

Return of Organization Exempt From Income Tax

2011

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CITIZENS COMMISSION ON HUMAN RIGHTS		D Employer identification number 68-0005541
	Doing Business As		E Telephone number 323-467-4242
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,577,923.
	6616 SUNSET BLVD		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90028		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: SERENITY MACDONALD SAME AS C ABOVE			H(c) Group exemption number ▶ 4169
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CCHRINT.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1982 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INVESTIGATE AND EXPOSE PSYCHIATRIC ABUSES OF HUMAN RIGHTS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	44
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,009,292.	Current Year 2,182,058.
	9 Program service revenue (Part VIII, line 2g)	61,681.	52,765.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24.	<4.>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,629.	28,220.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,160,626.	2,263,039.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,375.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	962,068.	969,275.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 238,739.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,193,413.	1,181,468.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,199,856.	2,150,743.	
19 Revenue less expenses. Subtract line 18 from line 12	<39,230.>	112,296.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 689,993.	End of Year 750,226.
	21 Total liabilities (Part X, line 26)	380,931.	328,868.
	22 Net assets or fund balances. Subtract line 21 from line 20	309,062.	421,358.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 11/14/12
	SERENITY MACDONALD, TREASURER Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name WILLIAM D. ESENSTEN	Preparer's signature
	Firm's name ▶ NSBN LLP	Date
	Firm's address ▶ 9454 WILSHIRE BLVD., 4TH FLOOR BEVERLY HILLS, CA 90212-2907	Check if self-employed <input type="checkbox"/> PTIN P00535334
		Firm's EIN ▶ 95-2399533
		Phone no. (310) 273-2501

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 to any question in this Part III [X]

1 Briefly describe the organization's mission:

THE CITIZENS COMMISSION ON HUMAN RIGHTS IS A MENTAL HEALTH WATCHDOG WORKING TO RESTORE HUMAN RIGHTS TO THE FIELD OF MENTAL HEALTH, TO INCLUDE FULL INFORMED CONSENT REGARDING PSYCHIATRIC DIAGNOSIS AND TREATMENTS, PROTECTING CONSUMER AND PATIENT RIGHTS.

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 137,469. including grants of \$) (Revenue \$)

RESEARCH:

CCHR CONDUCTS EXTENSIVE RESEARCH INTO THE MANY DIFFERENT AREAS OF HUMAN RIGHTS ABUSES IN THE MENTAL HEALTH SYSTEM, ESPECIALLY PSYCHIATRIC DRUG ABUSE, ELECTROSHOCK TREATMENT AND CRIMINAL VIOLATIONS. IT CONTINUED TO DOCUMENT THE INCREASING REPORTS OF ADVERSE EFFECTS OF PSYCHOTROPIC DRUGS, WHICH ARE THEN MADE AVAILABLE TO CONSUMERS AND THE PUBLIC THROUGH CCHR'S ONLINE PSYCHIATRIC DRUG ADVERSE EFFECTS SEARCHABLE DATABASE. CCHR ALSO RESEARCHED THE UNRELIABILITY OF, AND THEREFORE HARMFUL IMPACT OF, PSYCHIATRY'S "DIAGNOSTIC & STATISTICAL MANUAL OF MENTAL DISORDERS" (DSM) ON SOCIAL POLICY AND INDIVIDUALS. AS PART OF ITS MISSION TO CLEAN UP THE FIELD OF MENTAL HEALTH, CCHR RESEARCHED AND DOCUMENTED CRIMINAL ABUSES THAT ARE PUTTING PATIENTS AT RISK.

4b (Code:) (Expenses \$ 96,345. including grants of \$) (Revenue \$)

INFORMATIONAL CLEARINGHOUSE & HOTLINE:

AS A PUBLIC AWARENESS GROUP, CCHR PROVIDES A TOLL-FREE 800 HOTLINE FOR PEOPLE TO REPORT INCIDENTS OF PSYCHIATRIC ABUSE, FRAUD OR OTHER CRIMINAL CONDUCT AND TO REQUEST FREE INFORMATION. THE CCHR HOTLINE IS PROMOTED THROUGH ITS PUBLICATIONS, THE MEDIA, PUBLIC SERVICE ANNOUNCEMENTS, ITS WEBSITE, AND THROUGH SOCIAL MEDIA. THROUGH THIS HOTLINE, CCHR NOT ONLY ASSISTS THOSE WHO WISH TO REPORT ABUSES AND FILE COMPLAINTS TO THE APPROPRIATE AUTHORITIES, BUT ALSO PROVIDES THOUSANDS OF CALLERS WITH INFORMATION THEY MAY NEED TO BECOME BETTER INFORMED ABOUT PSYCHIATRY.

