

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2019**  
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CITIZENS COMMISSION ON HUMAN RIGHTS</b>		<b>D</b> Employer identification number <b>68-0005541</b>
	Doing business as		<b>E</b> Telephone number <b>323-467-4242</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>6616 SUNSET BLVD</b>		<b>G</b> Gross receipts \$ <b>3,164,058.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>LOS ANGELES, CA 90028</b>		
<b>F</b> Name and address of principal officer: <b>FRAN ANDREWS</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶ <b>4169</b>	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.CCHRINT.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1982** **M** State of legal domicile: **CA**

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO INVESTIGATE AND EXPOSE PSYCHIATRIC ABUSES OF HUMAN RIGHTS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>50</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>150</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>3,197,251.</b>	<b>Current Year</b> <b>2,564,614.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>53,635.</b>	<b>74,843.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>34.</b>	<b>-1,209.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>52,061.</b>	<b>64,636.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,302,981.</b>	<b>2,702,884.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>168,597.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>1,537,229.</b>	<b>1,695,740.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>301,368.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>2,006,589.</b>	<b>992,058.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,712,415.</b>	<b>2,841,928.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-409,434.</b>	<b>-139,044.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>463,309.</b>	<b>End of Year</b> <b>189,977.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>182,579.</b>	<b>48,291.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>280,730.</b>	<b>141,686.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>SERENITY MACDONALD, TREASURER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>OLGA ZARNEY</b>	Preparer's signature <b>OLGA ZARNEY</b>	Date <b>11/12/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01473448</b>
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN ▶ <b>41-0746749</b>	Phone no. <b>310-273-2501</b>		
Firm's address ▶ <b>1925 CENTURY PARK E 16TH FLOOR</b>		<b>LOS ANGELES, CA 90067</b>			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE CITIZENS COMMISSION ON HUMAN RIGHTS (CCHR) IS A NON-PROFIT, NON-POLITICAL, NON-RELIGIOUS MENTAL HEALTH INDUSTRY WATCHDOG WHOSE MISSION IS TO ERADICATE ABUSES COMMITTED UNDER THE GUISE OF MENTAL HEALTH. WE WORK TO ENSURE PATIENT AND CONSUMER PROTECTIONS ARE ENACTED

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 392,444. including grants of \$ ) (Revenue \$ ) RESEARCH: AS CCHR IS A MENTAL HEALTH WATCHDOG, CCHR CONDUCTED RESEARCH INTO MANY AREAS OF HUMAN RIGHTS ABUSES IN THE MENTAL HEALTH SYSTEM, INCLUDING THE USE OF ELETROCONVULSIVE THERAPY (ECT), THE PRESCRIBING OF MIND-ALTERING PSYCHIATRIC DRUGS, THE ADMINISTRATION OF PSYCHIATRIC DRUGS TO FOSTER CHILDREN, THE LINK BETWEEN PSYCHIATRIC DRUGS AND VIOLENCE AND SUICIDE. DATA WAS ALSO OBTAINED ON PSYCHIATRISTS' AND PSYCHIATRIC FACILITIES' VIOLATIONS OF STATE AND FEDERAL STATUTES OR REGULATIONS, ESPECIALLY THE COMMISSION OF FRAUD AND PATIENT ABUSE.

4b (Code: ) (Expenses \$ 216,808. including grants of \$ ) (Revenue \$ ) INFORMATIONAL CLEARINGHOUSE & HOTLINE: CCHR'S WEBSITE, WWW.CCHRINT.ORG, PROVIDES A MEANS FOR PEOPLE TO BECOME BETTER INFORMED ABOUT THE MENTAL HEALTH INDUSTRY. THE WEBSITE INCLUDES THE PSYCHIATRIC DRUG SIDE EFFECTS DATABASE WHERE PEOPLE CAN SEARCH AND FIND THE DOCUMENTED SIDE EFFECTS AND ADVERSE REACTIONS FOR PSYCHIATRIC DRUGS, AS WELL AS INTERNATIONAL DRUG AGENCY WARNINGS AND STUDIES PUBLISHED ON PSYCHIATRIC DRUGS. IN ADDITION TO THE INTERACTIVE DATABASE, THERE ARE WEB PAGES SUMMARIZING ALL OF THE DOCUMENTED RISKS OF THE MAIN CLASSES OF PSYCHIATRIC DRUGS.

CCHR ALSO HAS ITS WWW.PSYCHCRIME.ORG WEBSITE THAT INCLUDES THE PSYCHIATRIC CRIME AND DISCIPLINARY ACTIONS DATABASE. THIS DATABASE

4c (Code: ) (Expenses \$ 149,649. including grants of \$ ) (Revenue \$ ) PUBLIC EDUCATION & ADVOCACY, INCLUDING LEGISLATIVE ACTIVITIES CCHR IS A MENTAL HEALTH RIGHTS WATCHDOG AND A VOICE FOR THOSE WHO ARE UNABLE TO SPEAK OUT ABOUT HAVING BEEN ABUSED IN THE MENTAL HEALTH SYSTEM. BY INVESTIGATING THE ABUSES REPORTED TO IT AND ASSISTING THOSE ABUSED OR THEIR FAMILIES TO FILE COMPLAINTS, CCHR AIMS TO ERADICATE HUMAN RIGHTS VIOLATIONS COMMITTED UNDER THE GUISE OF MENTAL HEALTH "CARE." CCHR, ALONG WITH ADVOCACY GROUPS AND EXPERTS, CONTINUED TO INFORM AND EDUCATE POLICYMAKERS ABOUT THE INHERENT DANGERS OF PSYCHIATRIC DRUGS, MENTAL HEALTH TREATMENTS AND PRACTICES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,583,584. including grants of \$ 154,130.) (Revenue \$ 95,435.)

4e Total program service expenses 2,342,485.

**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 <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, 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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	X	
b 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>		X
c 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>		X
d 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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</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	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X
<b>23</b> 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> .....	<b>23</b>	X
<b>24a</b> 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 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

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

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	18
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		50
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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 as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 10		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 8		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **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**

Check if Schedule O contains a response or note to any line in this Part VII

**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.

- 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, if any. 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ISADORE CHAIT DIRECTOR	0.25	X					0.	0.	0.	
(2) JAN EASTGATE MEYER DIRECTOR & EMPLOYEE	40.00	X					68,250.	0.	0.	
(3) FRAN ANDREWS PRESIDENT & DIRECTOR	40.00	X		X			68,250.	0.	0.	
(4) JOYCE GAINES DIRECTOR	0.25	X					0.	0.	0.	
(5) LUIGI SCUDELLARI TRUSTEE	0.25	X					0.	0.	0.	
(6) JOAN TOFIL TRUSTEE	0.25	X					0.	0.	0.	
(7) SCOTT WALDROFF TRUSTEE	0.25	X					0.	0.	0.	
(8) ELIZABETH BAYBAK DIRECTOR	0.25	X					0.	0.	0.	
(9) MICHAEL BRIAN COTTER DIRECTOR	0.25	X					0.	0.	0.	
(10) ALICIA FULLER DIRECTOR	0.25	X					0.	0.	0.	
(11) MICHAEL BAYBACK (DECEASED APRIL DIRECTOR	0.25	X					0.	0.	0.	
(12) MARLA FILIDEI VICE PRESIDENT	40.00			X			68,250.	0.	0.	
(13) SERENITY MACDONALD TREASURER	40.00			X			68,250.	0.	0.	
(14) AMBER RAUSCHER SECRETARY	40.00			X			59,800.	0.	0.	





