

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

2009

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.

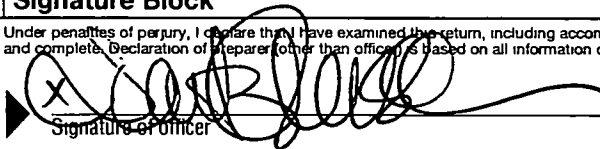
A For the **2009** calendar year, or tax year beginning and ending

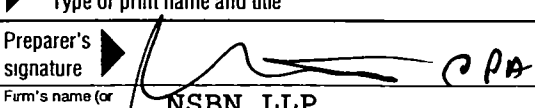
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization CITIZENS COMMISSION ON HUMAN RIGHTS		D Employer identification number 68-0005541
		Doing Business As		E Telephone number 323-467-4242
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6616 SUNSET BLVD		G Gross receipts \$ 3,143,802.
		City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90028		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
F Name and address of principal officer: SERENITY MACDONALD SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.CCHR.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1982 M State of legal domicile: CA	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INVESTIGATE AND EXPOSE PSYCHIATRIC ABUSES OF HUMAN RIGHTS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of employees (Part V, line 2a)	5	55
	6 Total number of volunteers (estimate if necessary)	6	325
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,726,901.	2,693,040.
	9 Program service revenue (Part VIII, line 2g)	91,299.	60,140.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	234.	<631.>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	175,981.	118,857.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,994,415.	2,871,406.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	65,457.	8,448.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,191,112.	1,016,516.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) 320,691.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,167,844.	2,337,131.	
18 Total expenses: Add lines 13, 17 (must equal Part IX, column (A), line 25)	3,424,413.	3,362,095.	
19 Revenue less expenses. Subtract line 18 from line 12	<429,998.>	<490,689.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,116,105.	End of Year 774,079.
	21 Total liabilities (Part X, line 26)	277,124.	425,787.
	22 Net assets or fund balances. Subtract line 21 from line 20	838,981.	348,292.

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
 
 Signature of officer Date **11/15/10**
SERENITY MACDONALD, TREASURER
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature  Date **11/15/10** 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 **97**
 Phone no. **(310) 273-2501**

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

SCANNED DEC 2 1 2010

Part III Statement of Program Service Accomplishments

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 \$ 162,837. including grants of \$) (Revenue \$)

RESEARCH & INVESTIGATIONS:

WITH OVER 120 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 2009 ALONE, THERE WERE 47 GOVERNMENT AND DRUG COMPANY WARNINGS AGAINST PSYCHIATRIC DRUGS, INCLUDING WARNINGS FROM DRUG REGULATORY AGENCIES IN THE U.S., AUSTRALIA, GERMANY, AND CANADA. ALSO IN 2009, CCHR LAUNCHED THE "PSYCH DRUG DANGERS DATABASE" ON ITS WEBSITE TO PROVIDE THE PUBLIC WITH A MEANS FOR SEARCHING THROUGH ALL THE WARNINGS ISSUED, AS WELL AS INTERNATIONAL STUDIES PUBLISHED, SHOWING THE DANGERS OF PSYCHIATRIC

4b (Code) (Expenses \$ 90,001. including grants of \$) (Revenue \$)

HOTLINE AND INFORMATION REQUESTS:

CCHR PROVIDES A TOLL-FREE 800# HOTLINE FOR PEOPLE TO REPORT INCIDENTS OF PSYCHIATRIC ABUSE AND FRAUD AS WELL AS TO REQUEST FREE INFORMATION. THE CCHR HOTLINE IS PROMOTED THROUGH ITS PUBLICATIONS, MEDIA ARTICLES, PUBLIC SERVICE ANNOUNCEMENTS ON THE WEBSITE AND IN NEWSPAPER AND MAGAZINE ADS. THROUGH THIS HOTLINE, CCHR NOT ONLY ASSISTS THOSE WHO WISH TO REPORT ABUSES AND FILE COMPLAINTS TO THE APPROPRIATE AUTHORITIES, BUT ALSO PROVIDES CALLERS WITH INFORMATION THEY MAY NEED TO BECOME BETTER INFORMED ABOUT PSYCHIATRY.