4c (Code:) (Expenses \$ 117,785. including grants of \$) (Revenue \$)

LEGISLATIVE & POLITICAL ACTIVITIES:

CCHR, ALONG WITH ADVOCACY GROUPS AND EXPERTS, CONTINUED TO INFORM AND EDUCATE LEGISLATORS AND POLICYMAKERS ABOUT THE INHERENT DANGERS OF MENTAL HEALTH TREATMENTS AND PRACTICES. CCHR IS A PREEMINENT RESOURCE FOR THIS INFORMATION. CCHR CONTINUED TO RAISE AWARENESS ABOUT THE NEED FOR LEGISLATIVE PROTECTIONS FOR CHILDREN AND TO INFORM PARENTS OF THEIR RIGHTS TO INFORMED CONSENT TO TREATMENT. IT SUPPORTED POLICY THAT INCREASES THE RIGHTS OF ALL INDIVIDUALS TO BE FULLY INFORMED ABOUT THE LACK OF SCIENTIFIC VALIDITY OF PSYCHIATRY'S "DIAGNOSTIC AND STATISTICAL MANUAL FOR MENTAL DISORDERS" (DSM).

4d Other program services (Describe in Schedule O.)

(Expenses \$ 1,348,763. including grants of \$) (Revenue \$ 103,004.)

4e Total program service expenses 1,700,362.

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	Section 501(c)(3) organizations. 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; 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 temporarily restricted endowments, permanent endowments, or 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, XII, and XIII</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, XII, and XIII 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	
Note. All Form 990 filers are required to complete Schedule O			

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, sub-column (e.g., 1a, 1b), and Yes/No columns. Contains questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	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 in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
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	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 (or 1024 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
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **SERENITY MACDONALD - 323-467-4242**
6616 SUNSET BLVD., LOS ANGELES, CA 90028

