efile Public Visual Render ObjectId: 202410619349300066 - Submission: 2024-03-01

TIN: 22-6082880 OMB No. 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

	nent of the Treasury Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and	the latest inform	nation.		Inspection	
A F	or the 2022 c	l alendar year, or tax year beginning 07-01-2022 , and ending (06-30-2023				
O Add	ck if applicable:	C Name of organization CENTER FOR CONSTITUTIONAL RIGHTS		D Employe 22-60828		ication number	
O Ini	me change tial return	Doing business as		-			
	al return/terminated nended return		om/suite	E Telephone	number		
О Ар	plication pending			(212) 61	4-6464		
		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10012		G Gross rece	eipts \$ 3	7,293,214	
		F Name and address of principal officer: ERNEST V WARREN	H(a) Is th	is a group retu	urn for		
		666 BROADWAY 7TH FLOOR NY, NY 10012	subo	rdinates? all subordinate	es	☐ Yes ☑ No ☐ Yes ☐No	
I Tax	I Tax-exempt status: 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527 included? If "No," attach a list. S						
J W	Website: WWW.CCRJUSTICE.ORG Website: WWW.CCRJUSTICE.ORG H(c) Group exemption number						
K Forn	n of organization	: Corporation Trust Association Other	L Year of form	nation: 1966	M State	of legal domicile: NJ	
		·					
Pa							
Activities & Governance	2 Check th 3 Number	is box ▶ □ of voting members of the governing body (Part VI, line 1a)			3	19	
S S		of independent voting members of the governing body (Part VI, line 1b			4	19	
MITTE	5 Total nun	nber of individuals employed in calendar year 2022 (Part V, line 2a)			5	93	
Act		nber of volunteers (estimate if necessary)			6	19	
		elated business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, Part I, line 11		7a 7b	0		
	D Net unite	initial business taxable income from Form 550 1, Fare 1, fine 11		ior Year	7.5	Current Year	
a)	8 Contribut	tions and grants (Part VIII, line 1h)		10,412,73	35	13,040,969	
Revenue	9 Program	service revenue (Part VIII, line 2g)		2,428,14	13	1,037,042	
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d)		158,46		730,626	
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_,	327,97 13,327,32		39,787	
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 1. nd similar amounts paid (Part IX, column (A), lines 1–3)	2)		_	14,848,424	
		paid to or for members (Part IX, column (A), line 4)		493,00	JU	15,404	
S		other compensation, employee benefits (Part IX, column (A), lines 5–	10)	8,399,73	36	8,811,470	
Expenses	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)	,			0	
ф	b Total fundr	raising expenses (Part IX, column (D), line 25) ▶1,601,159					
ß	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,924,27	70	3,641,365	
	•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		11,817,00	-	12,468,239	
r s	19 Revenue	less expenses. Subtract line 18 from line 12		1,510,31		2,380,185 End of Year	
Net Assets or Fund Balances							
Ass Ba		ets (Part X, line 16)		41,124,15	_	43,928,783	
Net		ilities (Part X, line 26)	•	1,116,68	-	950,732 42,978,051	

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

	L				2024-03-01								
ign	Sig	gnature of officer			Date								
ere	ERNEST V WARREN EXECUTIVE DIRECTOR												
	Ту	pe or print name and title											
o:d		Print/Type preparer's name	Preparer's signature	Date 2024-03-01		PTIN P02530627							
aid rer	oarer	Firm's name WINNIE TAM & CO	PC		self-employed Firm's EIN 1	<u> </u> 3-3777972							
	Only	Firm's address ▶ 50 BROAD STREET	SUITE 1002		Phone no. (212	2) 785-4600							
	-	NEW YORK, NY 10			Filone 110. (212	1 703-4000							
av th	ne IPS disc	cuss this return with the preparer s		tions	<u> </u>	. Yes No							
		Reduction Act Notice, see the			No. 11282Y	Form 990 (202							
						`							
			Page	2									
orm 9	990 (2022))				Page							
Parl	t III St	atement of Program Servic	e Accomplishments			<u> </u>							
		eck if Schedule O contains a respo	nse or note to any line in	this Part III	<u></u>	0							
1	•	scribe the organization's mission:			OTECTING THE	DICUTE CHARANTEED BY TH							
NITE	D STATES	ROFIT LEGAL AND EDUCATIONAL CONSTITUTION THE UNIVERSAL I	DECLARATION OF HUMAN	RIGHTS. CCR STANDS WITH	H SOCIAL JUST	ICE MOVEMENTS							
ОММ	UNITIES U	INDER THREAT-FUSING LITIGATIO	N, ADVOCACY NARRATIVE	SHIFTING TO DISMANTLE	SYSTEMS OF C	PPRESSION.							
2	Did the or	ganization undertake any significa	nt program services during	g the year which were not li	isted on								
	•	Form 990 or 990-EZ?				🗆 Yes 🔽 No							
		escribe these new services on Sch		have it as advista and an area									
3		ganization cease conducting, or m	ake significant changes in	now it conducts, any progr	am	. Yes V No							
	services?	escribe these changes on Schedule				. U Yes No							
4		he organization's program service		. of its thus a laurant museum									
	Section 50	01(c)(3) and $501(c)(4)$ organization ue, if any, for each program service	ns are required to report t										
4a	(Code:) (Expenses \$	6,038,942 including g	grants of \$ 15,40	4) (Revenue \$	945,099)							
	LITIGATION	PROGRAM - UNDERTAKES LITIGATION	TO PROTECT AND ADVANCE C	CONSTITUTIONAL RIGHTS									
4b	(Code:) (Evnoncos #	2 102 209 including 6	urante of ¢) (Boyonuo ¢	91,943)							
TU	ADVOCACY		3,192,298 including of the second sec) (Revenue \$ 91,943) RKSHOPS AND ADVOCACY SUPPORT REGARDING								
	CONSTITUT												
4c	(Code:) (Expenses \$	including g	grants of \$) (Revenue \$)							
						_							
4d	Other prod (Expenses	gram services (Describe in Schedu	lle O.) uding grants of \$) (Revenue	¢)							
4e	` '	gram service expenses	9,231,240) (Nevenue	Ψ	,							
	•		, ,			Form 990 (2022							
			5	2									
			Page	3									
orm 9	990 (2022)					Page							
Parl	Ch Ch	ecklist of Required Schedu	les										
						Vec No							

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	Yes	
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>	3		No
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? If "Yes," complete Schedule C, Part II	4	Yes	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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? If "Yes," complete Schedule D, Part VII	11b		No
	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? If "Yes," complete Schedule D, Part VIII	11c		No
	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? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	<u> </u>
	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>	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99 0	0 (2022)

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Part IV Checklist of Required Schedules (continued)

Page **4**

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1 ~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 57		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Yes	
		F	orm 99	0 (2022)

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	8			
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
_	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
				1

Section SUI(C)(21) organizations. Did the trust, or any disqualined or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.

Form	990	(2022)
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	- Pa
	i u

1a Enter If the body similar in the Enter Property of the Enter Pr	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI An A. Governing Body and Management The rethe number of voting members of the governing body at the end of the tax year the reare material differences in voting rights among members of the governing lar committee, explain in Schedule O. The rethe number of voting members included in line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationship with any other cer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision officers, directors or trustees, or key employees to a management company or other person? The organization make any significant changes to its governing documents since the prior Form 990 was filed? The organization have members or stockholders? The organization have members or stockholders? The organization have members, stockholders, or other persons who had the power to elect or appoint one or more more more of the governing body? The organization of the organization reserved to (or subject to approval by) members, stockholders, or			No No No				
1a Enter If the body similar in the Enter Property of the Enter Pr	the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors or trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 990 was filed? the organization have members or stockholders, or other persons who had the power to elect or appoint one or more mbers of the governing body?	2 3 4 5		No No				
b Enter Did offic Did of oid Did Did Did Did Did Did Did Did Did D	the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors or trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 990 was filed? the organization have members or stockholders, or other persons who had the power to elect or appoint one or more mbers of the governing body?	2 3 4 5	Yes	No No				
b Enter Did offic Did of oid Did Did Did Did Did Did Did Did Did D	the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors or trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 990 was filed? the organization have members or stockholders, or other persons who had the power to elect or appoint one or more mbers of the governing body?	2 3 4 5		No				
bodysimi b Ente 2 Did offic 3 Did of of 4 Did 5 Did 6 Did 7a Did	ly, or if the governing body delegated broad authority to an executive committee or ilar committee, explain in Schedule O. er the number of voting members included in line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationship with any other cer, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors or trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 990 was filed? the organization become aware during the year of a significant diversion of the organization's assets? the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or appoint one or more mbers of the governing body?	2 3 4 5		No				
 Did office Did of of Did Did Did Did Did Did Did Did 	any officer, director, trustee, or key employee have a family relationship or a business relationship with any other cer, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors or trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 990 was filed? the organization become aware during the year of a significant diversion of the organization's assets? the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or appoint one or more mbers of the governing body?	2 3 4 5		No				
 office Did of or Did Did Did Did Did Did Did 	the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors or trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 990 was filed? the organization become aware during the year of a significant diversion of the organization's assets? the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or appoint one or more mbers of the governing body?	3 4 5		No				
of o	officers, directors or trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 990 was filed? the organization become aware during the year of a significant diversion of the organization's assets? the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or appoint one or more mbers of the governing body?	4 5						
5 Did6 Did7a Did	the organization become aware during the year of a significant diversion of the organization's assets? the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or appoint one or more mbers of the governing body?	5		No				
6 Did7a Did	the organization have members or stockholders?							
7a Did	the organization have members, stockholders, or other persons who had the power to elect or appoint one or more mbers of the governing body?	6		No				
	mbers of the governing body?			No				
men	any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		No				
	sons other than the governing body?	7b		No				
	the organization contemporaneously document the meetings held or written actions undertaken during the year by following: $ \frac{1}{2} \int_{\mathbb{R}^{n}} \frac{1}{2} \int_$							
a The	governing body?	8a	Yes					
b Each	h committee with authority to act on behalf of the governing body?	8b	Yes					
9 Is thorga	9		No					
Sectio	on B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Cod						
			Yes	No				
	the organization have local chapters, branches, or affiliates?	10a		No				
and	Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes					
form	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	scribe on Schedule O the process, if any, used by the organization to review this Form 990							
	the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	re officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to flicts?	12b	Yes					
	the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on ledule O how this was done	12c	Yes					
13 Did	the organization have a written whistleblower policy?	13	Yes					
14 Did	the organization have a written document retention and destruction policy?	14	Yes					
	the process for determining compensation of the following persons include a review and approval by independent sons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
a The	organization's CEO, Executive Director, or top management official	15a	Yes					
b Othe	er officers or key employees of the organization	15b	Yes					
If "Y	Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
	the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a able entity during the year?	16a		No				
	Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation oint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	16b						