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	86,617.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	79,157.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,398,840.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 55,051.				
	<b>h Total.</b> Add lines 1a-1f .....			2,564,614.			
Program Service Revenue	<b>2 a</b> PROGRAM SERVICE FEES	Business Code					
		541900	74,843.	74,843.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			74,843.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		34.			34.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	1,243.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-1,243.				
<b>d</b> Net gain or (loss) .....			-1,243.	-1,243.			
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		461,750.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>	446,223.			
		<b>c</b> Net income or (loss) from fundraising events .....			15,527.		15,527.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>		38,290.				
		<b>b</b> Less: direct expenses .....	<b>9b</b>	11,016.			
		<b>c</b> Net income or (loss) from gaming activities .....			27,274.		27,274.
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		16,888.				
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>	2,692.			
		<b>c</b> Net income or (loss) from sales of inventory .....			14,196.	14,196.	
Miscellaneous Revenue	<b>11 a</b> REFERRAL FEES	Business Code					
		900099	7,639.	7,639.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			7,639.				
<b>12 Total revenue.</b> See instructions .....			2,702,884.	95,435.	0.	42,835.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	154,130.	154,130.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	332,800.	268,320.	35,230.	29,250.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,225,511.	1,006,590.	110,491.	108,430.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....	137,429.	112,400.	12,195.	12,834.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	2,613.	1,336.	1,124.	153.
<b>c</b> Accounting .....	68,987.	55,858.	6,751.	6,378.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	542,383.	523,083.	1,427.	17,873.
<b>13</b> Office expenses .....	173,410.	85,822.	15,517.	72,071.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	83,323.	68,128.	8,263.	6,932.
<b>17</b> Travel .....	8,399.	8,399.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	27,837.	22,761.	2,760.	2,316.
<b>23</b> Insurance .....	43,827.	35,658.	4,317.	3,852.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REFERRAL FEES	41,279.			41,279.
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,841,928.	2,342,485.	198,075.	301,368.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	66,983.	<b>1</b>	83,970.
	<b>2</b> Savings and temporary cash investments .....	52,970.	<b>2</b>	3,592.
	<b>3</b> Pledges and grants receivable, net .....	146,512.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net .....	7,232.	<b>4</b>	11,140.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	18,506.	<b>8</b>	18,147.
	<b>9</b> Prepaid expenses and deferred charges .....	75,716.	<b>9</b>	0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,045,878.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,978,415.	84,207.	<b>10c</b> 67,463.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	11,183.	<b>15</b>	5,665.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	463,309.	<b>16</b>	189,977.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	178,646.	<b>17</b>	44,467.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	3,933.	<b>19</b>	3,824.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	182,579.	<b>26</b>	48,291.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	280,730.	<b>27</b>	141,686.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	280,730.	<b>32</b>	141,686.
<b>33</b> Total liabilities and net assets/fund balances .....	463,309.	<b>33</b>	189,977.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,702,884.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,841,928.
3	Revenue less expenses. Subtract line 2 from line 1	3	-139,044.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	280,730.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	141,686.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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 on Schedule O.
- 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 on Schedule O and describe any steps taken to undergo such audits .....

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



**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3082249.	3111329.	3360251.	3197251.	2564614.	15315694.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3082249.	3111329.	3360251.	3197251.	2564614.	15315694.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1809923.
<b>6 Public support.</b> Subtract line 5 from line 4.						13505771.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	3082249.	3111329.	3360251.	3197251.	2564614.	15315694.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	15.	20.	22.	34.	34.	125.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	34,573.	25,880.	15,401.	20,552.	7,639.	104,045.
<b>11 Total support.</b> Add lines 7 through 10						15419864.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,423,753.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	87.59 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	90.92 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	► <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	► <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**PART II, SECTION B, LINE 10**

**REFERRAL FEES** - \$7,639

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

**CITIZENS COMMISSION ON HUMAN RIGHTS**

**68-000541**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	[REDACTED]	\$ 86,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	[REDACTED]	\$ 112,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	[REDACTED]	\$ 63,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	[REDACTED]	\$ 100,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	[REDACTED]	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>CITIZENS COMMISSION ON HUMAN RIGHTS</b>	Employer identification number  <b>68-0005541</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  <b>CITIZENS COMMISSION ON HUMAN RIGHTS</b>	Employer identification number  <b>68-0005541</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**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 the filing organization made payments. 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	37,412.	41,118.												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	112,237.	117,955.												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	149,649.	159,073.												
<b>d</b>	Other exempt purpose expenditures .....	2,692,279.	3,439,647.												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	2,841,928.	3,598,720.												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	292,096.	329,936.												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	73,024.	82,484.												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.	0.												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.	0.												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	365,043.	373,983.	403,305.	329,936.	1,472,267.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,208,401.
<b>c</b> Total lobbying expenditures	181,495.	195,015.	203,053.	159,073.	738,636.
<b>d</b> Grassroots nontaxable amount	91,261.	93,496.	100,826.	82,484.	368,067.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					552,101.
<b>f</b> Grassroots lobbying expenditures	47,599.	47,847.	52,345.	41,118.	188,909.

**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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-A: AFFILIATED GROUP LIST**

SEE ATTACHED STATEMENT

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019 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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land, habitat, open space, historic area, structure), a table for lines 2a-2d (Total number, acreage, historic structures, National Register), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures, with dollar amounts.

**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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 the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		1,991,827.	1,929,900.	61,927.
e Other		54,051.	48,515.	5,536.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>67,463.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,976,143.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	821,712.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	451,547.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,273,259.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,702,884.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,702,884.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,115,187.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	821,712.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	451,547.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,273,259.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,841,928.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,841,928.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

CCHR HAS EVALUATED ITS TAX POSITIONS AND THE CERTAINTY AS TO WHETHER THOSE TAX POSITIONS WILL BE SUSTAINED IN THE EVENT OF AN AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVEL. IT HAS DETERMINED THAT ALL INCOME TAX POSITIONS ARE MORE LIKELY THAN NOT (GREATER THAN 50% CHANCE) OF BEING SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO RECOGNITION OR DISCLOSURE OF UNCERTAIN INCOME TAX POSITIONS IS REQUIRED IN THE FINANCIAL STATEMENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD	2,692.
PAYROLL TAX REFUNDS	1,389.





**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other 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 V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	11,511.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	32,451.
EUROPE	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	231,429.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	44,604.
<b>3 a</b> Subtotal .....	0	0			319,995.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			319,995.





**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

THE CITIZENS COMMISSION ON HUMAN RIGHTS CONTINUED ITS CAMPAIGN IN 2019 TO DISPLAY THE TRAVELING EXHIBIT, "PSYCHIATRY: AN INDUSTRY OF DEATH", IN DIFFERENT REGIONS AROUND THE WORLD, WITH THE PURPOSE OF RAISING PUBLIC AWARENESS OF THE HARMFUL ABUSE AND VIOLATIONS OF HUMAN RIGHTS IN THE FIELD OF MENTAL HEALTH.

IN ORDER TO FULFILL THIS CAMPAIGN, THE CITIZENS COMMISSION ON HUMAN RIGHTS PROVIDED ASSISTANCE TO EACH AREA TO HOST TRAVELING EXHIBIT EVENTS IN THEIR CITIES ACROSS EAST ASIA AND THE PACIFIC, EUROPE, NORTH AMERICA, MIDDLE EAST AND NORTH AFRICA.

EACH AREA WAS REQUIRED TO SIGN AN AGREEMENT THAT THE FUNDS RECEIVED WILL BE SPENT SPECIFICALLY PER THE APPROVED GRANT AND TO TURN IN RECEIPTS FOR ALL EXPENDITURES. THESE RECEIPTS WERE THEN VERIFIED BY CITIZENS COMMISSION ON HUMAN RIGHTS TO ENSURE THE FUNDS WERE PROPERLY ACCOUNTED FOR.

**PART I, LINE 3:**

EXPENDITURES ARE RECORDED ON THE ACCRUAL BASIS.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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))
		ANNIVERSARY EVENT		NONE	
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts .....	461,750.			461,750.
2	Less: Contributions .....				
3	Gross income (line 1 minus line 2) .....	461,750.			461,750.
<b>Direct Expenses</b>					
4	Cash prizes .....				
5	Noncash prizes .....				
6	Rent/facility costs .....				
7	Food and beverages .....				
8	Entertainment .....				
9	Other direct expenses .....	446,223.			446,223.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				446,223.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				15,527.

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
1	Gross revenue .....			38,290.	38,290.
2	Cash prizes .....				
3	Noncash prizes .....			11,016.	11,016.
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 checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				11,016.
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				27,274.