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

Check if Schedule O contains a response to any question 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.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) NADJA LEHMAN TRUSTEE	0.30	X						0.	0.	0.
(2) ELAINE SIEGEL TRUSTEE	0.30	X						0.	0.	0.
(3) MEGAN SHIELDS TRUSTEE	0.30	X						0.	0.	0.
(4) ISADORE CHAIT DIRECTOR	1.00	X						0.	0.	0.
(5) JAN EASTGATE MEYER DIRECTOR & EMPLOYEE	40.00	X						37,606.	0.	0.
(6) FRAN ANDREWS VICE PRESIDENT & DIRECTOR	40.00	X		X				35,630.	0.	0.
(7) MICHAEL BAYBAK DIRECTOR	1.00	X						0.	0.	0.
(8) JOYCE GAINES DIRECTOR	1.00	X						0.	0.	0.
(9) BRUCE WISEMAN PRESIDENT	1.00			X				600.	0.	0.
(10) MARLA FILIDEI VICE PRESIDENT	40.00			X				35,630.	0.	0.
(11) SERENITY MACDONALD TREASURER	40.00			X				26,120.	0.	0.
(12) CARLA MOXON SECRETARY	40.00			X				15,954.	0.	0.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	35,893.				
	c Fundraising events	1c	30,660.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,115,505.				
	g Noncash contributions included in lines 1a-1f: \$		33,877.				
	h Total. Add lines 1a-1f		2,182,058.				
	Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code 541900	52,765.	52,765.		
		b					
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			52,765.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		20.			20.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)		24.			
		d Net gain or (loss)		<24.>			<24.>
	8 a Gross income from fundraising events (not including \$ 30,660. of contributions reported on line 1c). See Part IV, line 18	a		251,059.			
		b Less: direct expenses		284,819.			
		c Net income or (loss) from fundraising events		<33,760.>			<33,760.>
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a		80,280.				
	b Less: cost of goods sold		30,041.				
	c Net income or (loss) from sales of inventory		50,239.	50,239.			
Miscellaneous Revenue		Business Code					
11 a REFERRAL FEES		900099	7,105.			7,105.	
b PAYROLL TAX REFUNDS		900099	4,636.			4,636.	
c							
d All other revenue							
e Total. Add lines 11a-11d			11,741.				
12 Total revenue. See instructions.			2,263,039.	103,004.	0.	<22,023.>	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	151,540.	125,799.	14,398.	11,343.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	715,274.	553,672.	90,391.	71,211.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	19,061.	14,755.	2,409.	1,897.
10 Payroll taxes	83,400.	64,558.	10,539.	8,303.
11 Fees for services (non-employees):				
a Management				
b Legal	2,371.		2,371.	
c Accounting	18,085.		18,085.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	604,499.	597,730.		6,769.
13 Office expenses	147,318.	90,008.	43,914.	13,396.
14 Information technology				
15 Royalties				
16 Occupancy	74,649.	59,928.	8,300.	6,421.
17 Travel	11,355.	11,214.	73.	68.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	126,179.	101,227.	14,069.	10,883.
23 Insurance	18,593.	14,916.	2,073.	1,604.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REFERRAL FEES	102,596.			102,596.
b PRINTING & PUBLICATION	40,543.	39,245.	562.	736.
c STAFF TRAINING	35,280.	27,310.	4,458.	3,512.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,150,743.	1,700,362.	211,642.	238,739.
26 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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	118,240.	1	74,514.
	2	Savings and temporary cash investments	180,185.	2	420,448.
	3	Pledges and grants receivable, net	1,568.	3	4,427.
	4	Accounts receivable, net	25,849.	4	21,592.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	45,975.	8	41,055.
	9	Prepaid expenses and deferred charges	2,500.	9	2,500.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,049,796.		
	b	Less: accumulated depreciation	10b 1,973,217.	10c	76,579.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	125,938.	15	109,111.
16	Total assets. Add lines 1 through 15 (must equal line 34)	689,993.	16	750,226.	
Liabilities	17	Accounts payable and accrued expenses	373,763.	17	323,219.
	18	Grants payable		18	
	19	Deferred revenue	5,760.	19	5,649.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,408.	25	0.
	26	Total liabilities. Add lines 17 through 25	380,931.	26	328,868.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	309,062.	27	421,358.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	309,062.	33	421,358.	
34	Total liabilities and net assets/fund balances	689,993.	34	750,226.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,263,039.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,150,743.
3	Revenue less expenses. Subtract line 2 from line 1	3	112,296.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	309,062.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	421,358.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

Public Charity Status and Public Support

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4509535.	3096932.	2693040.	3009292.	2182058.	15490857.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4509535.	3096932.	2693040.	3009292.	2182058.	15490857.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						135,203.
6 Public support. Subtract line 5 from line 4.						15355654.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4509535.	3096932.	2693040.	3009292.	2182058.	15490857.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	315.	234.	72.	24.	20.	665.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	14,271.	34,115.	9,061.	4,628.	11,741.	73,816.
11 Total support. Add lines 7 through 10						15565338.
12 Gross receipts from related activities, etc. (see instructions)					12	2,392,890.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.65	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.01	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, SECTION B, LINE 10

REFERRAL FEES - \$7,105

PAYROLL TAX REFUND - \$4,636

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.

OMB No. 1545-0047

2011

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization CITIZENS COMMISSION ON HUMAN RIGHTS	Employer identification number 68-0005541
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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	BOB & TRISH DUGGAN 1740 GULF BLVD BELLEAIR BEACH, FL 33786	\$ 94,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MICHAEL & LIZ BAYBAK 331 CLEVELAND STREET #2301 CLEARWATER, FL 33755	\$ 124,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CITIZENS COMMISSION ON HUMAN RIGHTS	Employer identification number 68-0005541
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization CITIZENS COMMISSION ON HUMAN RIGHTS	Employer identification number 68-0005541
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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	

Political Campaign and Lobbying Activities

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part 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" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization CITIZENS COMMISSION ON HUMAN RIGHTS	Employer identification number 68-0005541
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	29,373.	34,313.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	88,118.	90,418.												
c	Total lobbying expenditures (add lines 1a and 1b)	117,491.	124,731.												
d	Other exempt purpose expenditures	2,400,769.	2,947,125.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	2,518,260.	3,071,856.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	275,913.	303,593.												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	68,978.	75,898.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	390,609.	356,086.	340,509.	303,593.	1,390,797.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,086,196.
c Total lobbying expenditures	280,056.	240,770.	123,049.	124,731.	768,606.
d Grassroots nontaxable amount	97,652.	89,022.	85,127.	75,898.	347,699.
e Grassroots ceiling amount (150% of line 2d, column (e))					521,549.
f Grassroots lobbying expenditures	74,903.	66,306.	34,914.	34,313.	210,436.