AK , AL , AR , CA , FL , GA , HI , IL , KS , KY , MA , MD , MI , MN , MS , NC , ND , NH , NJ , NM , NY , OK , OR , PA , RI , SC , TN , UT, VA, WI, WV

List the states with which a copy of this Form 990 is required to be filed

Costion 6104 requires an organization to make its Earm 1022 /1024 or 1024 A if applicable), 000, and 000 T (costion

10/19/24, 4:00 PM	Center For C	Constit	utional Rights I	nc -	Full	Filing	j- No	onprofit Explorer	- ProPublica	
501(c)(3)s only) available for public inspe									SECTION	
✓ Own website ✓ Another's website	. 🗸 Upon re	auest	Other (e	xpla	in in	Sche	edule	e O)		
19 Describe in Schedule O whether (and if so policy, and financial statements available	, how) the orga	anizati	on made its go						erest	
20 State the name, address, and telephone r ▶DEOPHISTER UFFER CO CENTER FOR CO										
P DESIMBLE OF ER CO CENTER FOR CO	JNS RIGHTS OF	JO DICC	JADWAI 7 III I	_00		14244	101	(17,141 10012 (2.		orm 990 (2022)
			Page 7 —							
			rage /							
Form 990 (2022)										Page 7
Part VII Compensation of Officers, I and Independent Contractor	-	ustee	s, Key Empl	oye	ees,	Hig	hes	st Compensat	ed Employee	s,
Check if Schedule O contains a res		n anv	line in this Par	t VII			_			\Box
Section A. Officers, Directors, Truste										
1a Complete this table for all persons required t	o be listed. Rep	ort co	mpensation for	the	e cal	endar	yea	ar ending with or	within the orgai	nization's tax
year. • List all of the organization's current officer of compensation. Enter -0- in columns (D), (E),					als o	r orga	aniza	ations), regardle	ss of amount	
 List all of the organization's current key en 										
• List the organization's five current highest who received reportable compensation (box 5 of the organization and any related organizations.										\$100,000 from
• List all of the organization's former officers of reportable compensation from the organization				sate	ed er	mploy	ees	who received m	ore than \$100,00	00
 List all of the organization's former director organization, more than \$10,000 of reportable organization. 	compensation fr	om th							trustee of the	
See the instructions for the order in which to list										
☐ Check this box if neither the organization ne	· ·	organiz I	•		d an	y curi	ent		1	(-)
(A) Name and title	(B) Average hours per week (list	one of	ition (do not ch box, unless pe ficer and a dire	eck rsor cto	n is t	oth a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensat employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
		trustee			yee	mpensated				
(1) ERNEST V WARREN EXECUTIVE DIRECTOR	40.00			x				259,017	0	52,047
(2) BAHER AZMY LEGAL DIRECTOR	40.00				Х			211,759	0	26,675
(3) GRACE LILE FORMER	40.00			.,				101 526	0	46.106
DIRECTOR OF OPERATIONS				Х				181,536	0	46,196
(4) DONITA JUDGE	40.00			Х				105 549	0	25 540
ASSOCIATE EXECUTIVE DIRECTOR	•			^				195,548	U	25,540
(5) MARIA LAHOOD DEPUTY LEGAL DIRECTOR	40.00				х			158,456	0	44,423
(6) THEDA JACKSON MAU	40.00				.,			460 000		22.072
DIRECTOR OF DEVELOPMENT					Х			160,387	0	23,079
(7) NADIA BEN YOUSSEF	40.00	1								

40.00

40.00

40.00

ADVOCACY DIRECTOR

(8) JEFFREY WEINRICH

FINANCE DIRECTOR

(9) KEN MONTENEGRO

(10) LAUREN GAZZOLA

TECHNOLOGY DIRECTOR

22,503

30,206

18,558

158,586

152,886

138,960

148,500

Χ

Χ

10/19/24, 4:00 PM COMMUNICATIONS ASSOCIATE	Center For C	Constit I	utional Rights I I	nc -	Full	Filing	j- No I	onprofit Explorer	- ProPublica	1
(11) AMY GREENSTEIN ASSOCIATE DIRECTOR OF DEVELOPMENT	40.00					х		138,751	0	11,919
(12) WEISHIN HUANG INTERIM DIRECTOR OF OPERATIONS	40.00			х				66,981	0	10,851
(13) KATHERINE ACEY TRUSTEE	1.00	Х						0	0	0
(14) COLETTE PICHON BATTLE TRUSTEE	1.50	х						0	0	0
(15) LISA CROOMS-ROBINSON CO-CHAIR	3.00	х		х				0	0	0
(16) SYLVESTER JOHNSON TREASURER	3.00	Х		х				0	0	0
(17) LEILA HESSINI SECRETARY	3.00	х		х				0	0	0

Form **990** (2022)

Page 8

Form 990 (2022)
Page **8**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	eck rsor cto	n is I r/tru	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations	
(18) LUMUMBA AKINWOLE-BANDELE	1.50	Х						0	0	0	
TRUSTEE		••••									
(19) ROSEMARY R CORBETT TRUSTEE	3.00	×						0	0	0	
(20) JUMANA MUSA	3.00										
CO-CHAIR	3.00	X		Х				0	0	0	
(21) JUSTIN HANSFORD	1.50	х						0	0	0	
TRUSTEE		^						0	U	0	
(22) GAY J MCDOUGAL	1.50	Х						0	0	0	
TRUSTEE (23) MEENA JAGANNATH											
TRUSTEE	1.50	X						0	0	0	
(24) VINCENT SOUTHERLAND	1.50										
TRUSTEE	1.50	X						0	0	0	
(25) AMANDA ALEXANDER	1.50	X						0	0	0	
TRUSTEE (26) MARJORIE FINE											
TRUSTEE	1.50	X						0	0	0	
(27) ALEJANDRA ANCHEITA	1.50										
TRUSTEE		^X						0	0	0	
(28) LINDA BURNHAM	1.50	X						0	0	0	
TRUSTEE (29) NOURA ERAKAT					-						
TRUSTEE	1.50	X						0	0	0	

0/19/24	, 4:00 PM		Center For 0	Consti	tutional Rights	Inc - Fι	ıll Filing	- Nonpr	ofit Ex	olorer - ProPub	lica		
. ,	KIA LUMUMBA		1.50	Х						0	0		0
TRUSTEE													
` ,	KANI THEMBA		1.50	Х						0	0		0
TRUSTEE				····:^`						ŭ	·		
	b-Total					•							
	tal from continuation shee		•										
	tal (add lines 1b and 1c) .					•		1,971					335,383
	otal number of individuals (in of reportable compensation fro			those	listed above) v	/ho rec	eived m	ore tha	n \$100	,000			
												Yes	No
	oid the organization list any fo ne 1a? <i>If "Yes," complete Scl</i>		•		, key employe	e, or hi	ghest c	ompens •	ated e	mployee on	3		No
0	or any individual listed on line organization and related organ ndividual									he	4	Yes	
	Did any person listed on line 1 ervices rendered to the organ		•		•		_	zation o	r indivi •	dual for	5	163	No
Sact	tion B. Independent Co	ntractoro											
1 C	Complete this table for your firm the organization. Report	ve highest c	compensated in								mpensa	ition	
	<u> </u>		(A)	- ,	9 .//•			J		(B)		(0	
		Name and b	usiness address							tion of services		Comper	
	oel, sewood Street ph, PA 15208							Coope	rating A	ttorney fees			136,102
	R Miller, erside Drive k, NY 10027							Coope	rating A	ttorney fees			226,757
Bremer L	Law Group LLC, Day Road							Coope	rating A	ttorney fees			249,986
Bainbrid	ge Ísland, WA 98110												
					- Page 9 —							01111 33	0 (2022)
Form 99	90 (2022)				. 450 5								Page 9
Part \	Statement of Rev	/enue											rage s
	Check if Schedule O		esponse or note	e to ar	ny line in this F	art VIII							
					(A) Total rever		Re e fu	(B) lated or xempt inction evenue		(C) Unrelated business revenue		(D) Reverexcluded under 512 -	nue I from sections
Fec	derated campaigns	1a			•	<u>I</u>			1				
Contrib	utions,	<u> </u>											
Sifts, G and Me OtherAr	Grants, mbership dues mt	1b											
Similar	ndraising events	1c											
d Rel	lated organizations	1d											
e Gov	vernment grants (contributions)	1e											
	other contributions, gifts, grants, I similar amounts not included ove	1f											
	13,040,969												
g Nor line	ncash contributions included in s 1a - 1f:\$	1g											
h Tot	756,225 tal. Add lines 1a-1f			040,969	0								
<u> </u>			Business		_						I		

12 Total revenue. See instructions	14,848,424	1,076,829	730,626
			Form 990 (2022)

----- Page 10 -----

Form 990 (2022) Page **10**

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organization	ns must complete co	lumn (A).
Check if Schedule O contains a response or note to ar	y line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	15,404	15,404		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,281,846	860,656	184,231	236,959
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	5,483,555	4,248,991	451,130	783,434
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	457,636	345,635	42,978	69,023
9 Other employee benefits	1,079,987	817,699	100,647	161,641
10 Payroll taxes	508,446	384,010	47,750	76,686
11 Fees for services (non-employees):				
a Management	0			
b Legal	74,051		74,051	
c Accounting	40,433		40,433	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	0		-	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	570,613	378,575	166,102	25,936
12 Advertising and promotion	0			
13 Office expenses	292,561	112,467	104,725	75,369
14 Information technology	180,037	43,000	111,736	25,301
15 Royalties	0	7,11	,	
16 Occupancy	290,377	219,310	27,271	43,796
17 Travel	342,751	329,215	8,258	5,278
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	323,213	0,230	3,270
19 Conferences, conventions, and meetings	174,275	42,402	128,696	3,177
20 Interest	0	, .02	===,550	-,-,,
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	258,026	194,877	24,232	38,917
23 Insurance	79,433	47,405	28,899	3,129
	79,433	47,403	20,033	3,129
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 Cooperating attorney fees	771,957	771,957		
b Books and subscriptions	130,543	101,988	22,614	5,941
c Event expenses	345,335	298,763		46,572
d Recruitment expense	58,978	1,933	57,045	

e All other expenses	31,995	16,953	15,042	
25 Total functional expenses. Add lines 1 through 24e	12,468,239	9,231,240	1,635,840	1,601,159
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).				