9 Enter the state(s) in which the organization conducts gaming activities: CA  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 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?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |          |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | %        |
| b An outside facility         | 13b | 100.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ SERENITY MACDONALD

Address ▶ 6616 SUNSET BLVD - LOS ANGELES, CA 90028

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- 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 ▶ SERENITY MACDONALD

Gaming manager compensation ▶ \$ 0.

Description of services provided ▶ OVERALL SUPERVISION AND MANAGEMENT INCLUDING RECORDKEEPING OF THE GAMING EVENTS

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- 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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** 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** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CCHR LOS ANGELES 8800 ETON AVE SPACE 4 CANOGA PARK, CA 91304	95-4680716	501(C)(3)	74,091.	0.			PUBLIC AWARENESS
CCHR SACRAMENTO 717 K STREET, SUITE 208 SACRAMENTO, CA 95814	94-3309544	501(C)(3)	5,610.	0.			PUBLIC AWARENESS
CCHR SEATTLE PO BOX 19633 SEATTLE, WA 98109	94-3109471	501(C)(3)	11,253.	0.			PUBLIC AWARENESS
CCHR PHOENIX 18816 AZTEC DRIVE SUN CITY, AZ 85372	74-2548468	501(C)(3)	5,645.	0.			PUBLIC AWARENESS
CCHR SAN FRANCISCO 1365 CREEKSIDE DRIVE, APT 232 WALNUT CREEK, CA 94596	91-2088078	501(C)(3)	57,531.	0.			PUBLIC AWARENESS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **5.**

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ **0.**

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

Schedule I (Form 990) (2019)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTEES SEND IN DOCUMENTATION OF PROPER USE OF GRANT FUNDS WHICH IS KEPT ON FILE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
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	2	3,668.	COST COMPARISON
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( MISC ONLINE G )	X	19	48,438.	COST COMPARISON
26 Other ▶ ( ELECTRONICS A )	X	13	2,945.	COST COMPARISON
27 Other ▶ ( )				
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 Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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:

AND UPHELD AS THERE IS RAMPANT ABUSE IN THE FIELD OF MENTAL HEALTH.

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

CONTAINS SEARCHABLE INFORMATION ABOUT PSYCHIATRISTS AND PSYCHOLOGISTS,

AND OTHER MENTAL HEALTH PROFESSIONALS, WHO HAVE BEEN CRIMINALLY

CONVICTED AND/OR SENTENCED, AS WELL AS THOSE WHO HAVE BEEN DISCIPLINED

BY STATE MEDICAL BOARDS FOR DISCREDITABLE CONDUCT.

THE CCHRINT.ORG WEBSITE ALSO INCLUDES CCHR'S ABUSE CASE MANAGEMENT

SYSTEM WHERE PUBLIC CAN EASILY REPORT PSYCHIATRIC ABUSE ONLINE AND CCHR

CAN DOCUMENT AND ASSIST THESE ABUSE CASES. CCHR ALSO PROVIDES A

TOLL-FREE HOTLINE TO REPORT INCIDENTS OF PSYCHIATRIC ABUSE, FRAUD OR

OTHER CRIMINAL CONDUCT OR MENTAL HEALTH RIGHTS VIOLATIONS, AND TO

REQUEST FREE INFORMATION OR ASSISTANCE WITH FILING COMPLAINTS TO THE

APPROPRIATE AUTHORITIES. THE HOTLINE AND ONLINE ABUSE CASE REPORT FORM

IS PROMOTED THROUGH CCHR'S WEBSITES, MEDIA RELEASES AND THROUGH SOCIAL

MEDIA.

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

PUBLIC OUTREACH:

CCHR CONDUCTED PUBLIC OUTREACH THROUGH ITS WEBSITES AND SOCIAL MEDIA.

PRESS RELEASES WERE POSTED BY CCHR ON THE WEBSITE ([WWW.CCHRINT.ORG](http://WWW.CCHRINT.ORG)),

PROMOTED THROUGH ITS SOCIAL MEDIA CHANNELS AND THROUGH MEDIA OUTLETS

VIA ONLINE PRESS RELEASE DISTRIBUTION SERVICES. CCHR ALSO POSTED

DOCUMENTARIES, VIDEOS AND PUBLIC SERVICE ANNOUNCEMENTS ON THESE ONLINE

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

AVENUES. IT ALSO PROMOTED ITS PUBLIC AWARENESS PSYCHIATRY MUSEUM AT ITS INTERNATIONAL HEADQUARTERS IN LOS ANGELES.

CCHR'S TRAVELING EXHIBITS, MODELED AFTER ITS PERMANENT MUSEUM IN LOS ANGELES, TOURED IN COUNTRIES AROUND THE WORLD AND ENLIGHTENED VISITORS ABOUT PSYCHIATRIC ABUSES AND WHAT THEY COULD DO ABOUT THEM.

THOUSANDS OF INDIVIDUALS TOURED CCHR'S PREMIER MUSEUM IN LOS ANGELES -- "PSYCHIATRY: AN INDUSTRY OF DEATH" -- WHICH DETAILS THE HISTORY OF PSYCHIATRY AND HOW ITS TREATMENTS HAVE BEEN LINKED TO SO MANY DEATHS AND ABUSE. AS PART OF CCHR'S PUBLIC AWARENESS CAMPAIGN, THE MUSEUM'S GRAPHIC DOCUMENTARY-STYLE EXPOS INCLUDES 14 STATE-OF-THE-ART MINI-DOCUMENTARIES ADDRESSING & EXPOSING THE LINEAGE OF HUMAN RIGHTS VIOLATIONS THAT HAVE BEEN AND CONTINUE TO BE PASSED OFF AS "TREATMENT" WITHIN THE INFRASTRUCTURE OF MODERN, MEDICAL "PRACTICE".

EXPENSES \$ 1,349,976. INCLUDING GRANTS OF \$ 154,130. REVENUE \$ 95,435.

PUBLICATIONS:

AS A WATCHDOG ORGANIZATION, CCHR PRODUCES MANY EDUCATIONAL PROPERTIES, INCLUDING OFFICIAL REPORTS AND SUBMISSIONS TO POLICY MAKERS, POSITIONING STATEMENTS ON MENTAL HEALTH ISSUES AND DOCUMENTARIES COVERING ASPECTS OF PSYCHIATRY'S HARMFUL IMPACT ON SOCIETY. THE PURPOSE IS TO RAISE AWARENESS ABOUT PROTECTIONS NEEDED FOR PATIENTS AND THEIR FAMILIES' CIVIL AND HUMAN RIGHTS, ESPECIALLY THE RIGHT TO INFORMED CONSENT FOR TREATMENT AND TO BE SAFEGUARDED AGAINST COERCIVE PSYCHIATRIC PRACTICES.

EXPENSES \$ 233,608. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

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FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS TRUSTEES, WHOSE SOLE FUNCTION IS TO ELECT OR REMOVE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CITIZENS COMMISSION ON HUMAN RIGHTS IS A 501 (C)(3) CORPORATION THAT FILES ANNUAL 990-TAX FORM RETURNS. THESE RETURNS ARE COMPILED BY THE TREASURY DEPARTMENT AND SUPERVISED BY THE TREASURER OF THE CITIZENS COMMISSION ON HUMAN RIGHTS AND OUTSIDE PROFESSIONAL ACCOUNTANTS.

THE 990-TAX FORM RETURN IS COMPILED AND A COPY IS PROVIDED TO EACH BOARD MEMBER TO REVIEW PRIOR TO FILING. EACH BOARD MEMBER REVIEWS THE FORM AND SUPPORTING DOCUMENTS OF THE 990-TAX FORM RETURN. THE 990-TAX FORM IS ALSO REVIEWED BY OUTSIDE LEGAL COUNSEL. THE 990-TAX FORM RETURN IS THEN FILED PER THE INTERNAL REVENUE SERVICE'S CODES ON FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CITIZENS COMMISSION ON HUMAN RIGHTS IN 2009 ADOPTED THE CONFLICTS OF INTEREST POLICY. THIS POLICY WAS 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



Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

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68-0005541

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.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF DIRECTORS, OFFICERS AND KEY EMPLOYEES IS DETERMINED BASED ON A COMPARISON OF WAGES PAID TO DIRECTORS, OFFICERS AND KEY EMPLOYEES IN SIMILAR NON-PROFITS AND 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 ON THE COMPENSATION BEING PAID TO THE DIRECTORS, OFFICERS AND KEY EMPLOYEES OF CCHR. THE DIRECTORS WHO WERE EMPLOYEES ABSTAINED FROM DECISIONS ON THEIR EMPLOYEE COMPENSATION.