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- ▶ \$
- (ii) Assets included in Form 990, Part X
- ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- ▶ \$
- b Assets included in Form 990, Part X
- ▶ \$

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in 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" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. 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		2,002,710.	1,930,057.	72,653.
e Other		47,086.	43,160.	3,926.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				76,579.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PAYROLL TAX REFUND RECEIVABLE	5,700.
(2) FACILITIES' DECOR	4,500.
(3) DONATED ASSETS	98,911.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	109,111.

Part X Other Liabilities. 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)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,263,039.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,150,743.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	112,296.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	112,296.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	2,962,561.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	389,516.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	314,884.
e	Add lines 2a through 2d	2e	704,400.
3	Subtract line 2e from line 1	3	2,258,161.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	4,878.
c	Add lines 4a and 4b	4c	4,878.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,263,039.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	2,855,143.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	389,516.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	314,884.
e	Add lines 2a through 2d	2e	704,400.
3	Subtract line 2e from line 1	3	2,150,743.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,150,743.

Part XIV Supplemental Information

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

PART 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 XIV Supplemental Information (continued)

PART XII LINE 2D:

COST OF GOODS SOLD - \$30,041

AWARDS DINNER EXPENSE - \$284,819

LOSS ON DISPOSAL OF EQUIPMENT - \$24

PART XII LINE 4B:

BOOK TO TAX DIFFERENCE ON FAIR

MARKET VALUE OF DONATED ASSET - \$4,878

PART XIII LINE 2D:

COST OF GOODS SOLD - \$30,041

AWARDS DINNER EXPENSE - \$284,819

LOSS ON DISPOSAL OF EQUIPMENT - \$24

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
NORTH AMERICA	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	32,176.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	26,287.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	29,300.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	35,065.
EUROPE	0	0	PROGRAM SERVICES	PUBLIC AWARENESS	399,614.
3 a Sub-total	0	0			522,442.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			522,442.

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

Schedule F (Form 990) 2011

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 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)* 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to 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	
		RAFFLE	AWARDS DINNER & AUC	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	16,074.	251,059.	14,586.	281,719.
	2	Less: Charitable contributions	16,074.		14,586.	30,660.
	3	Gross income (line 1 minus line 2)		251,059.		251,059.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		284,819.		284,819.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(284,819.)
	11	Net income summary. Combine line 3, column (d), and line 10				<33,760.>

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? 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 operate 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 operated in:
- | | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶ _____

Address ▶ _____

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

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I		Types of Property				
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts		
1	<input checked="" type="checkbox"/>	49	21,355.	RETAIL VALUE		
2						
3						
4						
5	<input checked="" type="checkbox"/>		50.	RETAIL VALUE		
6						
7						
8						
9	<input checked="" type="checkbox"/>	1	107,513.	FAIR MARKET VALUE		
10						
11						
12						
13						
14						
15						
16						
17						
18	<input checked="" type="checkbox"/>	101	30,818.	RETAIL VALUE		
19						
20						
21						
22						
23						
24						
25	<input checked="" type="checkbox"/>	129	94,096.	COST COMPARISON		
26	<input checked="" type="checkbox"/>	8	3,863.	RETAIL VALUE		
27						
28						
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	0	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes	No
	b If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				X	
	b If "Yes," describe in Part II.					
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.					

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

Schedule M (Form 990) (2011)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: IN 2011, A SUPPORTER DONATED THEIR CAR TO
"CHARITABLE AUTO RESOURCES" WHO SOLD THE DONATED CAR AND GAVE THE
CITIZENS COMMISSION ON HUMAN RIGHTS THE PROCEEDS FROM THE SALE.

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.

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

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

PUBLIC OUTREACH:

CCHR CONDUCTS PUBLIC OUTREACH THROUGH ITS WEBSITES, SOCIAL MEDIA,
DOCUMENTARIES, VIDEOS, PUBLIC SERVICE ANNOUNCEMENTS, ITS PSYCHIATRY
MUSEUM AT ITS INTERNATIONAL HEADQUARTERS AND 11 TRAVELING EXHIBITS.