DURING 2009, MORE THAN 21,256 INDIVIDUALS AND GROUPS WERE PROVIDED INFORMATION AND ASSISTANCE THROUGH THIS HOTLINE AND THROUGH CCHR'S

4c (Code) (Expenses \$ 202,664. 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 CAUSES PERFECTLY HEALTHY CHILDREN TO BE 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 \$ 2,256,738. including grants of \$ 8,448.) (Revenue \$ 136,392.)

4e Total program service expenses ► \$ 2,712,240.

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school 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 United States?		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 United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 Section 501(c)(3) and 501(c)(4) organizations. 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 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
34 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
35 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
36 Section 501(c)(3) organizations. 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
37 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a		15
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b		0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	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		
	2a		55
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	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
	4a		
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.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1a		5
b Enter the number of voting members that are independent		
1b		3
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
2		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
3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
5		X
6 Does the organization have members or stockholders?		X
6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7a	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b		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	
8a	X	
b Each committee with authority to act on behalf of the governing body?	X	
8b	X	
9 Is there any officer, director, 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
9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
10a	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	
10b	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c	X	
13 Does the organization have a written whistleblower policy?	X	
13	X	
14 Does the organization have a written document retention and destruction policy?	X	
14	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	
15a	X	
b Other officers or key employees of the organization	X	
15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
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
16a		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?		
16b		

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- 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 current officer, director, or trustee.

(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	0.30	X					0.	0.	0.	
JAN EASTGATE MEYER DIRECTOR	40.00	X					34,000.	0.	0.	
FRAN ANDREWS VICE PRESIDENT & DIRECTO	40.00	X		X			35,280.	0.	0.	
MICHAEL BAYBAK DIRECTOR	0.30	X					0.	0.	0.	
JOYCE GAINES DIRECTOR	0.30	X					0.	0.	0.	
BRUCE WISEMAN PRESIDENT	1.20			X			504.	0.	0.	
MARLA FILIDEI VICE PRESIDENT	40.00			X			35,280.	0.	0.	
SERENITY MACDONALD TREASURER	40.00			X			34,340.	0.	0.	
CARLA MOXON SECRETARY	40.00			X			15,491.	0.	0.	

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	84,571.				
	c	Fundraising events	1c	5,223.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,603,246.				
	g	Noncash contributions included in lines 1a-1f \$		98,032.				
	h	Total. Add lines 1a-1f		2,693,040.				
	Program Service Revenue	2 a	PROGRAM SERVICE FEES	Business Code 541900	60,140.	60,140.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		60,140.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		72.			72.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 5,223. of contributions reported on line 1c). See Part IV, line 18	a		258,643.			
		Less direct expenses	b		225,603.			
		Net income or (loss) from fundraising events			33,040.			33,040.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a		122,711.				
	Less cost of goods sold	b		45,955.				
	Net income or (loss) from sales of inventory			76,756.	76,756.			
Miscellaneous Revenue			Business Code					
11 a	REFERRAL FEES	900099		8,862.			8,862.	
b	PAYROLL TAX REFUNDS	900099		199.	199.			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			9,061.				
12	Total revenue. See instructions.			2,871,406.	136,392.	0.	41,974.	