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

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

FINANCIAL STATEMENTS PUBLISHED FOR EACH YEAR. THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE KEPT ON FILE AND ARE AVAILABLE ON REQUEST FOR PUBLIC TO REVIEW.

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
8	FURNITURE & EQUIPMENT	12/31/93	SL	5.00		16	1,009.				1,009.	1,009.		0.	1,009.
12	FURNITURE & EQUIPMENT	12/31/95	SL	7.00		16	637.				637.	637.		0.	637.
14	FURNITURE & EQUIPMENT	04/01/97	SL	5.00		16	14,997.				14,997.	14,997.		0.	14,997.
15	FURNITURE & EQUIPMENT	07/01/98	SL	5.00		16	655.				655.	655.		0.	655.
16	FURNITURE & EQUIPMENT	07/01/99	SL	5.00		16	22,962.				22,962.	22,962.		0.	22,962.
27	FURNITURE & EQUIPMENT	07/01/00	SL	5.00		16	29,976.				29,976.	29,976.		0.	29,976.
38	FURNITURE & EQUIPMENT	07/01/01	SL	5.00		16	279,183.				279,183.	279,183.		0.	279,183.
48	FURNITURE & EQUIPMENT	07/01/02	SL	5.00		16	111,258.				111,258.	111,258.		0.	111,258.
51	FURNITURE & EQUIPMENT	07/01/03	SL	5.00		16	211,711.				211,711.	211,711.		0.	211,711.
62	FURNITURE & EQUIPMENT	07/01/04	SL	5.00		16	53,520.				53,520.	53,520.		0.	53,520.
63	FURNITURE & EQUIPMENT	07/01/05	SL	5.00		16	253,790.				253,790.	253,790.		0.	253,790.
66	FURNITURE & EQUIPMENT	07/01/06	SL	5.00		16	116,893.				116,893.	116,893.		0.	116,893.
69	FURNITURE & EQUIPMENT	11/01/07	SL	5.00		16	2,215.				2,215.	2,215.		0.	2,215.
73	FURNITURE & EQUIPMENT	07/01/08	SL	5.00		16	8,371.				8,371.	8,371.		0.	8,371.
75	FURNITURE & EQUIPMENT	07/01/09	SL	5.00		16	11,982.				11,982.	11,982.		0.	11,982.
77	FURNITURE & EQUIPMENT	07/01/10	SL	5.00		16	2,281.				2,281.	2,281.		0.	2,281.
79	FURNITURE & EQUIPMENT	07/01/11	SL	5.00		16	9,503.				9,503.	9,503.		0.	9,503.

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
81	FURNITURE & EQUIPMENT	07/01/12	SL	5.00		16	5,731.				5,731.	5,731.		0.	5,731.
85	FURNITURE & EQUIPMENT	07/01/13	SL	5.00		16	24,005.				24,005.	24,005.		0.	24,005.
87	FURNITURE & EQUIPMENT	07/01/14	SL	5.00		16	8,243.				8,243.	7,420.		823.	8,243.
88	FURNITURE & EQUIPMENT	07/01/15	SL	5.00		16	26,675.				26,675.	18,673.		5,335.	24,008.
91	FURNITURE & EQUIPMENT	07/01/16	SL	7.00		16	2,222.				2,222.	870.		317.	1,187.
99	FURNITURE & EQUIPMENT	07/01/17	SL	7.00		16	2,983.				2,983.	677.		426.	1,103.
101	FURNITURE & EQUIPMENT	07/01/18	SL	7.00		16	25,280.				25,280.	1,806.		3,611.	5,417.
104	(D) FURNITURE & EQUIPMENT	07/01/04	SL	5.00		16	433.				433.	433.		0.	433.
105	(D) FURNITURE & EQUIPMENT	07/01/06	SL	5.00		16	1,931.				1,931.	1,931.		0.	1,931.
106	(D) FURNITURE & EQUIPMENT	07/01/10	SL	5.00		16	878.				878.	878.		0.	878.
107	(D) FURNITURE & EQUIPMENT	07/01/11	SL	5.00		16	1,726.				1,726.	1,726.		0.	1,726.
108	(D) FURNITURE & EQUIPMENT	07/01/16	SL	7.00		16	1,343.				1,343.	403.		0.	403.
109	(D) FURNITURE & EQUIPMENT	07/01/17	SL	7.00		16	337.				337.	34.		0.	34.
110	FURNITURE & EQUIPMENT	07/01/19	SL	7.00		16	6,086.				6,086.			435.	435.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						1,238,816.				1,238,816.	1,195,530.		10,947.	1,206,477.
	OTHER														
18	COMPUTER SOFTWARE	07/01/96	SL	3.00		16	64.				64.	64.		0.	64.
20	COMPUTER SOFTWARE	07/01/98	SL	3.00		16	490.				490.	490.		0.	490.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
21	COMPUTER SOFTWARE	07/01/99	SL	3.00		16	650.				650.	650.		0.	650.
26	SOFTWARE	05/01/00	SL	3.00		16	1,735.				1,735.	1,735.		0.	1,735.
39	COMPUTER SOFTWARE	07/01/01	SL	3.00		16	16,062.				16,062.	16,062.		0.	16,062.
49	COMPUTER SOFTWARE	07/01/02	SL	3.00		16	1,191.				1,191.	1,191.		0.	1,191.
64	COMPUTER SOFTWARE	07/01/05	SL	3.00		16	1,876.				1,876.	1,876.		0.	1,876.
67	COMPUTER SOFTWARE	07/01/06	SL	3.00		16	5,184.				5,184.	5,184.		0.	5,184.
70	SOFTWARE	10/01/07	SL	3.00		16	687.				687.	689.		0.	689.
72	FURNITURE & EQUIPMENT ADJ	07/01/07	SL	7.00		16						1.		0.	1.
74	SOFTWARE	07/01/08	SL	3.00		16	120.				120.	120.		0.	120.
76	SOFTWARE	07/01/09	SL	3.00		16	14,035.				14,035.	14,035.		0.	14,035.
78	SOFTWARE	07/01/10	SL	3.00		16	482.				482.	482.		0.	482.
80	SOFTWARE	07/01/11	SL	3.00		16	1,615.				1,615.	1,615.		0.	1,615.
82	SOFTWARE	07/01/12	SL	3.00		16	298.				298.	298.		0.	298.
86	SOFTWARE	07/01/13	SL	3.00		16	2,125.				2,125.	2,125.		0.	2,125.
89	SOFTWARE	07/01/15	SL	3.00		16	531.				531.	531.		0.	531.
103	SOFTWARE	07/01/18	SL	3.00		16	656.				656.	109.		219.	328.
111	SOFTWARE	07/01/19	SL	3.00		16	6,250.				6,250.			1,042.	1,042.
	* 990 PAGE 10 TOTAL OTHER						54,051.				54,051.	47,257.		1,261.	48,518.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL -						1,292,867.				1,292,867.	1,242,787.		12,208.	1,254,995.
	OTHER														
65	DISPLAY FIXTURES	07/01/05	SL	7.00		16	652,234.				652,234.	652,234.		0.	652,234.
68	DISPLAY FIXTURES	07/01/05	SL	7.00		16	8,086.				8,086.	8,086.		0.	8,086.
71	DISPLAY FIXTURES	09/15/06	SL	7.00		16	3,135.				3,135.	3,135.		0.	3,135.
83	DISPLAY FIXTURES	07/01/12	SL	7.00		16	435.				435.	403.		32.	435.
90	DISPLAY FIXTURES	07/01/15	SL	7.00		16	95,769.				95,769.	47,884.		13,681.	61,565.
	* 990 PAGE 10 TOTAL OTHER						759,659.				759,659.	711,742.		13,713.	725,455.
	* 990 PAGE 10 TOTAL -						759,659.				759,659.	711,742.		13,713.	725,455.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,052,526.				2,052,526.	1,954,529.		25,921.	1,980,450.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,040,190.			0.	2,040,190.	1,954,529.			1,978,973.
	ACQUISITIONS						12,336.			0.	12,336.	0.			1,477.
	DISPOSITIONS/RETIRED						6,648.			0.	6,648.	5,405.			5,405.
	ENDING BALANCE						2,045,878.			0.	2,045,878.	1,949,124.			1,975,045.
	ENDING ACCUM DEPR LESS DISPOSITIONS											1,975,045.			
	ENDING BOOK VALUE											70,833.			