AS CCHR HAS FOUND, INFORMATION ABOUT PSYCHIATRIC DRUG SIDE EFFECTS IS
NOT EASILY ACCESSIBLE TO OR UNDERSTOOD BY THE GENERAL PUBLIC. COMPLEX
MEDICAL TERMINOLOGY CAN DISSUADE CONSUMERS FROM READING DRUG
INFORMATION AND THEREFORE MANY CONSENT TO TAKING THESE MIND-AND
BODY-DAMAGING CHEMICALS WITHOUT BEING FULLY INFORMED. CCHR LAUNCHED A
"PSYCHIATRIC DRUG DANGERS DATABASE" ON ITS WEBSITE, AS A FREE PUBLIC
SERVICE. THIS PROVIDES THE PUBLIC WITH A USER-FRIENDLY WAY TO SEARCH
THE COMMON ADVERSE EFFECTS REPORTED TO THE U.S. FDA'S MEDWATCH
REPORTING SYSTEM, AS WELL AS ALL DRUG AGENCY WARNINGS AND INTERNATIONAL
STUDIES-AVAILABLE IN SUMMARIZED FORM FOR CONSUMERS TO EASILY
COMPREHEND.

DURING 2011, THOUSANDS OF INDIVIDUALS, INCLUDING HUMAN RIGHTS
ACTIVISTS, RELIGIOUS LEADERS, LEGISLATORS, DOCTORS, MEDIA, PARENTS,
ARTISTS AND OTHERS, TOURED CCHR'S PREMIER MUSEUM, "PSYCHIATRY: AN
INDUSTRY OF DEATH." THE MUSEUM'S GRAPHIC DOCUMENTARY-STYLE EXPOSE
PROVIDES VIEWERS WITH AN IN-DEPTH 300-YEAR HISTORY OF PSYCHIATRY,
INCLUDING 14 STATE-OF-THE-ART DOCUMENTARIES ADDRESSING THE HARMFUL
ASPECTS OF PSYCHIATRIC INFLUENCE ON SOCIETY.

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

CCHR'S 11 TRAVELING EXHIBITS, MODELED AFTER THE PERMANENT MUSEUM IN LOS ANGELES, TOURED 28 CITIES IN 17 COUNTRIES THROUGHOUT 2011. TENS OF THOUSANDS OF INDIVIDUALS TOURED THESE EXHIBITS AND WERE ENLIGHTENED ABOUT PSYCHIATRIC ABUSES AND WHAT THEY COULD DO ABOUT THEM.

CCHR ALSO PRODUCED 8 EDUCATIONAL VIDEOS TO RAISE PUBLIC AWARENESS ABOUT THE PSYCHIATRIC LABELING AND DRUGGING OF CHILDREN, THE PSYCHIATRIC DRUGGING OF THE ELDERLY AND THE SIDE EFFECTS OF PSYCHIATRIC DRUGS, WHICH WERE VIEWED BY HUNDREDS OF THOUSANDS ONLINE.

CCHR ALSO RAISED PUBLIC AWARENESS THROUGH ITS SOCIAL MEDIA WEBSITES-FACEBOOK, TWITTER, AND YOUTUBE. CCHR POSTS DAILY NEWS UPDATES ON ITS FACEBOOK AND TWITTER ACCOUNTS.

CCHR RELEASED ITS LATEST DOCUMENTARY, "DIAGNOSTIC & STATISTICAL MANUAL - PSYCHIATRY'S DEADLIEST SCAM" AS PART OF ITS PUBLIC AWARENESS ACTIVITIES. THE DOCUMENTARY PROVIDED THE STORY OF HOW PSYCHIATRY HAS USED THE MANUAL TO ENFORCE PSYCHIATRIC DRUGGING AND TO DRIVE A \$330 BILLION PSYCHIATRIC/PHARMACEUTICAL INDUSTRY. EXPENSES \$ 1,143,768. INCLUDING GRANTS OF \$ 0. REVENUE \$ 52,765.