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	2,751.	2,751.		
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	5,697.	5,697.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	154,895.	104,470.	31,684.	18,741.
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	774,749.	533,602.	151,520.	89,627.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	5,114.	3,449.	1,046.	619.
10 Payroll taxes	81,758.	55,142.	16,724.	9,892.
11 Fees for services (non-employees).				
a Management				
b Legal	40,463.	40,053.	159.	251.
c Accounting	33,936.		33,936.	
d Lobbying	82,888.	82,888.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	82,887.	82,887.		
12 Advertising and promotion	1,418,891.	1,402,481.		16,410.
13 Office expenses	208,220.	84,498.	59,141.	64,581.
14 Information technology				
15 Royalties				
16 Occupancy	81,016.	65,177.	8,930.	6,909.
17 Travel	18,948.	16,938.	643.	1,367.
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	209,783.	168,299.	23,390.	18,094.
23 Insurance	15,767.	12,650.	1,757.	1,360.
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 REFERRAL FEES	91,052.			91,052.
b PRINTING & PUBLICATION	53,280.	51,258.	234.	1,788.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,362,095.	2,712,240.	329,164.	320,691.
26 Joint costs. 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
Assets	1 Cash - non-interest-bearing	72,733.	1	156,204.
	2 Savings and temporary cash investments	319,720.	2	158,560.
	3 Pledges and grants receivable, net	368.	3	816.
	4 Accounts receivable, net	30,311.	4	27,957.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	59,331.	8	52,028.
	9 Prepaid expenses and deferred charges	75,002.	9	2,500.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,129,283.		
	b Less accumulated depreciation	10b 1,771,309.	10c	357,974.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	16,061.	15	18,040.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,116,105.	16	774,079.	
Liabilities	17 Accounts payable and accrued expenses	270,655.	17	418,611.
	18 Grants payable		18	
	19 Deferred revenue	4,518.	19	4,920.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,951.	25	2,256.
	26 Total liabilities. Add lines 17 through 25	277,124.	26	425,787.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	838,981.	27	348,292.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	838,981.	33	348,292.	
34 Total liabilities and net assets/fund balances	1,116,105.	34	774,079.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990. Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization CITIZENS COMMISSION ON HUMAN RIGHTS	Employer identification number 68-0005541
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No
 - (ii) A family member of a person described in (i) above? Yes No
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? Yes No
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3368508.	2960698.	4509535.	3096932.	2693040.	16628713.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3368508.	2960698.	4509535.	3096932.	2693040.	16628713.
5 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)						95,986.
6 Public support. Subtract line 5 from line 4						16532727.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3368508.	2960698.	4509535.	3096932.	2693040.	16628713.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	94.	169.	315.	234.	72.	884.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	5,501.	4,568.	14,271.	34,115.	9,061.	67,516.
11 Total support. Add lines 7 through 10						16697113.
12 Gross receipts from related activities, etc. (see instructions)					12	2,502,500.

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.02 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.83 %

16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

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

MISCELLANEOUS \$ 5,501

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

MISCELLANEOUS \$ 4,568

PART II, LINE 10(C) - 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

PART II, LINE 10(E) - OTHER INCOME DETAIL

REFERRAL FEES \$ 8,862

PAYROLL TAX REFUND \$ 199

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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 CITIZENS COMMISSION ON HUMAN RIGHTS	Employer identification number 68-0005541
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

- 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 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 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- 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 (grass roots lobbying)		52,993.	66,306.												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		168,562.	174,464.												
c Total lobbying expenditures (add lines 1a and 1b)		221,555.	240,770.												
d Other exempt purpose expenditures		3,182,687.	3,880,943.												
e Total exempt purpose expenditures (add lines 1c and 1d)		3,404,242.	4,121,713.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns		320,212.	356,086.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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)		80,053.	89,022.												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		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?															

Yes 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	352,803.	414,836.	390,609.	356,086.	1,514,334.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,271,501.
c Total lobbying expenditures	246,178.	288,528.	280,056.	240,770.	1,055,532.
d Grassroots nontaxable amount	88,201.	103,709.	97,652.	89,022.	378,584.
e Grassroots ceiling amount (150% of line 2d, column (e))					567,876.
f Grassroots lobbying expenditures	55,735.	76,149.	74,903.	66,306.	273,093.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 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 Tax 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 tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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	▶ \$ _____
- 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 acquisition, 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 _____

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 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 the 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 Net investment earnings, gains, and 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(ii), 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,084,294.	1,738,190.	346,104.
e Other		44,989.	33,119.	11,870.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				357,974.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,871,406.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,362,095.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<490,689.>
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 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<490,689.>

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	3,538,058.
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	277,136.
e	Add lines 2a through 2d	2e	666,652.
3	Subtract line 2e from line 1	3	2,871,406.
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 must equal Form 990, Part I, line 12.)	5	2,871,406.

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

1	Total expenses and losses per audited financial statements	1	4,023,872.
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	272,261.
e	Add lines 2a through 2d	2e	661,777.
3	Subtract line 2e from line 1	3	3,362,095.
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 must equal Form 990, Part I, line 18.)	5	3,362,095.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4: USED TO ENHANCE FACILITY.