Department of the Treasury  
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**CITIZENS COMMISSION ON HUMAN RIGHTS**

**FORM 990 PAGE 10**

**68-0005541**

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

<b>1</b> Maximum amount (see instructions)	<b>1</b>	1,020,000.
<b>2</b> Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation	<b>3</b>	2,550,000.
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b> Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2018 Form 4562	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5	<b>11</b>	
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b> Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	<b>14</b>	
<b>15</b> Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b> Other depreciation (including ACRS)	<b>16</b>	25,921.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2019	<b>17</b>	
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year	/		30 yrs.	MM	S/L	
<b>d</b> 40-year	/		40 yrs.	MM	S/L	

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

<b>21</b> Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b> Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	<b>22</b>	25,921.
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (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: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

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.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle-specific data (a-f) and personal use availability (Yes/No).

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 aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 3 columns (Yes, No, and a shaded area).

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

Part VI Amortization

Table for Section C with 6 columns: (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 2019 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2019 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44



2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CITIZENS COMMISSION ON HUMAN RIGHTS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
8	EQUIPMENT	123193	SL	5.00	16	1,009.			1,009.	1,009.		0.
12	EQUIPMENT	123195	SL	7.00	16	637.			637.	637.		0.
14	EQUIPMENT	040197	SL	5.00	16	14,997.			14,997.	14,997.		0.
15	EQUIPMENT	070198	SL	5.00	16	655.			655.	655.		0.
16	EQUIPMENT	070199	SL	5.00	16	22,962.			22,962.	22,962.		0.
27	EQUIPMENT	070100	SL	5.00	16	29,976.			29,976.	29,976.		0.
38	EQUIPMENT	070101	SL	5.00	16	279,183.			279,183.	279,183.		0.
48	EQUIPMENT	070102	SL	5.00	16	111,258.			111,258.	111,258.		0.
51	EQUIPMENT	070103	SL	5.00	16	211,711.			211,711.	211,711.		0.
62	EQUIPMENT	070104	SL	5.00	16	53,520.			53,520.	53,520.		0.
63	EQUIPMENT	070105	SL	5.00	16	253,790.			253,790.	253,790.		0.
66	EQUIPMENT	070106	SL	5.00	16	116,893.			116,893.	116,893.		0.
69	EQUIPMENT	110107	SL	5.00	16	2,215.			2,215.	2,215.		0.
73	EQUIPMENT	070108	SL	5.00	16	8,371.			8,371.	8,371.		0.
75	EQUIPMENT	070109	SL	5.00	16	11,982.			11,982.	11,982.		0.
77	EQUIPMENT	070110	SL	5.00	16	2,281.			2,281.	2,281.		0.
79	EQUIPMENT	070111	SL	5.00	16	9,503.			9,503.	9,503.		0.

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CITIZENS COMMISSION ON HUMAN RIGHTS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
81	FURNITURE & EQUIPMENT	070112	SL	5.00	16	5,731.			5,731.	5,731.		0.
85	FURNITURE & EQUIPMENT	070113	SL	5.00	16	24,005.			24,005.	24,005.		0.
87	FURNITURE & EQUIPMENT	070114	SL	5.00	16	8,243.			8,243.	7,420.		823.
88	FURNITURE & EQUIPMENT	070115	SL	5.00	16	26,675.			26,675.	18,673.		5,335.
91	FURNITURE & EQUIPMENT	070116	SL	7.00	16	2,222.			2,222.	870.		317.
99	FURNITURE & EQUIPMENT	070117	SL	7.00	16	2,983.			2,983.	677.		426.
101	FURNITURE & EQUIPMENT	070118	SL	7.00	16	25,280.			25,280.	1,806.		3,611.
104	(D) FURNITURE & EQUIPMENT	070104	SL	5.00	16	433.			433.	433.		0.
105	(D) FURNITURE & EQUIPMENT	070106	SL	5.00	16	1,931.			1,931.	1,931.		0.
106	(D) FURNITURE & EQUIPMENT	070110	SL	5.00	16	878.			878.	878.		0.
107	(D) FURNITURE & EQUIPMENT	070111	SL	5.00	16	1,726.			1,726.	1,726.		0.
108	(D) FURNITURE & EQUIPMENT	070116	SL	7.00	16	1,343.			1,343.	403.		0.
109	(D) FURNITURE & EQUIPMENT	070117	SL	7.00	16	337.			337.	34.		0.
110	FURNITURE & EQUIPMENT	070119	SL	7.00	16	6,086.			6,086.			435.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURE					1238816.		0.	1238816.	1195530.		10,947.
	OTHER											
18	COMPUTER SOFTWARE	070196	SL	3.00	16	64.			64.	64.		0.
20	COMPUTER SOFTWARE	070198	SL	3.00	16	490.			490.	490.		0.

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CITIZENS COMMISSION ON HUMAN RIGHTS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
21	COMPUTER SOFTWARE	070199	SL	3.00	16	650.			650.	650.		0.
26	SOFTWARE	050100	SL	3.00	16	1,735.			1,735.	1,735.		0.
39	COMPUTER SOFTWARE	070101	SL	3.00	16	16,062.			16,062.	16,062.		0.
49	COMPUTER SOFTWARE	070102	SL	3.00	16	1,191.			1,191.	1,191.		0.
64	COMPUTER SOFTWARE	070105	SL	3.00	16	1,876.			1,876.	1,876.		0.
67	COMPUTER SOFTWARE	070106	SL	3.00	16	5,184.			5,184.	5,184.		0.
70	SOFTWARE	100107	SL	3.00	16	687.			687.	689.		0.
72	FURNITURE & EQUIPMENT ADJ	070107	SL	7.00	16					1.		0.
74	SOFTWARE	070108	SL	3.00	16	120.			120.	120.		0.
76	SOFTWARE	070109	SL	3.00	16	14,035.			14,035.	14,035.		0.
78	SOFTWARE	070110	SL	3.00	16	482.			482.	482.		0.
80	SOFTWARE	070111	SL	3.00	16	1,615.			1,615.	1,615.		0.
82	SOFTWARE	070112	SL	3.00	16	298.			298.	298.		0.
86	SOFTWARE	070113	SL	3.00	16	2,125.			2,125.	2,125.		0.
89	SOFTWARE	070115	SL	3.00	16	531.			531.	531.		0.
103	SOFTWARE	070118	SL	3.00	16	656.			656.	109.		219.
111	SOFTWARE	070119	SL	3.00	16	6,250.			6,250.			1,042.
	* 990 PAGE 10 TOTAL OTHER					54,051.		0.	54,051.	47,257.		1,261.

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CITIZENS COMMISSION ON HUMAN RIGHTS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL					1292867.		0.	1292867.	1242787.		12,208.
	OTHER											
65	DISPLAY FIXTURES	070105	SL	7.00	16	652,234.			652,234.	652,234.		0.
68	DISPLAY FIXTURES	070105	SL	7.00	16	8,086.			8,086.	8,086.		0.
71	DISPLAY FIXTURES	091506	SL	7.00	16	3,135.			3,135.	3,135.		0.
83	DISPLAY FIXTURES	070112	SL	7.00	16	435.			435.	403.		32.
90	DISPLAY FIXTURES	070115	SL	7.00	16	95,769.			95,769.	47,884.		13,681.
	* 990 PAGE 10 TOTAL					759,659.		0.	759,659.	711,742.		13,713.
	OTHER											
	* 990 PAGE 10 TOTAL					759,659.		0.	759,659.	711,742.		13,713.
	* GRAND TOTAL 990 PAGE 10 DEPR					2052526.		0.	2052526.	1954529.		25,921.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					2040190.		0.	2040190.	1954529.		
	ACQUISITIONS					12,336.		0.	12,336.	0.		
	DISPOSITIONS					6,648.		0.	6,648.	5,405.		
	ENDING BALANCE					2045878.		0.	2045878.	1949124.		

