

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

# 2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2008** calendar year, or tax year beginning and ending

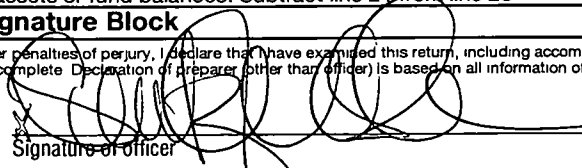
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type  See Specific Instructions	<b>C</b> Name of organization <b>CITIZENS COMMISSION ON HUMAN RIGHTS</b>	<b>D</b> Employer identification number <b>68-0005541</b>
		Doing Business As	<b>E</b> Telephone number <b>323-467-4242</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>6616 SUNSET BLVD</b>	<b>G</b> Gross receipts \$ <b>3,392,859.</b>
		City or town, state or country, and ZIP + 4 <b>LOS ANGELES, CA 90028</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>SERENITY MACDONALD SAME AS C ABOVE</b>			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.CCHR.ORG</b>			
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1982</b>
			<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO INVESTIGATE AND EXPOSE PSYCHIATRIC ABUSES OF HUMAN RIGHTS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>3</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>1</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>62</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>300</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>4,509,535.</b>	<b>2,726,901.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 9, 4, and 7d)	<b>436,035.</b>	<b>91,299.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9e, 10c, and 11e)	<b>315.</b>	<b>234.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,031,648.</b>	<b>2,994,415.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>204,100.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>1,128,725.</b>	<b>1,191,112.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>442,387.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<b>3,565,043.</b>	<b>2,167,844.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,897,868.</b>	<b>3,424,413.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>133,780.</b>	<b>&lt;429,998.&gt;</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 26)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,541,908.</b>	<b>1,116,105.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>272,929.</b>	<b>277,124.</b>
		<b>1,268,979.</b>	<b>838,981.</b>

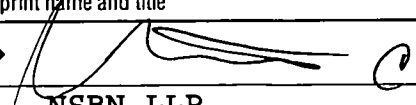
**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶  Date **11/16/09**

Signature of officer  
**SERENITY MACDONALD, TREASURER**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶  Date **11/16/09** Check if self-employed  Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **NSBN LLP  
9454 WILSHIRE BLVD., 4TH FLOOR  
BEVERLY HILLS, CA 90212-2907** EIN ▶ Phone no. ▶ **(310) 273-2501**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED DEC 28 2009

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G16

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE CITIZENS COMMISSION ON HUMAN RIGHTS INVESTIGATES AND EXPOSES PSYCHIATRIC VIOLATIONS OF HUMAN RIGHTS. IT WORKS SHOULDER-TO-SHOULDER WITH LIKE-MINDED GROUPS AND INDIVIDUALS WHO SHARE A COMMON PURPOSE TO CLEAN UP THE FIELD OF MENTAL HEALTH. WE SHALL CONTINUE TO DO SO UNTIL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 161,467. including grants of \$ ) (Revenue \$ ) INVESTIGATIONS: WITH 100 MILLION PEOPLE WORLDWIDE TAKING PSYCHIATRIC DRUGS THAT ARE DOCUMENTED BY INTERNATIONAL DRUG REGULATORY AGENCIES TO CAUSE DANGEROUS AND LIFE-THREATENING SIDE EFFECTS, CCHR MAKES IT A POINT TO BROADLY EDUCATE OTHERS ON THE KNOWN RISKS OF THESE DRUGS SO THEY CAN MAKE INFORMED, EDUCATED CHOICES. IN 2008 ALONE, THERE WERE 35 GOVERNMENT AND DRUG COMPANY WARNINGS AGAINST PSYCHIATRIC DRUGS, INCLUDING WARNINGS FROM DRUG REGULATORY AGENCIES IN THE U.S., JAPAN, IRELAND, EUROPEAN UNION, UK, CANADA, AUSTRALIA, FRANCE, NEW ZEALAND AND SOUTH AFRICA.