PART XII LINE 2D:

COST OF GOODS SOLD - \$45,955

LOSS ON DISPOSAL - \$703

AWARDS DINNER EXPENSE - \$225,603

TAX AUDIT DIFFERENCE - \$4,875

Part XIV Supplemental Information *(continued)*

PART XIII LINE 2D:

COST OF GOODS SOLD - \$45,955

LOSS ON DISPOSAL - \$703

AWARDS DINNER EXPENSE - \$225,603

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization CITIZENS COMMISSION ON HUMAN RIGHTS	Employer identification number 68-0005541
--	---

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 for region
NORTH AMERICA	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	4,903.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	36,305.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	45,623.
EUROPE	0	0	GRANTS	PUBLIC AWARENESS	5,697.
EUROPE	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	346,442.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	16,541.
Totals	0	0			455,511.

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

Schedule F (Form 990) 2009

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any 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 & AUC (event type)	NONE (total number)	
Revenue	1	Gross receipts	5,223.	258,643.	263,866.
	2	Less: Charitable contributions	5,223.		5,223.
	3	Gross income (line 1 minus line 2)		258,643.	258,643.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses		225,603.	225,603.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(225,603)
	11	Net income summary. Combine line 3, column (d), and line 10			33,040.

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			
	2	Cash prizes			
Direct Expenses	3	Noncash 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 line 1, column (d), and line 7			

	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	

		Yes	No				
13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">13a</td> <td style="width: 50%; text-align: center;">%</td> </tr> <tr> <td style="text-align: center;">13b</td> <td style="text-align: center;">%</td> </tr> </table>	13a	%	13b	%		
13a	%						
13b	%						
14 Enter 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 of the third party: Name ► _____ Address ► _____							
16 Gaming manager information: Name ► _____ Gaming manager compensation ► \$ _____ Description of services provided ► _____ _____ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____	17a						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

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	29	44,530.	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				
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	24	15,570.	RETAIL VALUE
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (ENTERTAINMENT)	X	39	15,467.	COST COMPARISON
26	Other ▶ (FURNITURE & E)	X	4	8,967.	RETAIL VALUE
27	Other ▶ (JEWELRY)	X	18	8,623.	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** Yes **0** No

	Yes	No
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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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:

DRUGS. THE PRODUCTION OF THIS DATABASE INCLUDED RESEARCHING OUT ALL OF
THE INTERNATIONAL WARNINGS ISSUED BY GOVERNMENT DRUG REGULATORY
AGENCIES AND DRUG COMPANIES AND ALL STUDIES ISSUED ON THE HARMS OF
PSYCHIATRIC DRUGS AND CATEGORIZING THEM INTO A USER-FRIENDLY DATABASE.
THE PSYCH DRUG DANGERS DATABASE ALSO GIVES THE PUBLIC A USER-FRIENDLY
WAY TO SEARCH THROUGH ALL OF THE ADVERSE EVENT REPORTS GIVEN TO THE
U.S. FDA'S MEDWATCH REPORTING SYSTEM, SHOWING THE ADVERSE REACTIONS
REPORTED BY CONSUMERS, HEALTH CARE PROFESSIONALS, AND OTHERS.

IN 2009, CCHR CONTINUED EXPOSING THE FINANCIAL CONFLICTS OF INTEREST
BETWEEN PHARMACEUTICAL COMPANIES AND PSYCHIATRIC GROUPS, SUCH AS THE
NATIONAL ALLIANCE FOR MENTAL ILLNESS WHICH WAS FOUND TO RECEIVE ABOUT
2/3RDS OF ITS INCOME FROM DRUG COMPANIES.

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 TO THE TYPES OF CRIMES TO LOOK
FOR IN THE MENTAL HEALTH FIELD. IN 2009, CCHR RECORDED MORE THAN 331
LICENSE REVOCATIONS OR SUSPENSIONS AND 55 CRIMINAL CONVICTIONS OF
PSYCHIATRISTS, PSYCHOLOGISTS AND OTHER MENTAL HEALTH WORKERS AND MADE

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

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:

WEBSITES, WWW.CCHR.ORG AND WWW.CCHRINT.ORG.

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 SUCH TOPICS AS THE DANGERS OF PSYCHIATRIC DRUGS USED
BY CHILDREN AND THE ELDERLY, 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, THE FEDERAL GOVERNMENT OF MEXICO PASSED A LAW WHICH PROHIBITS
SCHOOL PERSONNEL FROM FORCING PARENTS TO MEDICATE THEIR STUDENTS IN
ORDER TO ATTEND SCHOOL. ADDITIONALLY, VERMONT PASSED THE STRONGEST LAW
IN THE U.S. REGARDING CONFLICTS OF INTEREST WHICH REQUIRES DISCLOSURE
BY PHARMACEUTICAL COMPANIES OF FUNDING TO MEMBERS OF THE HEALTH CARE
PROFESSION, INCLUDING PSYCHIATRISTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC AWARENESS:

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

DURING 2009, OVER 26,000 INDIVIDUALS, INCLUDING HUMAN RIGHTS ACTIVISTS, RELIGIOUS LEADERS, GOVERNMENT OFFICIALS, 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 THE HARMFUL ASPECTS OF PSYCHIATRIC INFLUENCE ON SOCIETY.

CCHR'S 11 TRAVELING EXHIBITS, MODELED AFTER THE PERMANENT MUSEUM, TOURED 55 CITIES IN 17 COUNTRIES ON 7 CONTINENTS THROUGHOUT 2009. MORE THAN 74,000 INDIVIDUALS TOURED AND THESE EXHIBITS AND LEARNED ABOUT PSYCHIATRIC ABUSES. MANY OF THESE PEOPLE EXPRESSED THEIR SUPPORT OF CCHR, ITS MISSION AND ACTIVITIES.

IN 2009, CCHR PRODUCED 20 SHORT INTERNET VIDEOS (RANGING FROM 2-5 MINUTES EACH) TO RAISE PUBLIC AWARENESS OF THE SIDE EFFECTS OF PSYCHIATRIC DRUGS. THESE VIDEOS ALSO INCLUDED INTERVIEWS WITH HEALTH CARE EXPERTS SPEAKING ON ALTERNATIVES TO PSYCHIATRIC DRUGS. IN ALL, THESE VIDEOS WERE VIEWED OVER 243,000 TIME ON CCHR'S YOUTUBE CHANNEL.

CCHR ALSO RAISED PUBLIC AWARENESS THROUGH THE MEDIA IN 2009 BY ASSISTING PARENTS, CONSUMERS, MEDIA EXPERTS AND ADVOCATES TO PUBLISH STORIES ABOUT ABUSE IN THE FIELD OF MENTAL HEALTH. THESE INCLUDED TOPICS SUCH AS: CONFLICTS OF INTEREST, THE DANGERS OF PSYCHIATRIC DRUGS, ABUSE BY PSYCHIATRISTS, THE ABSENCE OF SCIENCE IN PSYCHIATRIC

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

PUBLICATIONS, DRUG REGULATORY AGENCY WARNINGS, ADVERSE DRUG REACTIONS
AND CHILDREN BEING FALSELY LABELED "MENTALLY ILL." IN ALL, MORE THAN
34,000 ARTICLES AND ELECTRONIC MEDIA RAN COVERING THESE ISSUES.
EXPENSES \$ 2061173. INCLUDING GRANTS OF \$ 8448. REVENUE \$ 136392.

PUBLICATIONS: CCHR WIDELY DISTRIBUTES PUBLICATIONS, CDS, AND DVDS TO
RAISE AWARENESS ABOUT PSYCHIATRY'S HARMFUL IMPACT ON MANY AREAS OF
SOCIETY. IN 2009, CCHR RELEASED A NEW 3-PART DOCUMENTARY DVD ENTITLED
"MARKETING OF MADNESS: ARE WE ALL INSANE" IN 15 LANGUAGES AND
DISTRIBUTED IT WITHOUT CHARGE TO THOUSANDS OF PEOPLE WORLDWIDE. IT
TELLS THE STORY OF THE PARTNERSHIP BETWEEN PSYCHIATRY AND THE
PHARMACEUTICAL INDUSTRY THAT HAS CREATED AND \$80 BILLION PSYCHOTROPIC
DRUG MARKET.

CCHR OVER THE YEARS HAS 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 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.
EXPENSES \$ 195565. 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.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

FORM 990, PART VI, SECTION B, LINE 11: 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 12C: THE CITIZENS COMMISSION ON HUMAN
RIGHTS IN 2009 ADOPTED THE CONFLICTS OF INTEREST AND DOCUMENT RETENTION AND
DESTRUCTION POLICY. THESE POLICIES WERE REVIEWED BY EACH BOARD MEMBER,
VOTED ON AND ADOPTED AS WRITTEN POLICY FOR THE CITIZENS COMMISSION ON HUMAN
RIGHTS.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN
INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND
BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS
AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING
THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND
AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE
GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT
OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE
MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE
PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS
TAX-EXEMPT STATUS, PERIODIC REVIEWS ARE CONDUCTED.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

FORM 990, PART VI, SECTION B, LINE 15: IN 2009 THE BOARD OF DIRECTORS WERE PRESENTED WITH THE COMPENSATION PAID TO THE DIRECTORS, OFFICERS AND KEY EMPLOYEES. THE COMPENSATION OF DIRECTORS, OFFICERS AND KEY EMPLOYEES IS DETERMINED BASED ON THE LABOR CODES AND LAWS OF THE STATE OF CALIFORNIA. THE JOB DESCRIPTION OF EACH INDIVIDUAL EMPLOYEE DETERMINES WHETHER THEY ARE COMPENSATED ON AN HOURLY OR SALARY BASIS. THE BOARD VOTED AND AGREED WITH THE COMPENSATION BEING PAID TO THE DIRECTORS, OFFICERS AND KEY EMPLOYEES OF CCHR. DIRECTORS, OFFICERS AND TRUSTEES WHO ARE ALSO EMPLOYEES ARE COMPENSATED ONLY FOR THEIR DUTIES AS EMPLOYEES, NOT FOR THEIR DUTIES AS DIRECTORS, OFFICERS OR TRUSTEES.

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

2009

Attachment Sequence No 67

4562

Depreciation and Amortization 990 (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

Department of the Treasury Internal Revenue Service (99)

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

Table with 5 rows for Section 179 election details, including maximum amount (250,000) and threshold cost (800,000).

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost.

Table with 13 rows for Section 179 calculations, including listed property amount, total elected cost, and tentative deduction.

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.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation, with a total of 209,783.

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

Section A

Table with 2 rows for MACRS deductions, including a checkbox for grouping assets.

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction.

Part IV Summary (See instructions)

Table with 3 rows for Summary, including total amount of 209,783 and section 263A costs.

Part V Listed Property (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

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

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

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year.					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**Citizens Commission on Human Rights
Lobbying Expenditures
Affiliated Group Members
Form 990, Schedule C, Part II-A, for the year 2009**