PUBLICATIONS:

AS A WATCHDOG ORGANIZATION, CCHR PRODUCES EDUCATIONAL MATERIALS, INCLUDING BOOKLETS, WHITE PAPERS, BROCHURES AND DOCUMENTARIES, IN UP TO 17 LANGUAGES, COVERING ASPECTS OF PSYCHIATRY'S HARMFUL IMPACT ON SOCIETY. THE PURPOSE IS TO RAISE AWARENESS ABOUT PROTECTION NEEDED FOR PATIENTS AND THEIR FAMILIES' CIVIL AND HUMAN RIGHTS, ESPECIALLY THE RIGHT TO INFORMED CONSENT FOR TREATMENT.

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

IN ADDITION TO ITS FULL-LENGTH DOCUMENTARIES, CCHR ALSO PRODUCES SHORT EDUCATION VIDEOS FEATURED ON CCHR'S YOUTUBE CHANNEL ([HTTP://WWW.YOUTUBE.COM/CCHRINT](http://www.youtube.com/cchrint)).

CCHR ALSO PRODUCED A BOOKLET TO ACCOMPANY ITS LATEST DOCUMENTARY, "DIAGNOSTIC & STATISTICAL MANUAL - PSYCHIATRY'S DEADLIEST SCAM".

WORKING WITH DOCTORS, WHISTLEBLOWERS, PARENTS, CONSUMERS AND OTHER CIVIL AND HUMAN RIGHTS ORGANIZATIONS, CCHR HAS BEEN ABLE TO PROVIDE GOVERNMENT OFFICIALS WITH DOCUMENTATION NECESSARY TO EXPOSE ABUSES IN THE FIELD OF MENTAL HEALTH AND HELP ACHIEVE LEGISLATIVE REFORMS THAT PROTECT CONSUMER AND PATIENT RIGHTS.

EXPENSES \$ 204,995. INCLUDING GRANTS OF \$ 0. REVENUE \$ 50,239.

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

FORM 990, PART VI, SECTION A, LINE 7B: THE DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY OTHER PERSONS ARE SELECTION OF BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: THE CITIZENS COMMISSION ON HUMAN RIGHTS IS A 501 (C)(3) CORPORATION THAT FILES ANNUAL FORM 990. THESE RETURNS ARE COMPILED BY THE TREASURY DEPARTMENT AND SUPERVISED BY THE TREASURER OF THE CITIZENS COMMISSION ON HUMAN RIGHTS AND OUTSIDE PROFESSIONAL ACCOUNTANTS.

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

FORM 990 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 FORM 990. FORM 990 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 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: IN 2009 THE BOARD OF DIRECTORS WERE PRESENTED WITH THE COMPENSATION PAID TO THE DIRECTORS, OFFICERS AND KEY

Name of the organization

CITIZENS COMMISSION ON HUMAN RIGHTS

Employer identification number

68-0005541

EMPLOYEES. THE COMPENSATION OF DIRECTORS, OFFICERS AND KEY EMPLOYEES IS DETERMINED BASED ON THE LABOR CODES AND LAWS OF THE STATE OF CALIFORNIA. THE JOB DESCRIPTION OF EACH INDIVIDUAL EMPLOYEE DETERMINES WHETHER THEY ARE COMPENSATED ON AN HOURLY OR SALARY BASIS. THE BOARD VOTED AND AGREED WITH THE COMPENSATION BEING PAID TO THE DIRECTORS, OFFICERS AND KEY EMPLOYEES OF CCHR. THERE WAS NO CHANGE IN THE COMPENSATION PAID TO THE DIRECTORS, OFFICERS AND KEY EMPLOYEES OF CCHR IN 2011. DIRECTORS, OFFICERS AND TRUSTEES WHO ARE ALSO EMPLOYEES ARE COMPENSATED ONLY FOR THEIR DUTIES AS EMPLOYEES, NOT FOR THEIR DUTIES AS DIRECTORS, OFFICERS OR TRUSTEES.