IN 2008, CCHR CONTINUED ITS ONGOING INVESTIGATION INTO THE FINANCIAL CONFLICTS OF INTEREST BETWEEN PSYCHIATRISTS AND PHARMACEUTICAL

4b (Code: ) (Expenses \$ 87,588. including grants of \$ ) (Revenue \$ ) HOTLINE SERVICES: CCHR PROVIDES A TOLL-FREE 800# HOTLINE FOR PEOPLE TO EASILY REPORT INCIDENTS OF PSYCHIATRIC ABUSE AND FRAUD AS WELL AS REQUEST FREE INFORMATION. THE CCHR HOTLINE IS PROMOTED THROUGH ITS PUBLICATIONS, FLYERS, PAMPHLETS, MEDIA ARTICLES, PUBLIC SERVICE ANNOUNCEMENTS ON THE RADIO, CCHR'S WEBSITE, THE INTERNET AND IN NEWSPAPER ADS, OR ON RADIO AND TV SHOWS ABOUT CCHR'S SERVICES AND ACTIVITIES. THROUGH THIS, CCHR NOT ONLY ASSISTS THOSE WHO WISH TO REPORT THE ABUSE AND FILE DISCIPLINARY OR CRIMINAL COMPLAINTS TO THE APPROPRIATE AUTHORITIES, BUT ALSO PROVIDES CALLERS WITH ANY INFORMATION THEY MAY NEED TO BECOME BETTER INFORMED ABOUT PSYCHIATRY.

DURING 2008, MORE THAN 5,300 INDIVIDUALS AND GROUPS WERE PROVIDED

4c (Code ) (Expenses \$ 242,766. including grants of \$ ) (Revenue \$ ) LEGISLATION: SINCE MANY CHILDREN ARE IDENTIFIED AS "MENTALLY ILL" THROUGH UNSCIENTIFIC PSYCHIATRIC SCREENING PROCEDURES CONDUCTED THROUGH SCHOOLS, CCHR AND ITS COMMISSIONERS HAVE SPOKEN OUT AGAINST SUCH SCREENING BECAUSE OF ITS SUBJECTIVE AND UNSCIENTIFIC NATURE. THIS YEAR, CCHR, ALONG WITH MANY OTHER ADVOCACY AND PARENTS GROUPS CONTINUED TO EDUCATE AND WARN LEGISLATORS, POLICY MAKERS AND EDUCATORS ABOUT THE INHERENT DANGERS OF MENTAL HEALTH SCREENING THAT SO OFTEN LEADS TO CHILDREN BEING PLACED ON PSYCHIATRIC DRUGS DOCUMENTED TO CAUSE PSYCHOSIS, MANIA, AGGRESSION, SEVERE LIVER DAMAGE, HALLUCINATIONS, BIRTH DEFECTS, DIABETES, HEART ATTACK, STROKE, SUICIDAL AND HOMICIDAL THOUGHTS AND SUDDEN DEATH.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,151,384. including grants of \$ 65,457. ) (Revenue \$ 234,808. )

4e Total program service expenses \$ 2,643,205. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 22		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 62		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	<b>7h</b>		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
	<b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **SERENITY MACDONALD - 323-467-4242**  
**6616 SUNSET BLVD., LOS ANGELES, CA 90028**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NADJA LEHMAN TRUSTEE	0.30	X					0.	0.	0.	
ELAINE SIEGEL TRUSTEE	0.30	X					0.	0.	0.	
MEGAN SHIELDS TRUSTEE	0.30	X					0.	0.	0.	
ISADORE CHAIT DIRECTOR	0.25	X					0.	0.	0.	
JAN EASTGATE MEYER DIRECTOR	40.00	X					35,730.	0.	0.	
FRAN ANDREWS VICE PRESIDENT & DIRECTOR	40.00	X		X			35,730.	0.	0.	
BRUCE WISEMAN PRESIDENT	7.50			X			6,260.	0.	0.	
MARLA FILIDEI VICE PRESIDENT	40.00			X			35,730.	0.	0.	
SERENITY MACDONALD TREASURER	40.00			X			35,280.	0.	0.	
CARLA MOXON SECRETARY	40.00			X			34,280.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>								183,010.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SAM BRUNELLI, 15462 GULF BLVD #508, SAINT PETERSBURG, FL 33708	PUBLIC RELATIONS	135,415.
PAT FREY DBA CREATIVE PRODUCTIONS UNLIMITED 1543 HILL DRIVE, LOS ANGELES, CA 90041	EVENT PRODUCTION	112,500.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 2



Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	68,786.				
	c	Fundraising events	1c	19,485.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2638630.				
	g	Noncash contributions included in lines 1a-1f \$		171,423.				
	h	Total. Add lines 1a-1f		2,726,901.				
Program Service Revenue	2 a	LICENSING FEES	Business Code 541900	91,299.	91,299.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		91,299.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		234.			234.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	397,474.				
		b	Less: direct expenses	b	358,684.			
		c	Net income or (loss) from fundraising events		38,790.	38,790.		
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a	142,836.					
	b	Less: cost of goods sold	b	39,760.				
	c	Net income or (loss) from sales of inventory		103,076.	103,076.			
Miscellaneous Revenue		Business Code						
11 a	REFERRAL FEES	900099	32,472.			32,472.		
b	PAYROLL TAX REFUNDS	900099	1,643.	1,643.				
c								
d	All other revenue							
e	Total. Add lines 11a-11d		34,115.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		2,994,415.	234,808.	0.	32,706.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,900.	2,900.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	62,557.	62,557.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	183,010.	127,400.	33,089.	22,521.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	894,970.	633,883.	155,351.	105,736.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	19,196.	13,363.	3,471.	2,362.
10 Payroll taxes	93,936.	65,392.	16,984.	11,560.
11 Fees for services (non-employees):				
a Management				
b Legal	34,084.	25,670.	6,157.	2,257.
c Accounting	43,477.		43,477.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	6,666.		6,666.	
12 Advertising and promotion	1,141,666.	1,079,836.	400.	61,430.
13 Office expenses	318,009.	220,915.	30,786.	66,308.
14 Information technology				
15 Royalties				
16 Occupancy	90,884.	72,812.	10,280.	7,792.
17 Travel	32,681.	27,521.	4,015.	1,145.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	233,992.	187,720.	26,090.	20,182.
23 Insurance	14,695.	11,600.	1,762.	1,333.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>REFERRAL FEES</b>	139,561.			139,561.
b <b>PRINTING &amp; PUBLICATION</b>	112,129.	111,636.	293.	200.
c				
d				
e				
f All other expenses				
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>3,424,413.</b>	<b>2,643,205.</b>	<b>338,821.</b>	<b>442,387.</b>
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	49,747.	<b>1</b>	72,733.
	<b>2</b> Savings and temporary cash investments	616,911.	<b>2</b>	319,720.
	<b>3</b> Pledges and grants receivable, net	2,715.	<b>3</b>	368.
	<b>4</b> Accounts receivable, net	35,116.	<b>4</b>	30,311.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	41,824.	<b>8</b>	59,331.
	<b>9</b> Prepaid expenses and deferred charges	10,355.	<b>9</b>	75,002.
	<b>10a</b> Land, buildings, and equipment: cost basis	2,119,096.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D	1,576,517.	768,080.	542,579.
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11	4,500.	<b>13</b>	4,500.
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	12,660.	<b>15</b>	11,561.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,541,908.	<b>16</b>	1,116,105.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	266,313.	<b>17</b>	270,655.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	5,370.	<b>19</b>	4,518.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D	1,246.	<b>25</b>	1,951.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	272,929.	<b>26</b>	277,124.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,268,979.	<b>27</b>	838,981.
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	1,268,979.	<b>33</b>	838,981.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	1,541,908.	<b>34</b>	1,116,105.

