7,427	3,230	3,491
38	Printing and publications	38	1,496	1,055	
39	Travel	39	9,705	9,705	
40	Conferences, conventions, and meetings	40			
41	Interest	41	5,360		5,360
42	Depreciation, depletion, etc. (attach schedule)	42	13,036		13,036
43	Other expenses (itemize): a Stmt. 5	43a	33,605	9,830	13,224
	b	43b			
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	148,679	70,558	49,419

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 (See Specific Instructions on page 18.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a. PUBLIC INFORMATION - SEE Stmt. 7	29,635
b. INVESTIGATIONS - SEE Stmt. 7	28,223
c. PSYCHIATRIC REFORM - SEE Stmt. 7	12,700
d.	
e. Other program services (attach schedule)	
f. Total of Program Service Expenses (should equal line 44, column (B), Program services)	70,558

Part IV Balance Sheets (See Specific Instructions on page 18.)

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	7,222	45	6,033
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a 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	
	51a Other notes and loans receivable (attach schedule).	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule)	0	54	0
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule).	55b	55c	
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 172,421			
b Less: accumulated depreciation (attach schedule).	57b 18,503	148,950	57c 153,918	
58 Other assets (describe ►)	448	58	448	
59 Total assets (add lines 45 through 58) (must equal line 74)	156,620	59	160,399	
Liabilities	60 Accounts payable and accrued expenses <i>property tax</i>	1,700	60	2,543
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule).		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	50,122	64b	48,574
	65 Other liabilities (describe ►)		65	
66 Total liabilities (add lines 60 through 65)	51,822	66	51,117	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	104,798	72	109,282
	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)		73	
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	156,620	74	160,399

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-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 20.)

a Total revenue, gains, and other support per audited financial statements . . . ▶

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) ▶

c Line **a** minus line **b** . . . ▶

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) ▶

e Total revenue per line 12, Form 990 (line **c** plus line **d**) . . . ▶

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

a Total expenses and losses per audited financial statements . . . ▶

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) ▶

c Line **a** minus line **b** . . . ▶

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) ▶

e Total expenses per line 17, Form 990 (line **c** plus line **d**) . . . ▶

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 20.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
David Figueroa 3013 regal oak blvd Palm Harbor, FL 34684 PALM HARBOR, FL 34684	117700 HRS	1,111	0	0
Louise Cournoyer 1739 Kenilworth dr Clearwater, FL 33764 CLEARWATER, FL 33756	1450780 HRS	14,001	0	0
Patty Wilkins 1571 Elmwood street Clearwater, FL 33764 CLEARWATER, FL 33756	1360000 HRS	0	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? ▶ ☐ Yes ☒ No
 If "Yes," attach schedule—see Specific Instructions on page 20.

Part VI Other Information (See Specific Instructions on page 21.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.	81a	
b Did the organization file Form 1120-POL for this year?	81b	X
82a 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 III).	82b	4258
83a 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
84a 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? 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.	85b	N/A
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
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 notices 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
86 501(c)(7) organizations. —Enter: a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities.	86b	
87 501(c)(12) organizations. —Enter: a Gross income from members or shareholders	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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
89a 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	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
90a List the states with which a copy of this return is filed		N/A
b Number of employees employed in the pay period that includes March 12, 1997 (See instructions.)	90b	3
91 The books are in care of <u>Consuelo Ruiz</u> Telephone no. <u>(727) 442-8820</u> Located at <u>305 N. Fort Harrison Ave. Clearwater, FL</u> ZIP + 4 <u>33755-3923</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Enter gross amounts unless otherwise indicated.

93 Program service revenue:		Business code	Amount	Exclusion code	Amount	exempt function income
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					
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events			01	19,038	
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				19,038	

104 Subtotal (add columns (B), (D), and (E)) 19038

105 Total (add line 104, columns (B), (D), and (E)) 19038

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

[illegible]

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	%			
	%			
	%			

rn, including accompanying schedules and statements, and to the best of my knowledge
er (other than officer) is based on all information of which preparer has any knowledge.