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

PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

PART III LINE 4D

OTHER PROGRAM SERVICES REVENUE

OTHER PROGRAM SERVICES REVENUE OF \$103,004 INCLUDES THE FOLLOWING

AMOUNTS:

PART VIII LINE 2A PROGRAM SERVICE REVENUE - \$52,765

PART VIII LINE 10C SALE OF GOODS THAT

DIRECTLY RELATE TO PROGRAM SERVICES - \$50,239

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Code	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	30,682.				30,682.	30,682.		0.	30,682.
38	FURNITURE & EQUIPMENT	07/01/01	SL	5.00		16	324,905.				324,905.	324,905.		0.	324,905.
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	54,375.				54,375.	54,376.		0.	54,376.
63	FURNITURE & EQUIPMENT	07/01/05	SL	5.00		16	353,325.				353,325.	353,325.		0.	353,325.
66	FURNITURE & EQUIPMENT	07/01/06	SL	5.00		16	118,988.				118,988.	107,089.		11,899.	118,988.
69	FURNITURE & EQUIPMENT	11/01/07	SL	5.00		16	2,215.				2,215.	1,551.		443.	1,994.
73	FURNITURE & EQUIPMENT	07/01/08	SL	5.00		16	8,371.				8,371.	4,185.		1,674.	5,859.
75	FURNITURE & EQUIPMENT	07/01/09	SL	5.00		16	11,982.				11,982.	3,596.		2,396.	5,992.
77	FURNITURE & EQUIPMENT	07/01/10	SL	5.00		16	3,159.				3,159.	316.		632.	948.
79	FURNITURE & EQUIPMENT	07/01/11	SL	5.00		16	11,429.				11,429.			1,143.	1,143.

128111
05-01-11

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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	(D) FURNITURE & EQUIPMENT	07/01/01	SL	5.00		16	94,796.				94,796.	94,796.		0.	
82	(D) FURNITURE & EQUIPMENT	07/01/05	SL	5.00		16	926.				926.	926.		0.	
83	(D) FURNITURE & EQUIPMENT	07/01/06	SL	5.00		16	234.				234.	211.		0.	
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						1,378,616.				1,378,616.	1,339,187.		18,187.	1,261,441.
	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.
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	4,771.				4,771.	4,771.		0.	4,771.
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.	100.		20.	120.
76	SOFTWARE	07/01/09	SL	3.00		16	14,035.				14,035.	7,018.		4,678.	11,696.
78	SOFTWARE	07/01/10	SL	3.00		16	482.				482.	80.		161.	241.

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Doc No.	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
80	SOFTWARE	07/01/11	SL	3.00		16	1,615.				1,615.			269.	269.
	* 990 PAGE 10 TOTAL OTHER						47,086.				47,086.	38,035.		5,128.	43,163.
	* 990 PAGE 10 TOTAL - OTHER						1,425,702.				1,425,702.	1,377,222.		23,315.	1,304,604.
65	DISPLAY FIXTURES	07/01/05	SL	7.00		16	652,542.				652,542.	512,710.		93,220.	605,930.
68	DISPLAY FIXTURES	07/01/05	SL	7.00		16	64,373.				64,373.	50,578.		9,196.	59,774.
71	DISPLAY FIXTURES	09/15/06	SL	7.00		16	3,135.				3,135.	2,466.		448.	2,914.
	* 990 PAGE 10 TOTAL OTHER						720,050.				720,050.	565,754.		102,864.	668,618.
	* 990 PAGE 10 TOTAL - DEPR						720,050.				720,050.	565,754.		102,864.	668,618.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,145,752.				2,145,752.	1,942,976.		126,179.	1,973,222.

Depreciation and Amortization 990
 (Including Information on Listed Property)

2011

Attachment
 Sequence No. 179

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

Name(s) shown on return	Business or activity to which this form relates	Identifying number
CITIZENS COMMISSION ON HUMAN RIGHTS	FORM 990 PAGE 10	68-0005541

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

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	126,179.

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

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	126,179.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

Section B - Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year:					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

	Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	CITIZENS COMMISSION ON HUMAN RIGHTS	<input checked="" type="checkbox"/> 68-0005541
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	6616 SUNSET BLVD	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOS ANGELES, CA 90028	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

SERENITY MACDONALD

• The books are in the care of **6616 SUNSET BLVD. - LOS ANGELES, CA 90028**
 Telephone No. **323-467-4242** FAX No.