Form **990** (2022)

				— Page 11 ————			
Form	990	(2022)					Page 1 :
Pa	art X	Balance Sheet					. 3-
		Check if Schedule O contains a response or no	te to ar	ny line in this Part IX			\square
		·			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,469,282	1	2,565,986
	2	Savings and temporary cash investments .			2,274,492	2	835,643
	3	Pledges and grants receivable, net		· · · · · ·	4,620,268	3	3.048.752
	4	Accounts receivable, net			64,770	4	314.092
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subs	r forme stantial	contributor, or 35%		5	,
	6	controlled entity or family member of any of the Loans and other receivables from other disqual section 4958(f)(1)), and persons described in s	rsons (as defined under				
						6	
\$	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges		. • • _	177,888	9	197,508
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	8,638,425			
	b	Less: accumulated depreciation	10b	3,145,956	5,716,545	10 c	5,492,469
	11	Investments—publicly traded securities .			26,430,679	11	31,412,126
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line	e 11 .			13	
	14	Intangible assets	•			14	
	15	Other assets. See Part IV, line 11			370,234	15	62,207
	16	Total assets. Add lines 1 through 15 (must eq	ual line	: 33)	41,124,158	16	43,928,783
	17	Accounts payable and accrued expenses	•		649,725	17	641,329
	18	Grants payable				18	
	19	Deferred revenue			33,470	19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or forr employee, creator or founder, substantial contri or family member of any of these persons .	butor, o			22	
Ξ	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated		· · · · —		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2. Complete Part X of Schedule D		s to related third parties,	433,493	25	309,403
	26	Total liabilities. Add lines 17 through 25 .		-	1,116,688	26	950,732
S			•		1,110,000		330,132
lance	27	Organizations that follow FASB ASC 958, c complete lines 27, 28, 32, and 33. Net assets without donor restrictions	heck h	ere 🕨 🗹 and	28,389,141	27	31,907,296
Ba	28	Net assets with donor restrictions			11,618,329	28	11,070,755
Б	20			–	11,010,020	20	11,070,700
or Fur	27 28 29 30 31 32 33	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	-	check here and and		29	
ts	30	Paid-in or capital surplus, or land, building or ed		nt fund		30	
se	31	Retained earnings, endowment, accumulated in				31	
As	32	Total net assets or fund balances	come, (or other fullus	40,007,470	32	42,978,051
Vet	32						
~	33	Total liabilities and net assets/fund balances .	•		41,124,158	33	43,928,783

Form **990** (2022)

	Page 12 ———————————————————————————————————				
orm	990 (2022)				Da == 1 ′
	tXI Reconcilliation of Net Assets				Page 1 2
ı uı	Check if Schedule O contains a response or note to any line in this Part XI				✓
	check in schedule o contains a response of note to any line in this part XI	Γİ	· · ·	· ·	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14	,848,42
2	Total expenses (must equal Part IX, column (A), line 25)	2		12	,468,23
3	Revenue less expenses. Subtract line 2 from line 1	3		2	,380,18
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		40	,007,47
5	Net unrealized gains (losses) on investments	5			623,61
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-33,22
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		42	,978,05
Pai	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,	2b	Yes	
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the UnGuidance, 2 C.F.R. Part 200, Subpart F?	niform	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired			
	adult of adults, explain why in Schedule O and describe any steps taken to didengo such adults.		3b	Yes	0 (2022
				01111 33	(2022
orm	990 (2022)				
Ad	lditional Data		Retur	n to Fo	orm
	Software ID: 22015461				
	Software Version: 22.0.1.0				
rorn	n 990, Special Condition Description: Special Condition Description				
1	Special Condition Description				

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ObjectId: 202410619349300066 - Submission: 2024-03-01

TIN: 22-6082880

OMB No. 1545-0047

2022

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

ZUZZ

			_						Inspection
		he organiza CONSTITUTIO						Employer identific	cation number
								22-6082880	
	rt I				us (All organization tit is: (For lines 1 thro			See instructions.	
1	ıı yarıız		•		sociation of churches	<i>,</i>	, ,	(A)(i)	
2		,		·				(A)(I).	
_					1)(A)(ii). (Attach Sch	•			
3		•	•	•	vice organization desc			. •	
4			research org , and state:	anization operat	ed in conjunction with	a hospital des	cribed in section	170(b)(1)(A)(iii). E	nter the hospital's
5				ed for the benefi omplete Part II.)	t of a college or unive	rsity owned or	operated by a gov	ernmental unit descri	bed in section
6		A federal,	state, or loca	al government or	governmental unit de	scribed in sec	tion 170(b)(1)(<i>l</i>	4)(v).	
7	~	section 1	70(b)(1)(A)(vi). (Complete	•		-	unit or from the gener	al public described in
8		A commun	ity trust des	cribed in sectior	170(b)(1)(A)(vi).	(Complete Par	t II.)		
9		non-land g	rant college	of agriculture. S	escribed in 170(b)(1) ee instructions. Enter	the name, city	, and state of the	college or university:	
10		from activi	ties related t t income and	to its exempt fur I unrelated busin	(1) more than 331/3% actions—subject to ceres taxable income (learn) are the properties.	tain exceptions	s, and (2) no more	than 33 1/3% of its s	
11		An organiz	ation organiz	zed and operated	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		more publ	cly supporte	d organizations (d exclusively for the bed described in section 5 Is the type of supportin	09(a)(1) or s	section 509(a)(2). See section 509 (a	
а		organizatio	on(s) the pov	rganization oper ver to regularly a ctions A and B.	ated, supervised, or coappoint or elect a majo	ontrolled by its ority of the dire	s supported organi ectors or trustees	zation(s), typically by of the supporting orga	giving the supported anization. You must
b		manageme	ent of the su		ervised or controlled intion vested in the sare				
С					supporting organizatio ions). You must com				ated with, its
d		functionall	y integrated.	The organizatio	 d. A supporting organic n generally must satis t IV, Sections A and 	fy a distributio	n requirement and		
е		Check this	box if the or	ganization recei	ved a written determir integrated supporting	ation from the		pe I, Type II, Type II	I functionally
f	Enter	r the numbe	r of supporte	ed organizations				<u> </u>	
g					ipported organization(T	
	(1) N	Name of sup organizatio		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		rganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	ı								
For P	aperv	work Reduc or 990-EZ.	ction Act No	otice, see the I	nstructions for	Cat. No. 112	85F	Schedule	A (Form 990) 2022
					Pa	ge 2 ———			
	dule A	(Form 990)		e for Organiz	rations Described		170(b)(1)(A)	(iv) and 170(b)(Page 2 1)(A)(vi)
- 01									alify under Part III.