5-4-98 David Figueroa

Date _____ Type of print paper _____

**SCHEDULE A
(Form 990)**

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

1997

Department of the Treasury
Internal Revenue Service

Supplementary Information

See separate instructions.
▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

Employer identification number

CITIZENS COMMISSION ON HUMAN RIGHTS OF CLEARWATER INC

5912973520

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions on page 1. 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
<u>NONE</u>				
Total number of other employees paid over \$50,000 ▶				

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions on page 1. 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
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements 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 ▶ \$ <u>7,191</u> 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.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
b Lending of money or other extension of credit?		<input checked="" type="checkbox"/>
c Furnishing of goods, services, or facilities?		<input checked="" type="checkbox"/>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>SEE STATEMENT 8</u>	<input checked="" type="checkbox"/>	
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.		<input checked="" type="checkbox"/>
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		<input checked="" type="checkbox"/>
4 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 on page 2.)		

Part IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, 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 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See 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.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . ▶	(a) 1996	(b) 1995	(c) 1994	(d) 1993	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	92,223	125,371	88,958	21,952	328,504
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	0	0	0	0	0
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	0	0	0	0	0
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
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	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	92,223	125,371	88,958	21,952	328,504
24 Line 23 minus line 17	92,223	125,371	88,958	21,952	328,504
25 Enter 1% of line 23	922	1,254	890	220	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 6,570
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 <i>52,703</i> ▶					26b 52,703
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 328,504
d Add: Amounts from column (e) for lines: 18 <u>0</u> 19 <u>0</u> 22 <u>0</u> 26b <u>52,703</u> ▶					26d 52,703
e Public support (line 26c minus line 26d total) ▶					26e 275,801
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 83.96 %
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: (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: (1996) _____ (1995) _____ (1994) _____ (1993) _____ c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c _____
d Add: Line 27a total _____ and line 27b total _____ ▶					27d _____
e Public support (line 27c total minus line 27d total) ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶					27f \$ 328,504
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %

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 on page 4.)

Part V Private School Questionnaire (See instructions on page 4.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions on page 6.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

(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	2134
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	6257
38	Total lobbying expenditures (add lines 36 and 37)	38	8391
39	Other exempt purpose expenditures	39	140288
40	Total exempt purpose expenditures (add lines 38 and 39)	40	148679
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 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	29,736
42	Grassroots nontaxable amount (enter 25% of line 41)	42	7434
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

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

4-Year Averaging Period Under Section 501(h)

 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 7.)

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 29,736				29,736
46	Lobbying ceiling amount (150% of line 45(e)).				44,604
47	Total lobbying expenditures 8,391				8,391
48	Grassroots nontaxable amount 7,434				7,434
49	Grassroots ceiling amount (150% of line 48(e))				11,151
50	Grassroots lobbying expenditures 2,134				2,134

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions on page 7.)

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).			

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



CITIZENS COMMISSION ON HUMAN RIGHTS®

Established in 1969 by the Church of Scientology® to investigate and expose psychiatric violations of Human Rights.

March 31, 1999

Department of Treasury
Internal Revenue Service
Atlanta, GA 39901

RE: 59-2973520

Dear Sir or Madam,

Enclosed please find Form 990 for tax year 1997. We have only just become aware, subsequent to your recently received notice, that this Form 990 was not received by the Internal Revenue Service. The Form 990 was prepared prior to the due date and was sent via an affiliated office for filing.

We respectfully request that any penalties for late filing be abated. The return was on file at our offices and available to the public for inspection at required times since the extended due date of the return. Additionally, the return was transmitted in such a way as to give us a reasonable belief that it had been filed.

Thank you for your consideration. We apologize for the inconvenience.

Very truly yours,

Kathleen E. Lettau
Treasury Advisor

RECEIVED
APR 16 1999
ENTITY CONTROL

RECEIVED DO 1
Ogden Service Center

&PR 1 4 1999

internal Revenue Service
Ogden, Utah

Citizens Commission on Human Rights
of Clearwater, Inc.

Form 990 - Page 1 - Fundraising Event
For the Year Ended December 31, 1997
Federal ID Number 59-2973520

Part 1 - Line 9

Summary of the revenue and expenses of the major event generating the
most gross receipts:

Description of Event	Gross Receipts	Contrib. Included	Gross Revenue	Direct Expenses	Net Income (Loss)
CCHR Dinner	<u>29,272</u>	0	~ 29,272	38,310	(9,038)
To Form 990. Part 1, Line 9	29,272	0	29,272	38,310	(9,038)
	=====				

Citizens Commission on Human Rights
of Clearwater, Inc.

Form 990 - Part 1 - Line 20
For the Year Ended December 31, 1997
Federal ID Number 59-2973520

Other Change in net Assets
or fund balances;

Accrual adjustment last year	166
property taxes	
Rounding adjustment	(<u>10</u>)
Total	156
	=====

Citizens Commission on Human Rights
of Clearwater, Inc.

Form 990 - Page 2 - Depreciation and Amortization
For the Year Ended December 31, 1997
Federal ID Number 59-2973520

Description of Property

Date placed in service	Method/ IRC sec.	Life or rate	Line No.	<u>Cost or</u> 1995	<u>Other</u> 1996	<u>Basis</u> 1997	Basis reduction	Accumulated depreciation/amortization	Current year deduction	
<u>PROPERTY 305 N. FT. HARRISON</u>										
	SL	25.0		52,000	1	1	1	I	2,600	2,080
<u>LAND 305 N. FT. HARRISON</u>										
	I	L		13,000	1	I	I	I	0	0~
<u>BUILDING IMPROVEMENTS</u>										
	SL	25.0		3,474	46,357	9,532	'		1,101	2,37T~
<u>FURNITURE & FIXTURES</u>										
	SL	5	'	4,781	7,619	6,281			1,766	3,108"
<u>COMPUTER EQUIPMENT 6s SOFTWARE</u>										
	SL	5			27,186	2,191			0 I	5,474~
TOTAL 990 Page 2 Depreciation									5,467	13,036

Statement 5

Citizens Commission on Human Rights
of Clearwater, Inc.

Form 990 - Other Expenses
For the Year Ended December 31, 1997
Federal ID Number 59-2973520

Part II - Line 43b

Description	(A) Total	(B) Program Services	(C) Management and general	(D) Fundraising
<u>Dues and Subscriptions</u>	2,633	1818	815	0
<u>Utilities</u>	4,363	0	4,363	0
<u>Insurance</u>	1,871	0	1,871	0
<u>Bank Charges</u>	2,285	0	2,285	0
<u>Commissions</u>	9,959	0	0	9,959
<u>Licenses & Permits</u>	70	0	70	0
<u>Media Expenses</u>	1,966	1,966	0	0
<u>Office Expenses</u>	3,287	1,890	805	592
<u>Research</u>	4,156	4,156	0	0
<u>Education (of staff)</u>	200	0	200	0
<u>Taxes and Fees (other than payroll taxes)</u>	2,815	0	2,815	0
Totals - Line 43b	33,605	9,830	13,224	10,551
=====				

Citizens Commission on Human Rights
of Clearwater, Inc.

Form 990 - Schedule A Supporting Schedules
For the Year Ended December 31, 1997
Federal ID Number 59-2973520

Form 990 - Part III The Organization's Primary Exempt Purpose

The purposes of Citizens Commission on Human Rights of Clearwater, Inc.
are:

- a) To guard against abuses of the fundamental rights of people guaranteed by the Constitution of the United States and the Universal Declaration of Human Rights and, where such abuses occur, to seek their correction;
- b) To encourage and support research into the effects of psychiatric and psychological practices and procedures, and into alternatives to such practices and procedures;
- c) To educate the general public regarding mental health, human rights and related areas.

Citizens Commission on Human Rights
of Clearwater, Inc.

Form 990 - Schedule A Supporting Schedules
For the Year Ended December 31, 1997
Federal ID Number 59-2973520

Form 990 - Part IIIa - Statement of Program Service Accomplishments

a) Public Information 29,635

Informed citizens of abuses in the field of mental health:

- 377 radio shows reaching an audience of 198,675,400 listeners
- 1,171 tv shows reaching an audience of 137,224,000 viewers
- Mailed information packs to 1,276 people

Additional donations for services rendered were received in the amount of \$3,955.00

b) Investigations 28,223

Investigations to determine nature and related facts concerning psychiatric abuse. There were 58 people directly helped, with a total of 750 complaints done

Additional donations for services rendered were received in the amount of \$303.00

c) Psychiatric Reform 12,700

Assisted 78 local, state and federal agencies in their investigations. Provided information to Florida legislators on psychiatric violations of human rights.