2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CITIZENS COMMISSION ON HUMAN RIGHTS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FURNITURE & FIXTURES								
8	FURNITURE & EQUIPMENT	123193	SL	5.00	1,009.		1,009.	1,009.	0.
12	FURNITURE & EQUIPMENT	123195	SL	7.00	637.		637.	637.	0.
14	FURNITURE & EQUIPMENT	040197	SL	5.00	14,997.		14,997.	14,997.	0.
15	FURNITURE & EQUIPMENT	070198	SL	5.00	655.		655.	655.	0.
16	FURNITURE & EQUIPMENT	070199	SL	5.00	22,962.		22,962.	22,962.	0.
27	FURNITURE & EQUIPMENT	070100	SL	5.00	29,976.		29,976.	29,976.	0.
38	FURNITURE & EQUIPMENT	070101	SL	5.00	279,183.		279,183.	279,183.	0.
48	FURNITURE & EQUIPMENT	070102	SL	5.00	111,258.		111,258.	111,258.	0.
51	FURNITURE & EQUIPMENT	070103	SL	5.00	211,711.		211,711.	211,711.	0.
62	FURNITURE & EQUIPMENT	070104	SL	5.00	53,520.		53,520.	53,520.	0.
63	FURNITURE & EQUIPMENT	070105	SL	5.00	253,790.		253,790.	253,790.	0.
66	FURNITURE & EQUIPMENT	070106	SL	5.00	116,893.		116,893.	116,893.	0.
69	FURNITURE & EQUIPMENT	110107	SL	5.00	2,215.		2,215.	2,215.	0.
73	FURNITURE & EQUIPMENT	070108	SL	5.00	8,371.		8,371.	8,371.	0.
75	FURNITURE & EQUIPMENT	070109	SL	5.00	11,982.		11,982.	11,982.	0.
77	FURNITURE & EQUIPMENT	070110	SL	5.00	2,281.		2,281.	2,281.	0.
79	FURNITURE & EQUIPMENT	070111	SL	5.00	9,503.		9,503.	9,503.	0.
81	FURNITURE & EQUIPMENT	070112	SL	5.00	5,731.		5,731.	5,731.	0.
85	FURNITURE & EQUIPMENT	070113	SL	5.00	24,005.		24,005.	24,005.	0.
87	FURNITURE & EQUIPMENT	070114	SL	5.00	8,243.		8,243.	8,243.	0.
88	FURNITURE & EQUIPMENT	070115	SL	5.00	26,675.		26,675.	24,008.	2,667.
91	FURNITURE & EQUIPMENT	070116	SL	7.00	2,222.		2,222.	1,187.	317.
99	FURNITURE & EQUIPMENT	070117	SL	7.00	2,983.		2,983.	1,103.	426.
101	FURNITURE & EQUIPMENT	070118	SL	7.00	25,280.		25,280.	5,417.	3,611.
110	FURNITURE & EQUIPMENT	070119	SL	7.00	6,086.		6,086.	435.	869.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				1232168.		1232168.	1201072.	7,890.
	OTHER								
18	COMPUTER SOFTWARE	070196	SL	3.00	64.		64.	64.	0.
20	COMPUTER SOFTWARE	070198	SL	3.00	490.		490.	490.	0.
21	COMPUTER SOFTWARE	070199	SL	3.00	650.		650.	650.	0.
26	SOFTWARE	050100	SL	3.00	1,735.		1,735.	1,735.	0.
39	COMPUTER SOFTWARE	070101	SL	3.00	16,062.		16,062.	16,062.	0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CITIZENS COMMISSION ON HUMAN RIGHTS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
49	COMPUTER SOFTWARE	070102	SL	3.00	1,191.		1,191.	1,191.	0.
64	COMPUTER SOFTWARE	070105	SL	3.00	1,876.		1,876.	1,876.	0.
67	COMPUTER SOFTWARE	070106	SL	3.00	5,184.		5,184.	5,184.	0.
70	SOFTWARE	100107	SL	3.00	687.		687.	689.	0.
72	FURNITURE & EQUIPMENT ADJ	070107	SL	7.00				1.	0.
74	SOFTWARE	070108	SL	3.00	120.		120.	120.	0.
76	SOFTWARE	070109	SL	3.00	14,035.		14,035.	14,035.	0.
78	SOFTWARE	070110	SL	3.00	482.		482.	482.	0.
80	SOFTWARE	070111	SL	3.00	1,615.		1,615.	1,615.	0.
82	SOFTWARE	070112	SL	3.00	298.		298.	298.	0.
86	SOFTWARE	070113	SL	3.00	2,125.		2,125.	2,125.	0.
89	SOFTWARE	070115	SL	3.00	531.		531.	531.	0.
103	SOFTWARE	070118	SL	3.00	656.		656.	328.	219.
111	SOFTWARE	070119	SL	3.00	6,250.		6,250.	1,042.	2,083.
	* 990 PAGE 10 TOTAL OTHER				54,051.		54,051.	48,518.	2,302.
	* 990 PAGE 10 TOTAL -				1286219.		1286219.	1249590.	10,192.
	OTHER								
65	DISPLAY FIXTURES	070105	SL	7.00	652,234.		652,234.	652,234.	0.
68	DISPLAY FIXTURES	070105	SL	7.00	8,086.		8,086.	8,086.	0.
71	DISPLAY FIXTURES	091506	SL	7.00	3,135.		3,135.	3,135.	0.
83	DISPLAY FIXTURES	070112	SL	7.00	435.		435.	435.	0.
90	DISPLAY FIXTURES	070115	SL	7.00	95,769.		95,769.	61,565.	13,681.
	* 990 PAGE 10 TOTAL OTHER				759,659.		759,659.	725,455.	13,681.
	* 990 PAGE 10 TOTAL -				759,659.		759,659.	725,455.	13,681.
	* GRAND TOTAL 990 PAGE 10 DEPR				2045878.		2045878.	1975045.	23,873.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

**California Exempt Organization  
Annual Information Return**

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **CITIZENS COMMISSION ON HUMAN RIGHTS**

California corporation number: **1127596**

FEIN: **68-0005541**

Street address (suite or room): **6616 SUNSET BLVD**

City: **LOS ANGELES** State: **CA** ZIP code: **90028**

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	599,444	00
	2	Gross dues and assessments from members and affiliates	2	86,617	00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	2,477,997	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	3,164,058	00
	5	Cost of goods sold <b>STMT 2</b>	5	2,692	00
	6	Cost or other basis, and sales expenses of assets sold	6	1,243	00
	7	Total costs. Add line 5 and line 6	7	3,935	00
	8	Total gross income. Subtract line 7 from line 4	8	3,160,123	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,299,167	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-139,044	00
<b>Filing Fee</b>	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A	00
	16	Penalties and Interest. See General Information J	16		00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Title: **TREASURER** Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: **OLGA ZARNEY** Date: **11/12/20** Check if self-employed:  PTIN: **P01473448**

Firm's name (or yours, if self-employed) and address: **CLIFTONLARSONALLEN LLP**  
**1925 CENTURY PARK E 16TH FLOOR**  
**LOS ANGELES, CA 90067** Telephone: **41-0746749**  
**310-273-2501**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