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

	,	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	8,266,917	10,504,589	15,592,465	10,412,735	13,040,969	57,817,675
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						
4	the organization without charge Total. Add lines 1 through 3	8,266,917	10,504,589	15,592,465	10,412,735	13,040,969	57,817,675
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						11,876,185
6	(f) Public support. Subtract line 5						45,941,490
_	from line 4. Section B. Total Support						43,941,430
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(o	r fiscal year beginning in) Amounts from line 4.	8,266,917	10,504,589	15,592,465	10,412,735	13,040,969	57,817,675
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	362,924	313,597		76,303	586,020	
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	or loss from the sale of capital assets (Explain in Part VI.).	3,411	11,190	3,491	327,978	39,787	385,857
11	Total support. Add lines 7 through 10						59,613,410
12		•	•			12	9,068,239
13		=					iization, check
	this box and stop here			<u> </u>			
14	Public support percentage for 2022 (lir	ne 6, column (f) d	livided by line 11,	column (f))		14	77.070 %
15						15	73.830 %
16a	a 33 1/3% support test—2022. If the						box ▶ <mark>✓</mark>
b	and stop here. The organization quali 33 1/3% support test—2021. If the	' '	11				
17a	box and stop here. The organization a 10%-facts-and-circumstances test and if the organization meets the "fact	-2022. If the or	olicly supported or	annization			►
b		s-and-circumstan		check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
0		est. The organiza	ices" test, check the tion qualifies as a organization did no	check a box on line box and stop how publicly supported to theck a box on line.	ne 13, 16a, or 16b nere. Explain in Pa I organization ine 13, 16a, 16b, e	, and line 14 is 10 rt VI how the orga	% or more, anization ► □ 5 is 10% or
0	10%-facts-and-circumstances tes more, and if the organization meets t meets the "facts-and-circumstances"	est. The organiza st— 2021. If the of the "facts-and-circ test. The organiza	ices" test, check the tion qualifies as a organization did no cumstances" test, ation qualifies as a	check a box on linis box and stop he publicly supported to check a box on locheck this box and a publicly supported to the check this box and a publicly supported to the check this box and a publicly supported to the check this box and a publicly supported the check this box and the check the check this box and the check	ne 13, 16a, or 16b nere. Explain in Pa I organization . ine 13, 16a, 16b, i stop here. Expla d organization	, and line 14 is 10 rt VI how the orga	% or more, anization ▶ □ 5 is 10% or the organization
18	notes the "facts-and-circumstances tes more, and if the organization meets to meets the "facts-and-circumstances" Private foundation. If the organization	est. The organiza st—2021. If the o he "facts-and-circ test. The organiza on did not check a	ices" test, check the tion qualifies as a briganization did no cumstances" test, ation qualifies as a box on line 13, 1	check a box on linis box and stop had been been been been been been been bee	ne 13, 16a, or 16b nere. Explain in Pa I organization ine 13, 16a, 16b, of i stop here. Explad d organization 17b, check this box	, and line 14 is 10 rt VI how the organization of 17a, and line 19 in Part VI how to and see	% or more, anization ▶ □ 5 is 10% or the organization ▶ □
_	nore, and if the organization meets to meets the "facts-and-circumstances"	est. The organiza st—2021. If the o he "facts-and-circ test. The organiza on did not check a	ices" test, check the tion qualifies as a briganization did no cumstances" test, ation qualifies as a box on line 13, 1	check a box on linis box and stop had been been been been been been been bee	ne 13, 16a, or 16b nere. Explain in Pa I organization ine 13, 16a, 16b, of i stop here. Explad d organization 17b, check this box	, and line 14 is 10 rt VI how the organization of 17a, and line 1 in Part VI how a and see	% or more, anization ▶ □ 5 is 10% or the organization ▶ □
_	notes the "facts-and-circumstances tes more, and if the organization meets to meets the "facts-and-circumstances" Private foundation. If the organization	est. The organiza st—2021. If the o he "facts-and-circ test. The organiza on did not check a	ices" test, check the tion qualifies as a proganization did no cumstances" test, ation qualifies as a box on line 13, 1	check a box on linis box and stop he publicly supported to check a box on licheck this box and publicly supported a publicly supported a, 16b, 17a, or 1	ne 13, 16a, or 16b nere. Explain in Pa I organization ine 13, 16a, 16b, of i stop here. Explad d organization 17b, check this box	, and line 14 is 10 rt VI how the organization of 17a, and line 1 in Part VI how a and see	% or more, anization ▶ □ 5 is 10% or the organization ▶ □
_	notes the "facts-and-circumstances tes more, and if the organization meets to meets the "facts-and-circumstances" Private foundation. If the organization	est. The organiza st—2021. If the o he "facts-and-circ test. The organiza on did not check a	ices" test, check the tion qualifies as a briganization did no cumstances" test, ation qualifies as a box on line 13, 1	check a box on linis box and stop he publicly supported to check a box on licheck this box and publicly supported a publicly supported a, 16b, 17a, or 1	ne 13, 16a, or 16b nere. Explain in Pa I organization ine 13, 16a, 16b, of i stop here. Explad d organization 17b, check this box	, and line 14 is 10 rt VI how the organization of 17a, and line 1 in Part VI how a and see	% or more, anization ▶ □ 5 is 10% or the organization ▶ □
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18	nedule A (Form 990) 2022	est. The organiza st—2021. If the o he "facts-and-circ test. The organiza on did not check a	ices" test, check the tion qualifies as a proganization did no cumstances" test, ation qualifies as a box on line 13, 1	check a box on linis box and stop he publicly supported to check a box on licheck this box and publicly supported for 16a, 16b, 17a, or 1	ne 13, 16a, or 16b nere. Explain in Pa d organization ine 13, 16a, 16b, of stop here. Explaid d organization 17b, check this box	, and line 14 is 10 rt VI how the organization of 17a, and line 1 in Part VI how a and see	% or more, anization ▶ □ 5 is 10% or the organization ▶ □
18 Sch	needule A (Form 990) 2022 Part III Support Schedule for (Complete only if you the organization fails)	est. The organiza t—2021. If the o he "facts-and-circ test. The organiza on did not check a	cices" test, check the tion qualifies as a proganization did no cumstances" test, ation qualifies as a box on line 13, 1	check a box on line is box and stop he publicly supported to check a box on licheck this box and a publicly supported for a factor of the check this box and publicly supported for a factor of the check this box and a publicly supported for a factor of the check this box and a publicly supported for a factor of the check this box and support of the check this box and a factor of the check this box and a	ne 13, 16a, or 16b nere. Explain in Pa d organization ine 13, 16a, 16b, of stop here. Explaid d organization	, and line 14 is 10 rt VI how the organization of 17a, and line 1 line in Part VI how and see Schedule A (I	% or more, anization ▶ □ 5 is 10% or the organization ▶ □ Form 990) 2022
18 Sch	needule A (Form 990) 2022 Part III Support Schedule for (Complete only if you the organization fails Section A. Public Support	est. The organiza t—2021. If the o he "facts-and-circ test. The organiza on did not check a	rices" test, check the tion qualifies as a proganization did no cumstances" test, ation qualifies as a box on line 13, 1	check a box on line is box and stop he publicly supported to check a box on licheck this box and a publicly supported for 16a, 16b, 17a, or 10 to 16a,	ne 13, 16a, or 16b nere. Explain in Pa d organization ine 13, 16a, 16b, or	, and line 14 is 10 rt VI how the organization of 17a, and line 1 line in Part VI how and see Schedule A (I	% or more, anization ▶ □ 5 is 10% or the organization ▶ □ Form 990) 2022
Sch	needule A (Form 990) 2022 Part III Support Schedule for (Complete only if you the organization fails) Section A. Public Support Gifts, grants, contributions, and	est. The organiza t—2021. If the o he "facts-and-circ test. The organiza on did not check a	cices" test, check the tion qualifies as a proganization did no cumstances" test, ation qualifies as a box on line 13, 1	check a box on line is box and stop he publicly supported to check a box on licheck this box and a publicly supported for a factor of the check this box and publicly supported for a factor of the check this box and a publicly supported for a factor of the check this box and a publicly supported for a factor of the check this box and support of the check this box and a factor of the check this box and a	ne 13, 16a, or 16b nere. Explain in Pa d organization ine 13, 16a, 16b, of stop here. Explaid d organization	, and line 14 is 10 rt VI how the organization of 17a, and line 1 line in Part VI how and see Schedule A (I	% or more, anization ▶ □ 5 is 10% or the organization ▶ □ Form 990) 2022
Sch	needs the "facts-and-circumstances tesmore, and if the organization meets to meets the "facts-and-circumstances" Private foundation. If the organization instructions	est. The organiza t—2021. If the o he "facts-and-circ test. The organiza on did not check a	rices" test, check the tion qualifies as a proganization did no cumstances" test, ation qualifies as a box on line 13, 1	check a box on line is box and stop he publicly supported to check a box on licheck this box and a publicly supported for 16a, 16b, 17a, or 10 to 16a,	ne 13, 16a, or 16b nere. Explain in Pa d organization ine 13, 16a, 16b, or	, and line 14 is 10 rt VI how the organization of the organization	% or more, enization
Sch	nedule A (Form 990) 2022 Part III Support Schedule for (Complete only if you the organization fails Gection A. Public Support Jiendar year riscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). Gross receipts from admissions, merchandise sold or services	est. The organiza t—2021. If the o he "facts-and-circ test. The organiza on did not check a	rices" test, check the tion qualifies as a proganization did no cumstances" test, ation qualifies as a box on line 13, 1	check a box on line is box and stop he publicly supported to check a box on licheck this box and a publicly supported for 16a, 16b, 17a, or 10 to 16a,	ne 13, 16a, or 16b nere. Explain in Pa d organization ine 13, 16a, 16b, or	, and line 14 is 10 rt VI how the organization of the organization	% or more, enization
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Sch Sch Ca (on 1	needule A (Form 990) 2022 Part III Support Schedule for (Complete only if you the organization fails Section A. Public Support Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 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	est. The organiza t—2021. If the o he "facts-and-circ test. The organiza on did not check a or Organizatio checked the bo to qualify under	rices" test, check the tion qualifies as a proganization did no cumstances" test, ation qualifies as a box on line 13, 1	check a box on line is box and stop he publicly supported to check a box on licheck this box and a publicly supported for 16a, 16b, 17a, or 10	ne 13, 16a, or 16b nere. Explain in Pa d organization ine 13, 16a, 16b, or	, and line 14 is 10 rt VI how the organization of the organization	% or more, enization
Sch	needule A (Form 990) 2022 Part III Support Schedule for (Complete only if you the organization fails) Section A. Public Support Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 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	est. The organiza t—2021. If the o he "facts-and-circ test. The organiza on did not check a or Organizatio checked the bo to qualify under	rices" test, check the tion qualifies as a proganization did no cumstances" test, ation qualifies as a box on line 13, 1	check a box on line is box and stop he publicly supported to check a box on licheck this box and a publicly supported for 16a, 16b, 17a, or 10	ne 13, 16a, or 16b nere. Explain in Pa d organization ine 13, 16a, 16b, or	, and line 14 is 10 rt VI how the organization of the organization	% or more, enization