Group Member Address	Grassroots Lobbying	Direct Lobbying	Other Exempt Purpose Expenditures	Lobbying Nontaxable	Grassroots Nontaxable
68-0005541 Citizens Commission on Human Rights 6616 Sunset Blvd Los Angeles, CA 90028	52,993 19	168,562 19	3,182,687 22	320,212 13	80,053 03
74-2683124 Citizens Commission on Human Rights Austin 403 E Ben White Blvd Austin, Texas 78704	5,720 00	0 00	276,530 00	56,450 00	14,112 50
36-3688416 Citizens Commission on Human Rights Chicago 728 West Jackson, Suite 1207 Chicago, IL 60661	0 00	0 00	2,896 51	579 30	144 83
59-2973520 Citizens Commission on Human Rights Florida 1217 N Fort Hamson Ave Clearwater, FL 33755	2,658 00	0 00	193,742 00	39,280 00	9,820 00
84-1358039 Citizens Commission on Human Rights Colorado 303 S Broadway, Suite 200 Denver, CO 80209	0 00	0 00	1,105 80	221 16	55 29
06-1435334 Citizens Commission on Human Rights Connecticut PO Box 17 Higganum, CT 06441	0 00	0 00	2,717 65	543 53	135 88
95-4680716 Citizens Commission on Human Rights Los Angeles 1989 Riverside Dr #6 Los Angeles, CA 90039	1,168 00	0 00	22,190 00	4,671 60	1,167 90
38-3430811 Citizens Commission on Human Rights Michigan 6841 84th St SE Caledonia, MI 49316	0 00	0 00	3,003 15	600 63	150 16
91-1938843 Citizens Commission on Human Rights New England 607 Boylston St PMB 213 Lower Level Boston, MA 02116	1,351 00	0 00	32,871 00	6,844 40	1,711 10
56-1929853 Citizens Commission on Human Rights Carolinas 3208 McLendon Rd Matthews, NC 28104	0 00	0 00	0 00	0 00	0 00
33-0631999 Citizens Commission on Human Rights Orange County P O Box 984 Tustin, CA 92781	0 00	0 00	4,414 80	882 96	220 74
94-3102568 Citizens Commission on Human Rights Oregon P O Box 8842 Portland, OR 97207	102 65	0 00	5,178 33	1,056 20	264 05
74-2548468 Citizens Commission on Human Rights Phoenix 3021 E. Hubbell Street Phoenix, AZ 85008	0 00	0 00	0 00	0 00	0 00
94-3309544 Citizens Commission on Human Rights Sacramento 717 K Street, Suite 208 Sacramento, CA 95814	2,208 00	5,299 00	36,750 00	8,851 40	2,212 85

**Citizens Commission on Human Rights
Lobbying Expenditures
Affiliated Group Members
Form 990, Schedule C, Part II-A, for the year 2009**

Group Member Address	Grassroots Lobbying	Direct Lobbying	Other Exempt Purpose Expenditures	Lobbying Nontaxable	Grassroots Nontaxable
94-3109471 Citizens Commission on Human Rights Seattle PO Box 19633 Seattle, WA 98109	105 00	573 53	22,181 56	4,572 02	1,143 00
77-0389584 Citizens Commission on Human Rights South Bay PO Box 10428 San Jose, CA 95157	0 00	0 00	57,198 00	11,439 60	2,859 90
43-1630660 Citizens Commission on Human Rights St Louis P O Box 300256 St Louis, MO 63130-9256	0 00	0 00	19,577 77	3,915 55	978 89
87-0516153 Citizens Commission on Human Rights Utah Po Box 521384 Salt Lake City, UT 84152-1384	0 00	29 00	5,195 65	1,044 93	261 23
77-0502618 Citizens Commission on Human Rights Ventura PO Box 449 Camarillo, CA 93011	0 00	0 00	2,711 20	542 24	135 56
52-1842070 Citizens Commission on Human Rights Washington DC 1701 20th Street NW Washington, DC 20009	0 00	0 00	317 00	63 40	15 85
91-2088078 Citizens Commission on Human Rights of San Francisco, North Bay 110 Pacific Ave #125 San Francisco, CA 94111	0 00	0 00	1,235 58	247 12	61 78
30-0189255 Citizens Commission on Human Rights of Wichita KS, Inc 3705 E Douglas Wichita, KS 67218	0 00	0 00	0 00	0 00	0 00
30-0305119 Citizens Commission on Human Rights New York 650 9th Ave 3N New York, NY 10036	0 00	0 00	7,585 02	1,517 00	379 25
20-8295151 CCHR Buffalo 52 Hubbell Ave Buffalo, NY 14220	0 00	0 00	0 00	0 00	0 00
88-0482800 Citizens Commission on Human Rights Nevada 4057 Dean Martin Drive Las Vegas, NV 89103	0 00	0 00	215 00	43 00	10 75
41-1990772 Citizens Commission on Human Rights Minnesota PO Box 141191 Minneapolis, MN 55414	0 00	0 00	639 50	127 90	31 98
TOTALS	66,305 84	174,463 72	3,880,942 74	356,085 62	89,021 40

Every affiliate has made its own
Section 501 (h) election