928951 12-04-19

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	516,928	00	
	2	Interest	•	2	34	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 4	•	6	0	00	
	7	Other income SEE STATEMENT 5	•	7	82,482	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	599,444	00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 6	•	9	154,130	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 7	•	11	332,800	00	
	12	Other salaries and wages	•	12	1,225,511	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14	137,429	00
		15	Rents	•	15	83,323	00
		16	Depreciation and depletion (See instructions)	•	16	27,837	00
		17	Other Expenses and Disbursements SEE STATEMENT 8	•	17	1,338,137	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,299,167	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		119,953		87,562
2 Net accounts receivable		7,232		11,140
3 Net notes receivable				
4 Inventories		18,506		18,147
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	2,040,189		2,045,878	
b Less accumulated depreciation	( 1,955,982 )	84,207	( 1,978,415 )	67,463
11 Land				
12 Other assets STMT 9		233,411		5,665
13 <b>Total assets</b>		463,309		189,977
<b>Liabilities and net worth</b>				
14 Accounts payable		178,646		44,467
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 10		3,933		3,824
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		280,730		141,686
22 <b>Total liabilities and net worth</b>		463,309		189,977

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	-139,044
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5		-139,044
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		-139,044



FORM 199

COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR . . . . .		18,506
2. MERCHANDISE PURCHASED. . . . .	2,333	
3. COST OF LABOR. . . . .		
4. MATERIALS AND SUPPLIES . . . . .		
5. OTHER COSTS. . . . .		
6. ADD LINES 1 THROUGH 5 . . . . .		20,839
7. INVENTORY AT END OF YEAR . . . . .		18,147
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		2,692

FOOTNOTES

STATEMENT 3

FORM 199, PART II LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES OFFICERS, DIRECTORS, AND TRUSTEES WHO ARE ALSO EMPLOYEES ARE COMPENSATED ONLY FOR THEIR DUTIES AS EMPLOYEES, NOT FOR THEIR DUTIES AS OFFICERS, DIRECTORS, OR TRUSTEES.

CA 199		GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT 4
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
			PURCHASED		
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE	
	6,648.	5,405.	0.	0.	
TOTAL TO FORM 199, PAGE 2, LN 6	6,648.	5,405.	0.	0.	

CA 199		OTHER INCOME		STATEMENT 5
DESCRIPTION				AMOUNT
REFERRAL FEES				7,639.
PROGRAM SERVICE FEES				74,843.
TOTAL TO FORM 199, PART II, LINE 7				82,482.

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS  
AND SIMILAR AMOUNTS PAID

STATEMENT 6

## ACTIVITY CLASSIFICATION: PUBLIC AWARENESS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CCHR PHOENIX	18816 AZTEC DRIVE - SUN CITY, AZ 85372	NO	5,645.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CCHR SEATTLE	PO BOX 19633 - SEATTLE, WA 98109	NO	11,253.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CCHR SACRAMENTO	717 K STREET, SUITE 208 - SACRAMENTO, CA 95814	NO	5,610.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CCHR SAN FRANCISCO	1365 CREEKSIDE DRIVE APT 232 - WALNUT CREEK, CA 94596	NO	57,531.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CCHR LOS ANGELES	8800 ETON AVE SPACE 4 - CANOGA PARK, CA 91304	NO	74,091.

TOTAL FOR THIS ACTIVITY			154,130.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9

154,130.

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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT 7

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ISADORE CHAIT 6616 SUNSET BLVD LOS ANGELES, CA 90028	DIRECTOR 0.25	0.
JAN EASTGATE MEYER 6616 SUNSET BLVD LOS ANGELES, CA 90028	DIRECTOR & EMPLOYEE 40.00	68,250.
FRAN ANDREWS 6616 SUNSET BLVD LOS ANGELES, CA 90028	PRESIDENT & DIRECTOR 40.00	68,250.
JOYCE GAINES 6616 SUNSET BLVD LOS ANGELES, CA 90028	DIRECTOR 0.25	0.
LUIGI SCUDELLARI 6616 SUNSET BLVD LOS ANGELES, CA 90028	TRUSTEE 0.25	0.
JOAN TOFIL 6616 SUNSET BLVD LOS ANGELES, CA 90028	TRUSTEE 0.25	0.
SCOTT WALDROFF 6616 SUNSET BLVD LOS ANGELES, CA 90028	TRUSTEE 0.25	0.
ELIZABETH BAYBAK 6616 SUNSET BLVD LOS ANGELES, CA 90028	DIRECTOR 0.25	0.
MICHAEL BRIAN COTTER 6616 SUNSET BLVD LOS ANGELES, CA 90028	DIRECTOR 0.25	0.
ALICIA FULLER 6616 SUNSET BLVD LOS ANGELES, CA 90028	DIRECTOR 0.25	0.
MICHAEL BAYBACK (DECEASED APRIL 2019) 6616 SUNSET BLVD LOS ANGELES, CA 90028	DIRECTOR 0.25	0.

CITIZENS COMMISSION ON HUMAN RIGHTS

68-000541

MARLA FILIDEI  
6616 SUNSET BLVD  
LOS ANGELES, CA 90028

VICE PRESIDENT  
40.00

68,250.

SERENITY MACDONALD  
6616 SUNSET BLVD  
LOS ANGELES, CA 90028

TREASURER  
40.00

68,250.

AMBER RAUSCHER  
6616 SUNSET BLVD  
LOS ANGELES, CA 90028

SECRETARY  
40.00

59,800.

TOTAL TO FORM 199, PART II, LINE 11

332,800.

CA 199

OTHER EXPENSES

STATEMENT 8

DESCRIPTION

AMOUNT

REFERRAL FEES	41,279.
DIRECT EXPENSES OF FUNDRAISING EVENTS	446,223.
DIRECT EXPENSES OF GAMING ACTIVITIES	11,016.
LEGAL FEES	2,613.
ACCOUNTING FEES	68,987.
ADVERTISING AND PROMOTION	542,383.
OFFICE EXPENSES	173,410.
TRAVEL	8,399.
INSURANCE	43,827.
TOTAL TO FORM 199, PART II, LINE 17	1,338,137.

CA 199

OTHER ASSETS

STATEMENT 9

DESCRIPTION

BEG. OF YEAR

END OF YEAR

PLEDGES AND GRANTS RECEIVABLE	146,512.	0.
PREPAID EXPENSES AND DEFERRED CHARGES	75,716.	0.
PAYROLL TAX REFUND RECEIVABLE	6,683.	1,165.
ARTWORK, BOOKS AND ARTIFACTS	4,500.	4,500.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	233,411.	5,665.

CA 199

OTHER LIABILITIES

STATEMENT 10

DESCRIPTION

BEG. OF YEAR

END OF YEAR

DEFERRED REVENUE

3,933.

3,824.

TOTAL TO FORM 199, SCHEDULE L, LINE 18

3,933.

3,824.

**Corporation Depreciation  
and Amortization**

Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 68-0005541**

Corporation name

California corporation number

**CITIZENS COMMISSION ON HUMAN RIGHTS**

**1127596**

**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California .....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service .....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation .....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost) .....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from prior taxable years .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
<b>SEE STATEMENT</b>	11	2,052,526.	1,954,528.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....					15	25,921

**Part III Summary**

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	25,921
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	25,921
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	18	0

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g) .....					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44 .....					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 .....					22	

CA 3885

DEPRECIATION

STATEMENT 11

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
8 FURNITURE & EQUIPMENT	12/31/93	1,009.	1,009.	SL	5.00	0.	
12 FURNITURE & EQUIPMENT	12/31/95	637.	637.	SL	7.00	0.	
14 FURNITURE & EQUIPMENT	04/01/97	14,997.	14,997.	SL	5.00	0.	
15 FURNITURE & EQUIPMENT	07/01/98	655.	655.	SL	5.00	0.	
16 FURNITURE & EQUIPMENT	07/01/99	22,962.	22,962.	SL	5.00	0.	
18 COMPUTER SOFTWARE	07/01/96	64.	64.	SL	3.00	0.	
20 COMPUTER SOFTWARE	07/01/98	490.	490.	SL	3.00	0.	
21 COMPUTER SOFTWARE	07/01/99	650.	650.	SL	3.00	0.	
26 SOFTWARE	05/01/00	1,735.	1,735.	SL	3.00	0.	
27 FURNITURE & EQUIPMENT	07/01/00	29,976.	29,976.	SL	5.00	0.	
38 FURNITURE & EQUIPMENT	07/01/01	279,183.	279,183.	SL	5.00	0.	
39 COMPUTER SOFTWARE	07/01/01	16,062.	16,062.	SL	3.00	0.	
48 FURNITURE & EQUIPMENT	07/01/02	111,258.	111,258.	SL	5.00	0.	
49 COMPUTER SOFTWARE	07/01/02	1,191.	1,191.	SL	3.00	0.	
51 FURNITURE & EQUIPMENT	07/01/03	211,711.	211,711.	SL	5.00	0.	
62 FURNITURE & EQUIPMENT	07/01/04	53,520.	53,520.	SL	5.00	0.	
63 FURNITURE & EQUIPMENT	07/01/05	253,790.	253,790.	SL	5.00	0.	
64 COMPUTER SOFTWARE	07/01/05	1,876.	1,876.	SL	3.00	0.	
65 DISPLAY FIXTURES	07/01/05	652,234.	652,234.	SL	7.00	0.	
66 FURNITURE & EQUIPMENT	07/01/06	116,893.	116,893.	SL	5.00	0.	
67 COMPUTER SOFTWARE	07/01/06	5,184.	5,184.	SL	3.00	0.	
68 DISPLAY FIXTURES	07/01/05	8,086.	8,086.	SL	7.00	0.	
69 FURNITURE & EQUIPMENT	11/01/07	2,215.	2,215.	SL	5.00	0.	
70 SOFTWARE	10/01/07	687.	689.	SL	3.00	0.	
71 DISPLAY FIXTURES	09/15/06	3,135.	3,135.	SL	7.00	0.	
73 FURNITURE & EQUIPMENT	07/01/08	8,371.	8,371.	SL	5.00	0.	
74 SOFTWARE	07/01/08	120.	120.	SL	3.00	0.	



## CITIZENS COMMISSION ON HUMAN RIGHTS

68-0005541

75	FURNITURE & EQUIPMENT	07/01/09	11,982.	11,982.	SL	5.00	0.
76	SOFTWARE	07/01/09	14,035.	14,035.	SL	3.00	0.
77	FURNITURE & EQUIPMENT	07/01/10	2,281.	2,281.	SL	5.00	0.
78	SOFTWARE	07/01/10	482.	482.	SL	3.00	0.
79	FURNITURE & EQUIPMENT	07/01/11	9,503.	9,503.	SL	5.00	0.
80	SOFTWARE	07/01/11	1,615.	1,615.	SL	3.00	0.
81	FURNITURE & EQUIPMENT	07/01/12	5,731.	5,731.	SL	5.00	0.
82	SOFTWARE	07/01/12	298.	298.	SL	3.00	0.
83	DISPLAY FIXTURES	07/01/12	435.	403.	SL	7.00	32.
85	FURNITURE & EQUIPMENT	07/01/13	24,005.	24,005.	SL	5.00	0.
86	SOFTWARE	07/01/13	2,125.	2,125.	SL	3.00	0.
87	FURNITURE & EQUIPMENT	07/01/14	8,243.	7,420.	SL	5.00	823.
88	FURNITURE & EQUIPMENT	07/01/15	26,675.	18,673.	SL	5.00	5,335.
89	SOFTWARE	07/01/15	531.	531.	SL	3.00	0.
90	DISPLAY FIXTURES	07/01/15	95,769.	47,884.	SL	7.00	13,681.
91	FURNITURE & EQUIPMENT	07/01/16	2,222.	870.	SL	7.00	317.
99	FURNITURE & EQUIPMENT	07/01/17	2,983.	677.	SL	7.00	426.
101	FURNITURE & EQUIPMENT	07/01/18	25,280.	1,806.	SL	7.00	3,611.
103	SOFTWARE	07/01/18	656.	109.	SL	3.00	219.
104	FURNITURE & EQUIPMENT	07/01/04	433.	433.	SL	5.00	0.
105	FURNITURE & EQUIPMENT	07/01/06	1,931.	1,931.	SL	5.00	0.
106	FURNITURE & EQUIPMENT	07/01/10	878.	878.	SL	5.00	0.
107	FURNITURE & EQUIPMENT	07/01/11	1,726.	1,726.	SL	5.00	0.
108	FURNITURE & EQUIPMENT	07/01/16	1,343.	403.	SL	7.00	0.
109	FURNITURE & EQUIPMENT	07/01/17	337.	34.	SL	7.00	0.
110	FURNITURE & EQUIPMENT	07/01/19	6,086.		SL	7.00	435.
111	SOFTWARE	07/01/19	6,250.		SL	3.00	1,042.
TOTAL TO FORM 3885			<u>2,052,526.</u>	<u>1,954,528.</u>			<u>25,921.</u>

2019 Political or Legislative Activities by Section 23701d Organizations

3509

For calendar year 2019 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Attach to Form 199. FTB 199N filers see instructions.

Corporation/Organization name: CITIZENS COMMISSION ON HUMAN RIGHTS
California corporation number: 1127596
Street address: 6616 SUNSET BLVD
FEIN: 68-0005541
City: LOS ANGELES
State: CA
ZIP code: 90028

Part I - Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? 1 [ ] Yes [X] No

2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? 2 [ ] Yes [X] No

Part II - Legislative Activities

Complete if the organization attempted to influence legislation.

3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation? 3 [ ] Yes [X] No

4a Has the organization, during the 2019 taxable year, filed a federal Form 5768? 4a [ ] Yes [X] No

4b Has the organization filed a federal Form 5768 in a prior year that has not been revoked? 4b [X] Yes [ ] No

Furnish the following financial information for the taxable year:

Table with 2 columns: Description and Amount. Row 5: Exempt Purpose Expenditures, 2,692,279.00. Row 6: Lobbying Expenditures, 112,237.00. Row 7: Grass Roots Expenditures, 37,412.00.

TAXABLE YEAR

2019

California e-file Return Authorization for Exempt Organizations

FORM 8453-EO

Table with 2 columns: Exempt Organization name, Identifying number. Row 1: CITIZENS COMMISSION ON HUMAN RIGHTS, 68-0005541

Part I Electronic Return Information (whole dollars only)

Table with 3 rows: 1 Total gross receipts (Form 199, line 4) 3,164,058; 2 Total gross income (Form 199, line 8) 3,160,123; 3 Total expenses and disbursements (Form 199, line 9) 3,299,167

Part II Settle Your Account Electronically for Taxable Year 2019

Table with 2 columns: 4 Electronic funds withdrawal, 4a Amount, 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

Table with 2 columns: 5 Routing number, 6 Account number, 7 Type of account: Checking, Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here Signature of officer Date Title TREASURER

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Table with 4 columns: ERO's signature, Date, Check if also paid preparer, Check if self-employed, ERO's PTIN, Firm's name (or yours if self-employed) and address, Firm's FEIN, ZIP code. Row 1: OLGA ZARNEY, CLIFTONLARSONALLEN LLP, 1925 CENTURY PARK E 16TH FLOOR, LOS ANGELES, CA, 41-0746749, 90067

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Table with 4 columns: Paid preparer's signature, Date, Check if self-employed, Paid preparer's PTIN, Firm's name (or yours if self-employed) and address, Firm's FEIN, ZIP code

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

**CITIZENS COMMISSION ON HUMAN RIGHTS**

Name of Organization

List all DBAs and names the organization uses or has used

**6616 SUNSET BLVD**

Address (Number and Street)

**LOS ANGELES, CA 90028**

City or Town, State, and ZIP Code

**323-467-4242**

Telephone Number

E-mail Address

Check if:

- Change of address  
 Amended report

State Charity Registration Number **CT51036**

Corporation or Organization No. **1127596**

Federal Employer ID No. **68-0005541**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
**Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2019 ending 12/31/2019) list:

Gross Annual Revenue \$ 2,702,884 Noncash Contributions \$ 55,051 Total Assets \$ 189,977  
 Program Expenses \$ 2,342,485 Total Expenses \$ 2,841,928

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?	X	
	<b>SEE STATEMENT 12</b>	
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

**SERENITY MACDONALD**

**TREASURER**

Signature of Authorized Agent

Printed Name

Title

Date

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CA RRF-1

EXPLANATION OF CHARITABLE RAFFLES  
PART B, LINE 6

STATEMENT 12

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RAFFLE EVENTS: SEPTEMBER 30, 2019 AND DECEMBER 11, 2019