10/19/	24, 4:00 PM	Center For	Constitutional Rig	ghts Inc - Full Fili	ng- Nonprofit Explor	er - ProPublica			
4	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								
b	3 received from disqualified persons 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.								
	Add lines 7a and 7b Public support. (Subtract line 7c			1			-		
8	from line 6.)								
Se	ction B. Total Support								
	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
(or)	fiscal year beginning in) 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 11	Add lines 10a and 10b. Net income from unrelated business								
	activities not included on 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 VI.)								
13	Total support. (Add lines 9, 10c,								
14	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first, second, thir	<u> </u>	tax vear as a secti	l ion 501(c)(3) or	ganizat	tion, ch	neck
	this box and stop here	_			-		-		_
Se	ction C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2022 (lin					15			
	Public support percentage from 2021 S	Schedule A. Part I	III line 15			16			
16									
Se	ction D. Computation of Invest	ment Income	Percentage		(f))	14-1			
Se 17	ection D. Computation of Invest Investment income percentage for 20	ment Income 22 (line 10c, colu	Percentage mn (f) divided by	line 13, column		17			
Se 17 18	Investment income percentage for 20 Investment income percentage from 2	ment Income 22 (line 10c, colu 2021 Schedule A,	Percentage mn (f) divided by Part III, line 17 .	line 13, column		18	ne 17	is not	
Se 17 18	Investment income percentage for 20 Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2022. If the	ment Income 22 (line 10c, colu 2021 Schedule A, organization did	Percentage mn (f) divided by Part III, line 17 . not check the box	line 13, column	line 15 is more than	18 n 33 1/3%, and li			
Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2	ment Income 22 (line 10c, colu 2021 Schedule A, organization did id 3 stop here. The	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual	/ line 13, column	line 15 is more than	18 ation	1	▶ □	18 is
Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	ment Income 22 (line 10c, colu 2021 Schedule A, organization did d stop here. The e organization did	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box	v line 13, column	line 15 is more than y supported organize 19a, and line 16 is	18 and 33 1/3%, and listation	1 /3% an	► □ nd line	18 is
Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	ment Income 22 (line 10c, colu 2021 Schedule A, organization did d stop here. The e organization did a and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qua not check a box The organization	r line 13, column c on line 14, and lifies as a publich on line 14 or line qualifies as a pu	line 15 is more than y supported organize 19a, and line 16 is blicly supported org	18 and 33 1/3%, and listation	 /3% ar 	nd line	
17 18 19a	Investment income percentage for 20 Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ment Income 22 (line 10c, colu 2021 Schedule A, organization did d stop here. The e organization did a and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qua not check a box The organization	r line 13, column c on line 14, and lifies as a publich on line 14 or line qualifies as a pu	line 15 is more than y supported organize 19a, and line 16 is blicly supported org	18 and 33 1/3%, and list ation	 /3% ar 	nd line	
17 18 19a	Investment income percentage for 20 Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ment Income 22 (line 10c, colu 2021 Schedule A, organization did d stop here. The e organization did a and stop here.	Percentage Imn (f) divided by Part III, line 17. Inot check the box organization qual Inot check a box The organization a box on line 14,	v line 13, column	line 15 is more than y supported organize 19a, and line 16 is blicly supported org	18 and 33 1/3%, and listation	 /3% ar 	nd line	
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Se 17 18 19a b	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organizati	ment Income 22 (line 10c, colu 2021 Schedule A, organization did d stop here. The e organization did a and stop here.	Percentage Imn (f) divided by Part III, line 17. Inot check the box organization qual Inot check a box The organization a box on line 14,	v line 13, column	line 15 is more than y supported organize 19a, and line 16 is blicly supported org	18 and 33 1/3%, and listation	 /3% ar 	nd line	
See 17 18 19a b 20	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization of the A (Form 990) 2022	ment Income 22 (line 10c, colu 2021 Schedule A, organization did d stop here. The e organization did x and stop here. on did not check	Percentage Imn (f) divided by Part III, line 17. Inot check the box organization qual Inot check a box The organization a box on line 14,	v line 13, column	line 15 is more than y supported organize 19a, and line 16 is blicly supported org	18 and 33 1/3%, and listation	 /3% ar 	od line	
See 17 18 19a b 20	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 TIV Supporting Organization	ment Income 22 (line 10c, colu 2021 Schedule A, organization did d stop here. The e organization did and stop here. on did not check	Percentage Imn (f) divided by Part III, line 17 . Inot check the box organization qual Inot check a box The organization a box on line 14, Page 4	viline 13, column	line 15 is more than y supported organize 19a, and line 16 is blicly supported org ck this box and see	18 n 33 1/3%, and listing in the state of th		nd line	2022 rage 4
See 17 18 19a b 20	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se	ment Income 22 (line 10c, colu 2021 Schedule A, organization did d stop here. The e organization did a and stop here. on did not check a a box on line 12 cections A and C. If	Percentage Imn (f) divided by Part III, line 17 . Inot check the box organization qual Inot check a box The organization a box on line 14, Page 4	viline 13, column vi on line 14, and lifies as a publich on line 14 or line qualifies as a pu 19a, or 19b, che	line 15 is more than y supported organize 19a, and line 16 is blicly supported org ck this box and see	18 n 33 1/3%, and listation		per	2022 rage 4 ked
See 17 18 19a b 20 Schee Par	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section	ment Income 22 (line 10c, colu 2021 Schedule A, organization did d stop here. The e organization did a and stop here. on did not check a abox on line 12 cections A and C. If ins A and D, and co	Percentage Imn (f) divided by Part III, line 17 . Inot check the box organization qual Inot check a box The organization a box on line 14, Page 4	viline 13, column vi on line 14, and lifies as a publich on line 14 or line qualifies as a pu 19a, or 19b, che	line 15 is more than y supported organize 19a, and line 16 is blicly supported org ck this box and see	18 n 33 1/3%, and listation		per	2022 rage 4 ked
See 17 18 19a b 20 Schee Par	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se	ment Income 22 (line 10c, colu 2021 Schedule A, organization did d stop here. The e organization did a and stop here. on did not check a abox on line 12 cections A and C. If ins A and D, and co	Percentage Imn (f) divided by Part III, line 17 . Inot check the box organization qual Inot check a box The organization a box on line 14, Page 4	viline 13, column vi on line 14, and lifies as a publich on line 14 or line qualifies as a pu 19a, or 19b, che	line 15 is more than y supported organize 19a, and line 16 is blicly supported org ck this box and see	18 n 33 1/3%, and listation		pd line	2022 age 4 ked x
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Section C. Type II Supporting Organizations

Yes

No

0/19/2	24, 4:00 PM Center For Constitutional Rights Inc - Full	Filing-	Nonprofit Explorer - ProPublica	а		
1	were a majority or the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed t	v contr	ol or management of the	1	_	_
Se	ction D. All Type III Supporting Organizations					
					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of					
	tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of			е		
	documents in effect on the date of notification, to the extent not previously provided?			1	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el					
	organization(s) or (ii) serving on the governing body of a supported organization? If " organization maintained a close and continuous working relationship with the support					
_		-	. ,	2	 	_
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported the	tion's	ncome or assets at all times	3	₩	
Sa	ction E. Type III Functionally-Integrated Supporting Organizations					
<u> </u>	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruc	tions):		
a	The organization satisfied the Activities Test. Complete line 2 below.		t daming the year (OCC monde			
b	The organization is the parent of each of its supported organizations. Complete	line	3 helow			
_						
С	The organization supported a governmental entity. Describe in Part VI how you	ou sup	oorted a government entity (se	e instru	ctions)	
!	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further					
	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp					
	responsive to those supported organizations, and how the organization determined th				+	+
h	substantially all of its activities. Did the activities described on line 2a, above constitute activities that, but for the org	anizati	on's involvement, one or more	2a	-	╁
D	of the organization's supported organization(s) would have been engaged in? If "Yes,"	" expla	in in Part VI the reasons for			
	the organization's position that its supported organization(s) would have engaged in torganization's involvement.	hese a	ctivities but for the	<u> </u>	<u> </u>	<u> </u>
	-			2b	_	-
_	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or clost a majority of the off	icoro	linactors or twictors of oach of	- 3-	+	-
а	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI.	icers, i	infectors, or trustees of each of	f 3a		
b	Did the organization exercise a substantial degree of direction over the policies, progr					
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations	ation i	this regard.	3b		
			Schedule A	A (Forr	n 990)	202
	Page 6 ————					
	dule A (Form 990) 2022					Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.				e:e	
	Section A - Adjusted Net Income	10113	(A) Prior Year		rent Yea	ar
	•	1 -		(opti	ional)	
1	Net short-term capital gain Percursion of prior year distributions	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea ional)	ar
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short	_				
	tax year or assets held for part of year):	1				
	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				

1d

d Total (add lines 1a, 1b, and 1c)

	•	_	· ·	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1		Current Year
1 2		1 2		Current Year
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4		Current Year

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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Section D - Distributions			Current Year	
1 Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2 Amounts paid to perform activity that directly furthers exe excess of income from activity	mpt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets		,	4	
5 Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)		5	
6 Other distributions (<i>describe in Part VI</i>). See instructions		- 1	6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which details in Part VI). See instructions	the organization is respons	ive (<i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Costion E. Distribution Allocations	(1)	(ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
a Applied to underdistributions of prior years			

Schedule A (Form 990) (2022)

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Schedule A (Form 990) 2022

e Excess from 2022.

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

Facts And Circumstances Test

Part II Section B Line 10 - OTHER INCOME IS USED TO COVER THE COST OF PROGRAM AND SUPPORTING SERVICES SEE BELOW FOR DETAILS

Return Reference	Explanation
Part II Section B Line 10	- SPEAKER FEES OF 1,100 IN 2018, 750 IN 2019 AND 825 IN 2020 FOR TOTAL OF 2,675.
Part II Section B Line 10	- PUBLICATIONS OF 152 IN 2018, 73 IN 2019, 1,965 IN 2020, 3,426 IN 2021 AND 21,129 IN 2022 FOR TOTAL OF 26,745.
Part II Section B Line 10	- OTHER INCOME OF 2,159 IN 2018, 10,367 IN 2019, 701 IN 2020, 23,552 IN 2021 AND 18,658 IN 2022 FOR TOTAL OF 55,437.
Part II Section B Line 10	- IN ADDITION, THE ORGANIZATION RECEIVED INSURANCE PROCEEDS OF 300,000 IN 2021 AS REIMBURSEMENT FOR A LEGAL AWARD SETTLEMENT AND HONORARIUM OF 1,000 IN 2021.

Schedule A (Form 990) 2022

Additional Data

Return to Form

Software ID: 22015461 **Software Version:** 22.0.1.0

efile Public Visual Rende	or ObjectId: 202410619349300066 - Submission: 2024-03-0)1	TIN: 22-6082880
Schedule B	Schedule of Contributor	rs	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-F Go to <u>www.irs.gov/Form990</u> for the latest in		2022
Name of the organization CENTER FOR CONSTITUTION	NAL RIGHTS		r identification number
Organization type (check	cone):	22-60828	380
Filers of:	Section:		
Form 990 or 990-EZ	☐ 501(c)() (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 pr	rivate foundation	
	☐ 501(c)(3) taxable private foundation		
under sections 50: received from any 990, Part VIII, line For an organizatio during the year, to purposes, or for the For an organizatio during the year, could this box is check purpose. Don't conreligious, charitable Caution: An organization 990-EZ, or 990-PF), but it	n described in section 501(c)(3) filing Form 990 or 990-EZ that 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 one contributor, during the year, total contributions of the great 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. In described in section 501(c)(7), (8), or (10) filing Form 990 or tal contributions of more than \$1,000 exclusively for religious, e prevention of cruelty to children or animals. Complete Parts on described in section 501(c)(7), (8), or (10) filing Form 990 or the contributions exclusively for religious, charitable, etc., purposes, ted, enter here the total contributions that were received during mplete any of the parts unless the General Rule applies to this e, etc., contributions totaling \$5,000 or more during the year. Ithat isn't covered by the General Rule and/or the Special Rule must answer "No" on Part IV, line 2, of its Form 990; or check I, line 2, to certify that it doesn't meet the filing requirements of the second se	90 or 990-EZ), Part II, line atter of (1) \$5,000 or (2) 2% or 990-EZ that received from charitable, scientific, literary I, II, and III. r 990-EZ that received from but no such contributions to get the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusively sorganization because it received from the year for an exclusive from the year for an e	13, 16a, or 16b, and that of the amount on (i) Form any one contributor, y, or educational any one contributor, totaled more than \$1,000. y religious, charitable, etc. eccived nonexclusively \$
990-EZ, or 990-PF).		,	Schedule B (Form 990) (2022)
for Form 990, 990-EZ, or 990-			2 (. 2 300) (2022)
	Page 2		
Schedule B (Form 990) (2	(022)	Page 2	