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>b</b> Were the organization's financial statements audited by an independent accountant?	X	
<b>c</b> If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits?		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2119315.	3368508.	2960698.	4509535.	3096932.	16054988.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3	2119315.	3368508.	2960698.	4509535.	3096932.	16054988.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						288,505.
<b>6 Public Support.</b> Subtract line 5 from line 4						15766483.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	2119315.	3368508.	2960698.	4509535.	3096932.	16054988.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	211.	94.	169.	315.	234.	1,023.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,469.	5,501.	4,568.	14,271.	34,115.	59,924.
<b>11 Total support.</b> Add lines 7 through 10						16115935.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	2,175,576.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	97.83 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	91.97 %

**16a 33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)

**PART II, LINE 10(A) - OTHER INCOME DETAIL**

REFERRAL FEES \$ 264

PROPERTY TAX REFUND \$ 1,205

**PART II, LINE 10(B) - OTHER INCOME DETAIL**

MISCELLANEOUS \$ 5,501

**PART II, LINE 10(C) - OTHER INCOME DETAIL**

MISCELLANEOUS \$ 4,568

**PART II, LINE 10(D) - OTHER INCOME DETAIL**

MISCELLANEOUS \$ 13,842

PROPERTY TAX REFUND \$ 429

**PART II, LINE 10(D) - OTHER INCOME DETAIL**

REFERRAL FEES \$ 32,472

PAYROLL TAX REFUND \$ 1,643

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2008**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>CITIZENS COMMISSION ON HUMAN RIGHTS</b>	Employer identification number <b>68-0005541</b>
--------------------------------------------------------------------	-----------------------------------------------------

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV \_\_\_\_\_

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b. ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.



**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	64,413.	74,903.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	197,286.	205,153.												
c	Total lobbying expenditures (add lines 1a and 1b)	261,699.	280,056.												
d	Other exempt purpose expenditures	3,646,397.	4,532,133.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	3,908,096.	4,812,189.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	345,405.	390,609.												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
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														
g	Grassroots nontaxable amount (enter 25% of line 1f)	86,351.	97,652.												
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0.	0.												
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c	0.	0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**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 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
2a	Lobbying non-taxable amount	334,169.	352,803.	414,836.	390,609.	1,492,417.
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,238,626.
c	Total lobbying expenditures	205,790.	246,178.	288,528.	280,056.	1,020,552.
d	Grassroots non-taxable amount	83,542.	88,201.	103,709.	97,652.	373,104.
e	Grassroots ceiling amount (150% of line 2d, column (e))					559,656.
f	Grassroots lobbying expenditures	41,055.	55,735.	76,149.	74,903.	247,842.

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

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**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

**CITIZENS COMMISSION ON HUMAN RIGHTS**

Employer identification number

**68-0005541**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ <u>4,500.</u>
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
 

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other USED TO ENHANCE FACILITY

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Term endowment  %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,088,142.	1,546,871.	541,271.
e Other		30,954.	29,646.	1,308.

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) 542,579.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,994,415.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,424,413.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<429,998.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<429,998.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	3,782,534.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	389,516.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	398,603.
e	Add lines 2a through 2d	2e	788,119.
3	Subtract line 2e from line 1	3	2,994,415.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,994,415.

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

1	Total expenses and losses per audited financial statements	1	4,212,532.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	389,516.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	398,603.
e	Add lines 2a through 2d	2e	788,119.
3	Subtract line 2e from line 1	3	3,424,413.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,424,413.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

**PART III, LINE 4: USED TO ENHANCE FACILITY.**

**PART XII LINE 2D:**

**COST OF GOODS SOLD - \$39,760**

**REALIZED EXCHANGE LOSS - \$159**

**AWARDS DINNER EXPENSE - \$358,684**

**PART XIII LINE 2D:**

Part XIV Supplemental Information (continued)

COST OF GOODS SOLD - \$39,760

REALIZED EXCHANGE LOSS - \$159

AWARDS DINNER - \$358,684

CITIZENS COMMISSION ON HUMAN RIGHTS HAS ELECTED TO DEFER THE APPLICATION OF STATEMENT OF FINANCIAL ACCOUNTING STANDARDS INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, IN ACCORDANCE WITH STATEMENT OF FINANCIAL ACCOUNTING STANDARDS POSITION NO. 48-3, EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 FOR CERTAIN NONPUBLIC COMPANIES. CCHR WILL CONTINUE TO EVALUATE ANY UNCERTAIN TAX POSITIONS IT MIGHT HAVE IN ACCORDANCE WITH STATEMENT OF FINANCIAL ACCOUNTING STANDARDS STATEMENT NO. 5, ACCOUNTING FOR CONTINGENCIES. CCHR'S MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST AT THIS TIME.