• If the organization does not have an office or place of business in the United States, check this box
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**
- 5 For calendar year **2011**, or other tax year beginning _____, and ending _____
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature Title **TREASURER** Date

- 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	30,682.		30,682.	30,682.	0.
38	FURNITURE & EQUIPMENT	070101	SL	5.00	324,905.		324,905.	324,905.	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	54,375.		54,375.	54,376.	0.
63	FURNITURE & EQUIPMENT	070105	SL	5.00	353,325.		353,325.	353,325.	0.
66	FURNITURE & EQUIPMENT	070106	SL	5.00	118,988.		118,988.	118,988.	0.
69	FURNITURE & EQUIPMENT	110107	SL	5.00	2,215.		2,215.	1,994.	221.
73	FURNITURE & EQUIPMENT	070108	SL	5.00	8,371.		8,371.	5,859.	1,674.
75	FURNITURE & EQUIPMENT	070109	SL	5.00	11,982.		11,982.	5,992.	2,396.
77	FURNITURE & EQUIPMENT	070110	SL	5.00	3,159.		3,159.	948.	632.
79	FURNITURE & EQUIPMENT	070111	SL	5.00	11,429.		11,429.	1,143.	2,286.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				1282660.		1282660.	1261441.	7,209.
	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.
49	COMPUTER SOFTWARE	070102	SL	3.00	1,191.		1,191.	1,191.	0.
64	COMPUTER SOFTWARE	070105	SL	3.00	4,771.		4,771.	4,771.	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.	11,696.	2,339.
78	SOFTWARE	070110	SL	3.00	482.		482.	241.	161.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
80	SOFTWARE	070111	SL	3.00	1,615.		1,615.	269.	538.
	* 990 PAGE 10 TOTAL OTHER				47,086.		47,086.	43,163.	3,038.
	* 990 PAGE 10 TOTAL - OTHER				1329746.		1329746.	1304604.	10,247.
65	DISPLAY FIXTURES	070105	SL	7.00	652,542.		652,542.	605,930.	46,612.
68	DISPLAY FIXTURES	070105	SL	7.00	64,373.		64,373.	59,774.	4,599.
71	DISPLAY FIXTURES	091506	SL	7.00	3,135.		3,135.	2,914.	221.
	* 990 PAGE 10 TOTAL OTHER				720,050.		720,050.	668,618.	51,432.
	* 990 PAGE 10 TOTAL -				720,050.		720,050.	668,618.	51,432.
	* GRAND TOTAL 990 PAGE 10 DEPR				2049796.		2049796.	1973222.	61,679.

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 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4
Madison, UT 84201-0045

PS Form 3800 August 2006 See Reverse for Instructions

Extension of Time To File an Organization Return

OMB No. 1545-1709

Complete a separate application for each return.

I am completing only Part I and check this box.

I am requesting a 3-month extension, complete only Part II (on page 2 of this form).

I am requesting an automatic 3-month extension on a previously filed Form 8868.

Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation) or a 3-month (not automatic) 3-month extension of time. You can electronically file Form 8868 with the exception of Form 8870, Information on Certain Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more information, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

I am requesting a 6-month extension—check this box and complete Part II.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. Citizens Commission on Human Rights	Employer identification number (EIN) or <input type="checkbox"/> 68-0005541
	Number, street, and room or suite no. If a P.O. box, see instructions. 6616 West Sunset Blvd	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Los Angeles, CA 90028	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The books are in the care of **S. Macdonald, 6616 West Sunset Blvd, Los Angeles, CA 90028**

Telephone No. **323-467-4242** FAX No. **323-467-3720**

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

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **4169**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. **FOL CITIZENS COMMISSION ON HUMAN RIGHTS ONLY 68-0005541**

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20 **12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **11** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	\$
3b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	\$
3c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. Citizens Commission on Human Rights		Enter filer's identifying number, see instructions Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions. 6616 Sunset Blvd		<input type="checkbox"/> 68-0005541	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Los Angeles, Ca 90028		<input type="checkbox"/> Social security number (SSN)	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

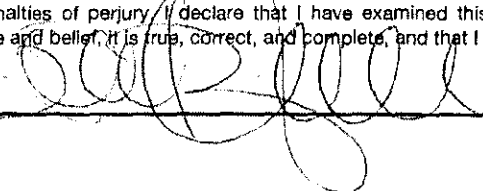
- The books are in the care of **Serenity Macdonald, 6616 Sunset Blvd**
 Telephone No. **323-467-4242** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **4169**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **November 15**, 20 **12**.
- For calendar year _____, or other tax year beginning _____, 20 _____, and ending _____, 20 _____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension **Additional time is needed in order to gather information necessary to file a complete and correct Form 990 return.**

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

Signature and Verification must be completed for Part II only.

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

Signature  Title **TREASURER** Date **8/13/12**