Name of organization

Employer identification number

CTIMITY LOW COMPLITION TOWAR VIOLITY

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ce is needed.	_
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
TEOTHIOTEE			Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		Φ.	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
	-		Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		Φ.	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3		
Schedule B	(Form 990) (2022)		Page 3
Name of org	anization	Employer identification	
	CONSTITUTIONAL RIGHTS	22-6082880	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(0)	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-				
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
Sahadula	P (Form 000) (2022)	Page 4 ————		Schedule B (Form 990) (2022)
Name of or	B (Form 990) (2022) ganization OR CONSTITUTIONAL RIGHTS			Page 4
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) e total of exclusively religious, etructions.)	through (e) and the followir	ng line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor t	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor t	o transferee
(a)	(h) Purnose of gift	(c) Use of nift	(d) Descri	ntion of how gift is held

0/19/24, 4:00 PN		Constitutional Rights Inc - Full Filing- N	
Part I	(8) 1 416000 01 8111	(0, 000 0. g	(a) Dood phon or non girt to note
_			_
. 			_
	Transferee's name, address, and ZIF	(e) Transfer of gift 24 Relatio	onship 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 ZIF	7.4 Relatio	onship of transferor to transferee
I			Schedule B (Form 990) (202
			201104416 D (1 01111 000) (201

Software ID: 22015461 Software Version: 22.0.1.0

Additional Data

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ObjectId: 202410619349300066 - Submission: 2024-03-01 **Political Campaign and Lobbying Activities**

TIN: 22-6082880

OMB No. 1545-0047

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

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

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

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

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

	of the organization R FOR CONSTITUTIONAL RIGH	its		E	mployer ident	ification nun	nber
				22	2-6082880		
art I-	-A Complete if the	organization is exem	pt under section 501(c) o	or is a section	527 organiza	ation.	
	rovide a description of the political campaign activitie		indirect political campaign activit	ties in Part IV. See	instructions for	r definition of	
2 Po	olitical campaign activity	expenditures. See instruction	ons		▶ \$	i	
3 Vo	olunteer hours for politica	l campaign activities. See i	instructions			_	
Part I-	-B Complete if the	organization is exem	pt under section 501(c)(3).			
1 En	nter the amount of any ex	cise tax incurred by the or	ganization under section 4955		> \$	i	
2 En	nter the amount of any ex	ccise tax incurred by organ	ization managers under section	4955		i	
3 If	the organization incurred	l a section 4955 tax, did it	file Form 4720 for this year?			☐ Yes	☐ No
4a Wa	as a correction made?					Yes	
b If	"Yes," describe in Part IV	,				∪ Yes	∪ No
Part I-			pt under section 501(c),	except section	501(c)(3).		
		_	nization for section 527 exempt	•	. , , ,		
2 En	nter the amount of the fili	ng organization's funds co	ntributed to other organizations	for section 527 ex	empt	i	
					-		
3 To	otal exempt function expe	nditures. Add lines 1 and 2	2. Enter here and on Form 1120-	POL, line 17b	b \$	i	
4 Di	id the filing organization f	ile Form 1120-POL for th	is year?	•••••		Yes	□ No
4 Di 5 En or of	id the filing organization f nter the names, addresse rganization made paymen f political contributions re	file Form 1120-POL for the sand employer identification its. For each organization liceived that were promptly		27 political organiz m the filing organiz rate political organ	zations to which	Yes the filing Also enter the	amount
4 Di 5 En or of	id the filing organization f nter the names, addresse rganization made paymen f political contributions re- ind or a political action co	file Form 1120-POL for the sand employer identification its. For each organization liceived that were promptly	on number (EIN) of all section 5 sted, enter the amount paid from and directly delivered to a separ	27 political organiz m the filing organizate political organ mation in Part IV.	zations to which	Yes n the filing Also enter the sa separate se	amount egregated ount of ntributions d promptly delivered te politica n. If none
5 En or of fu (a) Nan	id the filing organization f nter the names, addresse rganization made paymen f political contributions re- ind or a political action co	file Form 1120-POL for the sand employer identification its. For each organization liceived that were promptly mmittee (PAC). If additional	on number (EIN) of all section 5 isted, enter the amount paid from and directly delivered to a separ al space is needed, provide infor	27 political organiz m the filing organizate political organ mation in Part IV.	zations to which zation's funds. A ization, such as nount paid from organization's	Yes The filing Also enter the sa separate se (e) Am political conreceived an and directly to a separate organizatio	amount egregated ount of ntributions d promptly delivered te politica n. If none
4 Di 5 En or of fu (a) Nan	id the filing organization f nter the names, addresse rganization made paymen f political contributions re- ind or a political action co	file Form 1120-POL for the sand employer identification its. For each organization liceived that were promptly mmittee (PAC). If additional	on number (EIN) of all section 5 isted, enter the amount paid from and directly delivered to a separ al space is needed, provide infor	27 political organiz m the filing organizate political organ mation in Part IV.	zations to which zation's funds. A ization, such as nount paid from organization's	Yes The filing Also enter the sa separate se (e) Am political conreceived an and directly to a separate organizatio	amount egregated ount of ntributions d promptly delivered te politica n. If none
4 Di 5 En or of fu (a) Nan	id the filing organization f nter the names, addresse rganization made paymen f political contributions re- ind or a political action co	file Form 1120-POL for the sand employer identification its. For each organization liceived that were promptly mmittee (PAC). If additional	on number (EIN) of all section 5 isted, enter the amount paid from and directly delivered to a separ al space is needed, provide infor	27 political organiz m the filing organizate political organ mation in Part IV.	zations to which zation's funds. A ization, such as nount paid from organization's	Yes The filing Also enter the sa separate se (e) Am political conreceived an and directly to a separate organizatio	amount egregated ount of ntributions d promptly delivered te politica n. If none
5 En or of ful	id the filing organization f nter the names, addresse rganization made paymen f political contributions re- ind or a political action co	file Form 1120-POL for the sand employer identification its. For each organization liceived that were promptly mmittee (PAC). If additional	on number (EIN) of all section 5 isted, enter the amount paid from and directly delivered to a separ al space is needed, provide infor	27 political organiz m the filing organizate political organ mation in Part IV.	zations to which zation's funds. A ization, such as nount paid from organization's	Yes The filing Also enter the sa separate se (e) Am political conreceived an and directly to a separate organizatio	amount egregated ount of ntributions d promptly delivered te politica n. If none
4 Di 5 En or of fu	id the filing organization f nter the names, addresse rganization made paymen f political contributions re- ind or a political action co	file Form 1120-POL for the sand employer identification its. For each organization liceived that were promptly mmittee (PAC). If additional	on number (EIN) of all section 5 isted, enter the amount paid from and directly delivered to a separ al space is needed, provide infor	27 political organiz m the filing organizate political organ mation in Part IV.	zations to which zation's funds. A ization, such as nount paid from organization's	Yes The filing Also enter the sa separate se (e) Am political conreceived an and directly to a separate organizatio	amount egregated ount of ntributions d promptly delivered te politica n. If none

Schedule C (Form 990) 2022 Page 2

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under

Part II-A

0,	o,,	Section Sorting.						
A	Check	lacksquare if the filing organization belongs to an	_		n Part IV each aff	iliated group m	ember's name	, address, EIN,
В	Check	expenses, and share of excess lobbying if the filing organization checked box is	•	•	visions apply.			
_	CHECK				учина арргуг		(a) Filing	(b) Affiliated group
		Limits on Lobbying (The term "expenditures" means			red.)	org	ganization's totals	totals
	Total lo	obbying expenditures to influence public opinion	on (grace re	note Johnving)			4,190	1
b		obbying expenditures to influence a legislative		, ,,			764	
c	Total lo	obbying expenditures (add lines 1a and 1b)					4,954	į
d	Other	exempt purpose expenditures					10,862,126	j
е		exempt purpose expenditures (add lines 1c and	,				10,867,080	1
f	Lobbyi columr	ng nontaxable amount. Enter the amount fron	m the follow	ing table in bo	th		693,354	ļ
			The lobby	ying nontaxal	ole amount is:			
	Not ove	er \$500,000	20% of the	amount on line 1	e.			
	Over \$5	500,000 but not over \$1,000,000	\$100,000 pl	lus 15% of the ex	cess over \$500,000.			
	Over \$1	1,000,000 but not over \$1,500,000	\$175,000 pl	lus 10% of the ex	cess over \$1,000,00	0.		
	Over \$1	1,500,000 but not over \$17,000,000	\$225,000 pl	lus 5% of the exc	ess over \$1,500,000			
	Over \$1	17,000,000	\$1,000,000					
	•		6)				172 220	J
g		oots nontaxable amount (enter 25% of line 1f ct line 1g from line 1a. If zero or less, enter -	•				173,339	1
ï		ct line 1f from line 1c. If zero or less, enter -0						†
j		e is an amount other than zero on either line				4720 reporting		☐ Yes ☐ No
	section	1 4911 tax for this year?						∪ Yes ∪ No
		columns below. See t					2 11. <i>)</i>	
		Calendar year (or fiscal year beginning in)		(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a	Lobby	ring nontaxable amount		618,108	576,112	665,014	693,	354 2,552,588
b	Lobby (150%	ring ceiling amount 6 of line 2a, column(e))						3,828,882
С	Total	lobbying expenditures		6,098	5,627	4,623	4,	954 21,302
d	Grass	roots nontaxable amount		154,527	144,028	166,254	173,	339 638,148
е 		roots ceiling amount % of line 2d, column (e))						957,222
f	Grass	roots lobbying expenditures		3,548	864	801		190 9,403 C (Form 990) 2022
				– Pago 3 –				- (. c
				– Page 3 –				
Sch	odulo C	(Form 990) 2022						
	art II-		exempt u	ınder sectio	n 501(c)(3) a	nd has NOT	filed	Page 3
		Form 5768 (election under sect			50=(6)(5) u			
For	each "Y	es" response on lines 1a through 1i below, pro	ovide in Par	t IV a detailed	description of the	lobbying	(a)	(b)
acti	ivity.						Yes N	o Amount
1		ng the year, did the filing organization attempt ding any attempt to influence public opinion o						
а	Volur	nteers?						
b	Paid	staff or management (include compensation in	n expenses	reported on lin	es 1c through 1i)	?		
c		a advertisements?						
d		ngs to members, legislators, or the public?						
е	. PUDII	cations, or nublished or broadcast statements	vr			=		•