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Open to Public Inspection

Name of the organization <b>CITIZENS COMMISSION ON HUMAN RIGHTS</b>	Employer identification number <b>68-0005541</b>
------------------------------------------------------------------------	-----------------------------------------------------

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
NORTH AMERICA	0	0	GRANTS	PUBLIC AWARENESS	59,657.
NORTH AMERICA	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	37,078.
EAST ASIA AND THE PACIFIC	0	0	GRANT	PUBLIC AWARENESS	2,900.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	80,304.
EUROPE	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	304,698.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	14,958.
Totals					499,595.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2008



**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PURCHASE OF EQUIPMENT	56,757	WIRE	0		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities 1



**Part IV** Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: COPY OF GRANT EXPENDITURES ARE FORWARDED FOR REVIEW.

SCHEDULE F, PART I, LINE 3: EXPENDITURES ARE RECORDED ON THE ACCRUAL BASIS.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col. (c))	
		RAFFLE (event type)	AWARDS DINNER (event type)	NONE (total number)		
Revenue	1	Gross receipts	19,485.	397,474.		416,959.
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	19,485.	397,474.		416,959.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses		358,684.		358,684.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				( 358,684. )
	9	Net income summary. Combine lines 3 and 8 in column (d)				58,275.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**13** Indicate the percentage of gaming activity operated in:

- a The organization's facility 13a %
- b An outside facility 13b %

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

**CITIZENS COMMISSION ON HUMAN RIGHTS**

Employer identification number

**68-0005541**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	27	45,300.	RETAIL VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	99,120.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	23	16,363.	RETAIL VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>JEWELRY</u> )	X	6	6,350.	RETAIL VALUE
26 Other ▶ ( <u>ENTERTAINMENT</u> )	X	9	3,790.	COST COMPARISON
27 Other ▶ ( <u>FURNITURE &amp; E</u> )	X	2	500.	RETAIL VALUE
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PSYCHIATRY'S ABUSIVE AND ILLEGAL PRACTICES CEASE AND HUMAN RIGHTS AND DIGNITY ARE RETURNED TO ALL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

COMPANIES, ESPECIALLY THOSE MEMBERS OF THE AMERICAN PSYCHIATRIC ASSOCIATION (APA) WHO PROMOTE THE USE OF DRUGS IN CHILDREN & ADULTS AND WHO AUTHORED STUDIES WHILE NOT DISCLOSING THEIR PHARMACEUTICAL TIES.

CCHR ALSO INVESTIGATED AND ALERTED NUMEROUS STATE LICENSING BOARDS AND FEDERAL HEALTHCARE FRAUD INVESTIGATING AGENCIES ABOUT CONVICTIONS OR LICENSE REVOCATIONS OF PSYCHIATRISTS AND PSYCHOLOGISTS, RAISING THE AWARENESS OF THESE BOARDS AND AGENCIES OF THE TYPES OF CRIMES TO LOOK FOR IN THE MENTAL HEALTH FIELD. IN 2008 CCHR RECORDED MORE THAN 355 LICENSE REVOCATIONS OR SUSPENSIONS AND 55 CRIMINAL CONVICTIONS OF PSYCHIATRISTS, PSYCHOLOGISTS AND OTHER MENTAL HEALTH WORKERS AND MADE THESE PUBLICLY AVAILABLE ON A DATABASE SO THAT THE PUBLIC, LAW ENFORCEMENT AND OTHERS WOULD HAVE ACCESS TO THIS VITAL DATA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

INFORMATION AND ASSISTANCE THROUGH THIS SPECIFIC SERVICE AND THROUGH CCHR'S WEBSITE, WWW.CCHR.ORG. CCHR PROVIDED PEOPLE WITH INFORMATION THEY NEEDED TO SAFEGUARD THEIR RIGHTS AND ASSIST THOSE WHO WERE SEEKING RECOURSE, OR TO PREPARE AND FILE OFFICIAL COMPLAINTS WITH THE PROPER AUTHORITIES.



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
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HOTLINE CALLERS WERE ALSO REFERRED TO OTHER WEBSITES OF INTEREST, ALTERNATIVE HELP SITES AND TO BOOKS, BOOKLETS OR WHITE PAPERS THAT COULD FURTHER ASSIST THEM. CCHR HAS A WIDE RANGE OF BOOKLETS AND REPORTS, INCLUDING TOPICS SUCH AS THE DANGERS OF PSYCHIATRIC DRUG USE IN CHILDREN AND THE ELDERLY, THE DRUGGING OF POSTPARTUM DEPRESSION, INTERNATIONAL WARNINGS ON PSYCHIATRIC DRUGS AND THE "CHEMICAL IMBALANCE" FRAUD.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS FOR MANY YEARS, CCHR HAS ADVOCATED AND PROMOTED A PSYCHIATRIC "LIVING WILL" TO PROTECT PATIENTS AGAINST UNWANTED PSYCHIATRIC TREATMENT. THIS YEAR, CALIFORNIA PASSED A LAW WHICH STATES THAT EVEN IF SOMEONE IS PUT UNDER A GUARDIANSHIP BECAUSE THEY CANNOT TAKE CARE OF THEMSELVES, ANY "ADVANCE DIRECTIVE" (A LIVING WILL) REMAINS IN FORCE AS REGARDS TO PSYCHIATRIC TREATMENT. IN OTHER WORDS, GUARDIANSHIPS DO NOT OVERRIDE ADVANCE DIRECTIVES AS THEY HAVE IN THE PAST.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
PUBLIC AWARENESS: DURING 2008, SEVERAL THOUSAND INDIVIDUALS, INCLUDING HUMAN RIGHTS ACTIVISTS, RELIGIOUS LEADERS, LEGISLATORS, DOCTORS, MEDIA, PARENTS, ARTISTS AND OTHERS, TOURED THE "PSYCHIATRY: AN INDUSTRY OF DEATH" MUSEUM AT THE INTERNATIONAL HEADQUARTERS OF CCHR IN LOS ANGELES. THE MUSEUM IS A GRAPHIC DOCUMENTARY-STYLE EXPOSE THAT PROVIDES VIEWERS WITH AN IN-DEPTH 300-YEAR HISTORY OF PSYCHIATRY, INCLUDING 14 STATE-OF-THE-ART DOCUMENTARIES ADDRESSING ALL HARMFUL ASPECTS OF PSYCHIATRIC INFLUENCE ON SOCIETY.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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CCHR'S 11 TRAVELING EXHIBITS, MODELED AFTER THE PERMANENT MUSEUM, TOURED 45 CITIES IN 14 COUNTRIES ON 5 CONTINENTS THROUGHOUT 2008. MORE THAN 60,000 INDIVIDUALS TOURED AND THE RESPONSE WAS OVERWHELMINGLY IN SUPPORT OF CCHR'S CAMPAIGNS AND ACTIONS. PEOPLE THAT WERE ENLIGHTENED WITH INFORMATION FROM THE TRAVELING EXHIBIT WERE ABLE TO TAKE EFFECTIVE STEPS TO PREVENT PSYCHIATRIC ABUSE IN THEIR LIVES OR THEIR COMMUNITY. MANY WANTED TO SUPPORT CCHR, ITS MISSION AND ACTIVITIES, TO REPORT ABUSES THEY WERE AWARE OF AND TO TAKE NEEDED ACTION TO EFFECT CHANGE.

CCHR ALSO ENSURED THAT ITS ADVISORY BOARD, THE CCHR CHAPTERS AROUND THE WORLD AND ITS MANY VOLUNTEERS AND SUPPORTERS WERE FURNISHED WITH UP-TO-DATE INFORMATION ABOUT ITS ACTIVITIES AND MENTAL HEALTH REFORMS.

CCHR ALSO RAISED CONSIDERABLE PUBLIC AWARENESS THROUGH THE MEDIA IN 2008, ASSISTING AND WORKING WITH PARENTS, CONSUMERS, MEDIA EXPERTS AND ADVOCATES TO RAISE AWARENESS ABOUT ABUSE IN THE FIELD OF MENTAL HEALTH, INCLUDING CONFLICTS OF INTEREST, THE DANGERS OF PSYCHIATRIC DRUGS, ABUSE BY PSYCHIATRISTS AND THE DANGERS OF PSYCHIATRIC DRUGS.

WITH MORE GOVERNMENT AND LAW ENFORCEMENT AGENCIES INVESTIGATING CRIME AND FRAUD WITHIN THE MENTAL HEALTH SYSTEM, AS WELL AS THE DANGERS OF PSYCHIATRIC DRUGS, MEDIA STORIES HAVE RISEN DRAMATICALLY ON THESE ISSUES. DURING THE YEAR, MORE THAN 53,000 ARTICLES AND ELECTRONIC MEDIA RAN COVERING MANY ISSUES INCLUDING THE DANGEROUS EFFECTS OF PSYCHIATRIC DRUGS, DRUG REGULATORY AGENCY WARNINGS, ADVERSE DRUG

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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REACTIONS, CHILDREN BEING FALSELY LABELED "MENTALLY ILL" AND THE  
DOCUMENTED RISKS OF PREGNANT WOMEN AND NURSING MOTHERS TAKING  
PSYCHIATRIC DRUGS.

EXPENSES \$ 1928498. INCLUDING GRANTS OF \$ 65457. REVENUE \$ 234808.

PUBLICATIONS: CCHR WIDELY DISTRIBUTES PUBLICATIONS, CDS, AND DVDS TO  
RAISE AWARENESS ABOUT PSYCHIATRY'S HARMFUL IMPACT ON MANY AREAS OF  
SOCIETY. IN 2008, CCHR RELEASED A NEW 90-MINUTE DOCUMENTARY DVD  
ENTITLED "MAKING A KILLING: THE UNTOLD STORY OF PSYCHIATRIC DRUGGING"  
IN 15 LANGUAGES AND DISTRIBUTED IT FREE TO THOUSANDS OF PEOPLE  
WORLDWIDE. IT DETAILS ALL ASPECTS OF A \$330 BILLION PSYCHIATRIC  
INDUSTRY AND HOW PSYCHIATRIC DRUGS KILL AN ESTIMATED 42,000 PEOPLE  
EVERY YEAR. IT CONTAINS MORE THAN 175 INTERVIEWS WITH LAWYERS, MENTAL  
HEALTH EXPERTS, THE FAMILIES OF VICTIMS AND THE SURVIVORS THEMSELVES.

CCHR ALSO PRODUCED MORE THAN 50 DIFFERENT PROPERTIES WITH OVER A  
MILLION COPIES DISTRIBUTED. THESE PROPERTIES INCLUDED THE "REPORT AND  
RECOMMENDATION" SERIES OF 20 BOOKLETS AND 20 PAMPHLETS IN 15 LANGUAGES,  
COVERING A WIDE RANGE OF PSYCHIATRIC ISSUES-FROM PSYCHIATRIC ABUSE OF  
THE ELDERLY, COMMUNITY MENTAL HEALTH, PSYCHIATRISTS HAVING CREATED  
RACISM, PSYCHIATRISTS HARMING YOUTH TO HOW "SCHIZOPHRENIA" IS A  
FOR-PROFIT DISEASE THAT PSYCHIATRISTS INVENTED.

CCHR ALSO PRODUCED A NEW PUBLICATION ENTITLED "PSYCHIATRIC DRUGS AND  
YOUR CHILD'S FUTURE" THAT GIVES COMMON SENSE ANSWERS FOR PARENTS IF  
THEY ARE DECIDING WHETHER OR NOT TO PLACE THEIR CHILD ON PSYCHIATRIC

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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DRUGS. THOUSANDS OF COPIES OF THIS NEW PUBLICATION WERE PRODUCED AND  
DISTRIBUTED IN 2008.

ADDITIONALLY, CCHR PRODUCED A WHITE PAPER ENTITLED "PROTECTING CHILDREN  
FROM PSYCHIATRICS DRUGS - THE ARGUMENT AGAINST DIRECT TO CONSUMER  
MARKETING IN EUROPE" TO EDUCATE MEMBERS OF THE EUROPEAN UNION ON THE  
NEGATIVE RESULTS THAT COME WITH DIRECT TO CONSUMER MARKETING OF  
PSYCHIATRIC DRUGS, NOW VERY APPARENT IN THE UNITED STATES.

EXPENSES \$ 222886. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS TRUSTEES,  
WHOSE SOLE FUNCTION IS TO ELECT OR REMOVE MEMBERS OF THE BOARD OF  
DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF FORM 990 AND THE  
SUPPORTING DOCUMENTS ARE PROVIDED TO EACH BOARD MEMBER TO REVIEW PRIOR TO  
FILING.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF EMPLOYEES,  
INCLUDING THOSE EMPLOYEES WHO ARE ALSO OFFICERS OR DIRECTORS, WAS NOT SET  
BY THE GOVERNING BOARD IN 2008. THE COMPENSATION OF THESE STAFF MEMBERS  
WAS DETERMINED BASED ON THE LABOR CODES AND LAWS OF THE STATE OF  
CALIFORNIA.

FORM 990, PART VI, SECTION C, LINE 19: THE CITIZENS COMMISSION ON HUMAN  
RIGHTS DOES AN ANNUAL CERTIFIED AUDIT WITH FINANCIAL STATEMENTS PUBLISHED

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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FOR EACH YEAR. THE FINANCIAL STATEMENTS ARE KEPT ON FILE AND ARE AVAILABLE ON REQUEST FOR PUBLIC TO REVIEW.

FORM 990, PART VI, SECTION A, LINE 1B

TWO BOARD MEMBERS, FRAN ANDREWS AND JAN EASTGATE MEYER, ARE ALSO EMPLOYEES OF THE CITIZENS COMMISSION ON HUMAN RIGHTS. THEY ARE COMPENSATED ONLY FOR THEIR DUTIES AS EMPLOYEES, NOT FOR THEIR DUTIES AS VOTING MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12 - LINE 14

POLICIES

THE ORGANIZATION HAD NOT ESTABLISHED A FORMAL WRITTEN CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION AND DESTRUCTION POLICY IN 2008. THE ORGANIZATION HAS FORMALIZED AND INSTITUTED THESE POLICIES IN 2009.

FORM 990, SCHEDULE G, PART II, LINE 5

CONTRIBUTIONS OF NON-CASH ITEMS IN THE AMOUNT OF \$72,303 WERE USED AS RAFFLE AND AUCTION PRIZES, INCOME OF WHICH IS REPORTED AS FUNDRAISING.

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**CITIZENS COMMISSION ON HUMAN RIGHTS**

**FORM 990 PAGE 10**

**68-0005541**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	233,993.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	233,993.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

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

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

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2008 tax year:					
<b>43</b> Amortization of costs that began before your 2008 tax year					43
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					44

Form 8868 (Rev. 4-2009)

Page 2

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>Citizens Commission on Human Rights</b>	Employer identification number <b>68 : 0005541</b>
	Number, street and room or suite no. if a P.O. box, see instructions. <b>8616 Sunset Blvd</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Los Angeles CA 90028</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part III if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **Serenity Macdonald**  
 Telephone No. **( 323 ) 467-4242** FAX No. **( 323 ) 467-3720**

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

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **4169**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EIN of all members the extension is for.

4 I request an additional 3-month extension of time until **November 15th**, 20**09**.

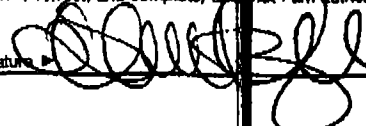
5 For calendar year **2009**, or other tax year beginning **2009**, and ending **2009**.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension **Not all the financial data has been collected and compiled for the 990 form.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

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

Signature  Title **Treasurer** Date **14 Aug 09**

Form 8868 (Rev. 4-2009)