Total Program Services 70,558
=====

Citizens Commission on Human Rights
of Clearwater, Inc.

Form 990 - Schedule A Supporting Schedules
For the Year Ended December 31, 1997
Federal ID Number 59-2973520

Page III - Line 2d - Payment of Compensation to Related Parties

See part V, Form 990 For schedule of compensation paid to officers,
directors, trustees, and key employees.

Reimbursements:

Richard Tinkelenberg	759
Louise Cournoyer	3,283

These are reimbursements for expenses paid on behalf of the corporation
under a fully accountable plan.

Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns

▶ File a separate application for each return.

OMB No. 1545-0148

Please type or
print. File the
original and one
copy by the due
date for filing
your return.

Citizens Commission on Human Rights of Clearwater,

Employer identification number
59-2973520

Number, street (or P.O. box no. if mail is not delivered to street address)

305 N. Fort Harrison Ave.

City, town, or post office, state, and ZIP code. For a foreign address, see instructions.

Clearwater FL 34617

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until

12/31/98

, to file (check only one):

☐ Form 706-GS (D)☐ Form 990-T (401(a) or 408(a) trust)☐ Form 1120-ND (4951 taxes)☐ Form 8612☐ Form 706-GS (T)☐ Form 990-T (trust other than above)☐ Form 3520-A☐ Form 8613☒ Form 990 or 990-EZ☐ Form 1041 (estate)☐ Form 4720☐ Form 8725☐ Form 990-BL☐ Form 1041-A☐ Form 5227☐ Form 8804☐ Form 990-PF☐ Form 1042☐ Form 6069☐ Form 8831If the organization does not have an office or place of business in the United States, check this box ☐

2a For calendar year 1998, or other tax year beginning

and ending

b If this tax year is for less than 12 months, check reason:

☐ Initial return☐ Final return☐ Change in accounting period3 Has an extension of time been previously granted for this tax year? ☒ Yes ☐ No

4 State if this return by accountants and legal counsel

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720,

6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits.

\$

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and

estimated tax payments made. Include any prior year overpayment allowed as a credit

\$

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD

coupon if required.

\$

Signature and Verification

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

Signature

Certified Public Accountant

Date 12 Aug 98

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS

☒ We HAVE approved your application. Please attach this form to your return.☒ We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.☐ We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.☐ We cannot consider your application because it was filed after the due date of the return for which an extension was requested.☐ Other:

EXTENSION APPROVED

SEP 16 1998

Deborah S. Decker
Ogden Service CenterRECEIVED
APR 16 1999
ENTITY CONTROL

Director

By:

Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please
Type
or
Print

Name

Number, street (or P.O. box no. if mail is not delivered to street address)

City, town, or post office, state, and ZIP code. For a foreign address, see instructions.

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

COPY
OMB No. 1545-0148

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.

Name Citizens Commission on Human Rights of Clearwater,	Employer identification number 59-2973520
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 305 N. Fort Harrison Ave.	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. Clearwater, FL 34615-3923	

Note: Corporate income tax return filers must use **Form 7004** to request an extension of time to file. Partnerships, REMICs, and trusts must use **Form 8736** to request an extension of time to file Form 1065, 1066, or 1041.

- 1** I request an extension of time until August 15, 19 98, to file (check only one):
- | | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D) | <input type="checkbox"/> Form 990-T (401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1042 | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box. ☐

- 2a** For calendar year 19 97, or other tax year beginning and ending
- b** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3** Has an extension of time to file been previously granted for this tax year? ☐ Yes ☒ No
- 4** State in detail why you need the extension: Additional time is needed for review of this return by accountants and legal counsel.

- 5a** If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b** If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c Balance due.** Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ _____

Signature and Verification

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

Signature [Signature] Title Certified Public Accountant Date 15 May 98

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by the IRS

- ☒ We **HAVE** approved your application. Please attach this form to your return.
- ☐ We **HAVE NOT** approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- ☐ We **HAVE NOT** approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- ☐ We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other: _____

Director

Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print	Name
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.