0/19/	24, 4:00 PM	Center For Constitutional Rights Inc - Full Filing- Nonprofit Explorer	- ProPu	blica		
f	, ·	obbying purposes?				
g	Direct contact with legislators, the	ir staffs, government officials, or a legislative body?				
h		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 th	e organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any t	ax incurred under section 4912				
C	If "Yes," enter the amount of any t	ax incurred by organization managers under section 4912				
d	If the filing organization incurred a	a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the org 501(c)(6).	panization is exempt under section $501(c)(4)$, section $501(c)$	(5), o	r sectio	n	
				_	Ye	s No
1	, ,	re) dues received nondeductible by members?		1		
2	,	house lobbying expenditures of \$2,000 or less?			2	_
3		y over lobbying and political expenditures from the prior year? ganization is exempt under section 501(c)(4), section 501(c)			3	
1 2	Section 162(e) nondeductible lobb	ounts from membersying and political expenditures (do not include amounts of political	1			
2	expenses for which the section	ying and political expenditures (do not include amounts of political section 527(f) tax was paid).				
а			2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in sec	tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3			
4	the organization agree to carryove	nt on line 2c exceeds the amount on line 3, what portion of the excess does to the reasonable estimate of nondeductible lobbying and political	4			
5	,	plitical expenditures. See Instructions	5			-
Pa	art IV Supplemental Info	<u> </u>				
	vide the descriptions required for Pa	art I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); complete this part for any additional information.	Part II-	A, lines 1	and 2 (see
	Return Reference	Explanation				
		·	Sched	ule C (Fo	rm 99(0) 2022
						-,
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ObjectId: 202410619349300066 - Submission: 2024-03-01

TIN: 22-6082880

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form	Attach to Form 9	90.		rmatic	n.		n to Public
	ne of the organ	nization					oloyer iden		
CEN	TER FOR CONSTITU	ITIONAL RIGHTS				22-6	5082880		
Pa	rt I Organi	zations Maintaining Donor Advi	sed Funds or Ot	her	Similar Funds				
		te if the organization answered "Ye	s" on Form 990, F	Part	IV, line 6.				
			(a) Donor	adv	ised funds		(b) Funds a	and other	accounts
		end of year							
		of contributions to (during year)							
		of grants from (during year)							
4	Aggregate value	at end of year							
5 6	organization's p	ation inform all donors and donor adviso roperty, subject to the organization's ex ation inform all grantees, donors, and do	clusive legal control	?				_	Yes 🗌 No
•	charitable purpo	oses and not for the benefit of the donor	or donor advisor, or	for	any other purpose of			ssible	Yes 🗆 No
Par		rvation Easements. ete if the organization answered "Ye	s" on Form 990, F	Part	IV, line 7.				
1	Purpose(s) of co	onservation easements held by the organ	nization (check all th	nat a	pply).				
	Preservation	on of land for public use (e.g., recreation	n or education)		Preservation of an	histor	ically import	ant land	area
	Protection	of natural habitat			Preservation of a	certifie	d historic st	ructure	
	Preservation	on of open space							
2		2a through 2d if the organization held a	qualified conservation	on co	ontribution in the fo	rm of a	conservatio	on	
_		e last day of the tax year.	4						of the Year
а	Total number of	conservation easements				2a			
b	Total acreage re	stricted by conservation easements				2b			
c	Number of conse	ervation easements on a certified historic	c structure included	in (a	a)	2c			
d		ervation easements included in (c) acqui e listed in the National Register	red after July 25, 20	006,	and not on a	2d			
3	Number of constax year	servation easements modified, transferre	d, released, extingu	ishe	d, or terminated by	the or	ganization d	uring the	
4	Number of state	es where property subject to conservatio	n easement is locat	ed 🕨					
5		ization have a written policy regarding that of the conservation easements it holds				of viol		Yes	□ No
_	Staff and volunt	teer hours devoted to monitoring, inspec	ting handling of vic	latio	ns and enforcing o	onserv			
6	>	teer nours devoted to monitoring, inspec	cing, nanding or vic	nacio	ms, and emoreing e	OHSCI V	acion cascin	citts duin	ig the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violation	ns, a	nd enforcing conser	vation	easements	during the	e year
8		ervation easement reported on line 2(d) 0(h)(4)(B)(ii)?				70(h)(Yes	□ No
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the orga						
Par		zations Maintaining Collections te if the organization answered "Ye				er Si	milar Ass	ets.	
1a	If the organizat	ion elected, as permitted under FASB AS ures, or other similar assets held for publ ext of the footnote to its financial statem	C 958, not to report	in it	ts revenue statemen or research in furth				
b	historical treasu	ion elected, as permitted under FASB AS ires, or other similar assets held for publ nts relating to these items:							
(ded on Form 990, Part VIII, line 1					▶ \$		
		I in Form 990, Part X					'		
2	If the organizat	ion received or held works of art, historic nts required to be reported under FASB A	cal treasures, or oth	er si	milar assets for fina			the	
а	_	ed on Form 990, Part VIII, line 1	_				. ▶\$		
b		in Form 990, Part X · · · · · · · ·					· -		57,327

Cat. No. 52283D

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

Schedule D (Form 990) 2022

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Sche	dule D	(Form 990) 2022							Page 2
Parl	III	Organizations Maintaining Colle	ections of Art, H	istorical Tr	easure	es, or Other Sir	nilar Assets	(continued)	
3		the organization's acquisition, accession, (check all that apply):	and other records,	check any of	he follo	wing that are a sig	nificant use of i	ts collection	
a		Public exhibition		d		exchange progran	ns		
b		Scholarly research		e 🔽	Other	TO RAISE FUNDS			
С		Preservation for future generations							
4	Provid Part >	de a description of the organization's colle KIII.	ections and explain h	now they furth	er the o	rganization's exem	pt purpose in		
5		g the year, did the organization solicit or s to be sold to raise funds rather than to						res 🔽 I	No
Par	t IV	Escrow and Custodial Arrangen Complete if the organization answe line 21.		n 990, Part	IV, line	9, or reported a	n amount on	Form 990,	Part X,
1a		e organization an agent, trustee, custodia ded on Form 990, Part X?						res 🗆 I	No
b	If "Ye	es," explain the arrangement in Part XIII a	and complete the fol	lowing table:			Amoun	t	_
C	Begin	ining balance				1c			
d		ions during the year				_			_
e		butions during the year							
f	Endin	ng balance				. 1f			<u>—</u>
2a		ne organization include an amount on For		·				res 🔽 I	No
b		s," explain the arrangement in Part XIII.	Check here if the ex	planation has	been pr	ovided in Part XIII	🗆		
Pa	rt V	Endowment Funds. Complete if the organization answer	ered "Ves" on For	m QQN Dart	TV line	10			
		Complete if the organization answer	(a) Current year	(b) Prior yea			Three years back	(e) Four ye	ars back
1a	Beginn	ing of year balance	6,201,115	4,096		2,944,504	2,737,399		,678,565
b	Contrib	outions		3,100	,000				805,493
С	Net inv	estment earnings, gains, and losses	650,428	-994	,997	1,151,608	207,10	5	253,341
d	Grants	or scholarships							
		expenditures for facilities ograms							
f	Admini	strative expenses							
g	End of	year balance	6,851,543	6,201	,115	4,096,112	2,944,504	4 2	2,737,399
2 a		de the estimated percentage of the currer designated or quasi-endowment	nt year end balance	(line 1g, colur	nn (a))	held as:			
b	Perma	anent endowment > 31.000 %							
c	Term	endowment ► 22.000 %							
·		percentages on lines 2a, 2b, and 2c should	d equal 100%.						
За		nere endowment funds not in the possess nization by:	ion of the organizati	on that are he	eld and a	administered for th	е	Yes	No
	-	nrelated organizations					П	3a(i)	No
		delated organizations					—	Ba(ii) Yes	
b		s" on 3a(ii), are the related organizations			·		🕇	3b Yes	
4	Descr	ribe in Part XIII the intended uses of the o	organization's endow	ment funds.			_		
Par	t VI	Land, Buildings, and Equipmen							
		Complete if the organization answer							
	Descri	ption of property (a) Cost or othe (investmen		or other basis (d	tner) ((c) Accumulated depr	eciation	(d) Book valu	ue
1a	Land								
b	Buildin	gs		8,38	2,542	2	,907,635		5,474,907
c	Leaseh	old improvements							
d	Equipm	nent		23	3,834		216,272		17,562
					2,049		22,049		
Γota	I. Add	lines 1a through 1e. (Column (d) must eq	jual Form 990, Part	X, column (B)	, line 10)(c).) >			5,492,469
							Schedule	D (Form 99	90) 2022

Schedule D (Form 990) 2022				Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Fo	rm 990. Part IV.	line 11b.See For	rm 990, Part	X, line 12.
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of t or end-of-yea	valuation:
(1) Financial derivatives				
(3) Other(A) Financial derivatives and other financial products				
(B) Closely-held equity interests (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Fo	rm 990. Part IV.	line 11c. See Fo	rm 990, Part	X, line 13.
(a) Description of investment		(b) Book value	(c) Me	ethod of valuation: d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on For	m 990, Part IV,	line 11d. See Fo	rm 990, Part	
(a) Description				(b) Book value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				•
Part X Other Liabilities.	· ·			
Complete if the organization answered 'Yes' on For 1. (a) Description of lia		line 11e or 11f.S	ee Form 990,	Part X, line 25. (b) Book value
(1) Federal income taxes	,			

•	Center For Constitutional Rights Inc - Full Filing- Nonprofit E	xplorer - ProPub	olica
ederai income taxes nnuity payment liability			309,403
egal awards payable			303,403
<u> </u>			_
otal. (Column (b) must equal Form 990, Part X, col.(B) line	25.)	•	309,403
Liability for uncertain tax positions. In Part XIII, p	provide the text of the footnote to the organization's financial	statements that	reports the
ganization's liability for uncertain tax positions unc	der FIN 48 (ASC 740). Check here if the text of the footnote h	nas been provide	ed in Part XIII 🔽
		Schedule D	(Form 990) 2022
	Page 4 —————		
chedule D (Form 990) 2022			Da
	Audited Financial Statements With Revenue per	r Poturn	Page 4
	wered 'Yes' on Form 990, Part IV, line 12a.	Ketuiii.	
	udited financial statements	1	14,848,424
Amounts included on line 1 but not on Form 9	90, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	14,848,424
Amounts included on Form 990, Part VIII, line	e 12, but not on line 1:		<u> </u>
a Investment expenses not included on Form 99	· ·		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
	equal Form 990, Part I, line 12.)	5	14,848,424
	r Audited Financial Statements With Expenses p	er Return.	
	wered 'Yes' on Form 990, Part IV, line 12a.		
Total expenses and losses per audited financia	al statements	1	12,468,239
Amounts included on line 1 but not on Form 9	90, Part IX, line 25:		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	12,468,239
Amounts included on Form 990, Part IX, line 2	25, but not on line 1:		
a Investment expenses not included on Form 99	90, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
Total expenses. Add lines 3 and 4c. (This mus	st equal Form 990, Part I, line 18.)	5	12,468,239
Part XIII Supplemental Information		1 1	-
Provide the descriptions required for Part II, lines 3	3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Fo complete this part to provide any additional information.	Part V, line 4; Pa	rt X, line 2; Part XI,
Return Reference	Explanation	n	
4	- TO PROVIDE LONG TERM SUPPORT FOR FUTURE OPER	RATIONS.	
2	- CCR ADOPTED FASB GUIDANCE ON UNCERTAIN INCO		
	STATEMENTS. CCR RECOGNIZES THE EFFECT OF TAX P LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMEN		
	TAX STATUS AS AN ORGANIZATION EXEMPT FROM INC		
		Schedule D	(Form 990) 2022

https://projects.propublica.org/nonprofits/organizations/226082880/202410619349300066/full

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TIN: 22-6082880

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service	ry Go to www.irs.gov/Form990 for the latest information.							
Name of the organization CENTER FOR CONSTITUT	IONAL RIGHTS					22-608288	lentification number	
Part I General I	Information on Gra	ants and Assistance				22-000200	0	
the selection criter	ia used to award the g	o substantiate the amount o rants or assistance?			for the grants or assistance	e, and	✓ Yes □ No	
		Domestic Organizations			ganization answered "Yes"	on Form 990, Part I	V, line 21, for any recipient	
that receive (a) Name and addre organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
	of other organizations	and government organization I listed in the line 1 table . ructions for Form 990.					Schedule I (Form 990) 2022	
Schedule I (Form 990) 20		Domestic Individuals. Co		answered "Yes" on Forr	n 990. Part IV. line 22.		Page 2	
Part III can	be duplicated if addition	onal space is needed.	1		1			
(a) Type of grant		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (b FMV, appraisal, other)		iption of noncash assistance	
(1) Legal fee awards / (1)	Settlement expenses	4	15,404					
(2)								
(3)		 						
(4)								
(5)								
(6)								
(7)								
	emental Informati	on. Provide the informat	ion required in Part I, li	ne 2; Part III, colum	n (b); and any other ad	ditional information	on.	
Return Reference	Explanat			, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part I Line 2						ETTLEMENTS BETW	IN COURT CASES. THE AMOUNTS EEN THE PARTIES TO THE ACTIO Chedule I (Form 990) 2022	

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10/19/24, 4:00 PM efile Public Visual Render ObjectId: 202410619349300066 - Submission: 2024-03-01 TIN: 22-6082880 Compensation Information OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization CENTER FOR CONSTITUTIONAL RIGHTS Employer identification number **Questions Regarding Compensation** Part I Yes No Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees

Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? . Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b No Participate in, or receive payment from, an equity-based compensation arrangement?. Nο 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: No Any related organization? . 5b No If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: No 6a Any related organization? 6b No If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 No Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe No If "Res" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

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Schedule J (Form 990) 2022 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII. Section A. line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		of W-2, 1099-MIS and/or 1099-NEC		(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 ERNEST V WARREN EXECUTIVE DIRECTOR	(i) (ii)	259,017			18,131	33,916	311,064	
2 DONITA JUDGE ASSOCIATE EXECUTIVE DIRECTOR	(i) (ii)	195,548			13,688	11,852	221,088	
3 GRACE LILE FORMER DIRECTOR OF OPERATIONS	(i) (ii)	97,724		83,812	12,707	33,489	227,732	
4 BAHER AZMY LEGAL DIRECTOR	(i) (ii)	211,759			14,823	11,852	238,434	

				J		r - ProPublic		
5 MARIA LAHOOD DEPUTY LEGAL DIRECTOR	(i)	158,456			11,092	33,331	202,879	
	(ii)						-	
6 THEDA JACKSON MAU DIRECTOR OF DEVELOPMENT	(i)	160,387			11,227	11,852	183,466	
	(ii)							
7 JEFFREY WEINRICH FINANCE DIRECTOR	(i)	152,886			10,702	11,801	175,389	
	(ii)							
8 NADIA BEN YOUSSEF ADVOCACY DIRECTOR	(i)	158,586			11,101	12,285	181,972	
	(ii)							
9 LAUREN GAZZOLA COMMUNICATIONS ASSOCIATE	(i)			148,500	10,395	8,163	167,058	
	(ii)							
10 KEN MONTENEGRO TECHNOLOGY DIRECTOR	(i)	138,960			9,727	20,479	169,166	
	(ii)							
11 AMY GREENSTEIN ASSOCIATE DIRECTOR OF DEVELOPMENT	(i)	138,751			9,713	2,206	150,670	
	(ii)						-	
	<u> </u>					s	chedule J (Fo	orm 990) 2022
		Pa	age 3 ————					

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference

Explanation

Part I Line 4a

- SEVERAL EMPLOYEES RECEIVED A SEVERANCE PAY AS REPORTED UNDER PART II COLUMN B III FOR OTHER REPORTABLE COMPENSATION.

Schedule J (Form 990) 2022

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TIN: 22-6082880

OMB No. 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

► Attach to Form 990.

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

Open to Public Inspection

Interna	Il Revenue Service						Inspe	ection	1
	e of the organization				Emplo	yer identif	ication n	umbei	r
CENT	ER FOR CONSTITUTIONAL RIGHTS				22 (00	2000			
					22-608	32880			
Pa	rt I Types of Property			T					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		Method contact	(d) If determinated determinated determined determine		:s
	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications				4				
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	Х	12	756,22	5 FAIR I	MARKET VAL	_UE		
10 11	Securities—Closely held stock . Securities—Partnership, LLC,								
	or trust interests								
	Securities—Miscellaneous				4				
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation								
15	contribution—Other Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory				+				
20	Drugs and medical supplies .								
21	Taxidermy				+				
22	Historical artifacts								
23	Scientific specimens				+				
24	Archeological artifacts								
25	Other ► ()				+				
26	Other ► ()								
27	Other ► ()				+				
28									
	Other ► () Number of Forms 8283 received by t	ho organiza	tion during the tay year for	contributions					
29	for which the organization completed	Form 8283	3, Part IV, Donee Acknowledg	gement	29				
								Yes	No
30a	During the year, did the organization hold for at least three years from the	e date of th	ne initial contribution, and wh				ust		
	purposes for the entire holding period	ou?				•	30a		No
b	If "Yes," describe the arrangement i	n Part II.					364		110
31	Does the organization have a gift ac	ceptance p	olicy that requires the reviev	v of any nonstandard contr	ibutions	;?	31	Yes	
32a	Does the organization hire or use the contributions?			olicit, process, or sell nonc	ash • •		32a	Yes	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an a describe in Part II.	amount in c	column (c) for a type of prop	erty for which column (a) i	s check	ed,			
For P	aperwork Reduction Act Notice, see the	Instruction	ns for Form 990.	Cat. No. 512273		Schedu	le M (Form	990)	(2022)
•			·	222.1101.022273			(. 5.11	, (,

Page 2

Page 2

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.

Return Reference	Explanation
Part I Line 9	- THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.
Part I Line 32b	- THE ORGANIZATION USES AN INVESTMENT FIRM TO SELL DONATED SECURITIES.

Schedule M (Form 990) (2022)

Additional Data

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SCHEDULE O (Form 990)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CENTER FOR CONSTITUTIONAL RIGHTS

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Employer identification number

22-6082880 Return **Explanation** Reference Form 990. FORM 990 IS REVIEWED PRIOR TO FILING BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES. COPIES OF Part VI, THE 990 ARE MADE AVAILABLE TO ALL BOARD MEMBERS. Section B, Line 11b Form 990. THE BOARD OF TRUSTEES REVIEWS ITS MEMBERS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY Part VI, ANNUALLY. A COPY OF THE CONFLICT OF INTEREST POLICY IS PROVIDED TO BOARD MEMBERS ON AN ANNUAL BASIS Section B. ALONG WITH A FORM THAT MUST BE SUBMITTED BY EACH TRUSTEE DISCLOSING ANY POSSIBLE CONFLICTS OF Line 12c INTEREST IN TERMS OF THEIR RELATION TO FELLOW BOARD MEMBERS, STAFF, VENDORS OR OTHER ORGANIZATIONS/BUSINESS ENTITIES. A TRUSTEE IS PROHIBITED FROM VOTING ON ANY MATTERS THAT MIGHT ENTAIL A CONFLICT OF INTEREST. Form 990, COMPENSATION IS DETERMINED BY REVIEWING THE PAY SCALES OF COMPARABLY SIZED ORGANIZATIONS AND Part VI. NUMEROUS SALARY SURVEYS INCLUDING THE PROFESSIONALS FOR NON-PROFITS NEW YORK SALARY SURVEY. ON Section B. THIS BASIS, THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES ARE COMPENSATED ACCORDING TO THEIR Line 15 RESPONSIBILITIES AND YEARS OF EXPERIENCE. THE SALARIES ARE REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES AND APPROVED BY THE BOARD OF TRUSTEES. Form 990, THE ORGANIZATIONS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC Part VI, UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE PLACED ON CCRS WEBSITE ALONG WITH THE FORM 990. Section C, Line 19 OTHER CHANGE IN NET ASSETS IS THE ADJUSTMENT TO THE ANNUITY PAYMENT LIABILITY TO REFLECT Form 990, AMORTIZATION OF DISCOUNTS AND CHANGES IN LIFE EXPECTANCY OF THE BENEFICIARIES. WHICH ARE Part XI, Line

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Cat. No. 51056K

Schedule O (Form 990) 2022

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RECOGNIZED IN THE STATEMENT OF ACTIVITIES AS CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS.