Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

A	For th	ne 2018 ca	lendar year, or tax year l	beginning	7/1/20	18	, and e	nding		0/201	
В	Check if	applicable:	C Name of organization	CENTER FC	R CONSTITUTION	VAL RIGH	TS		D Employe	r identi	fication number
	Address	change	Doing business as								
	Name cl	hanne	Number and street (or P.O		t delivered to street a	ddress)	Room/suite		22-608288		
믁	Mairic Ci	natige	666 BROADWAY, 7TH	FLOOR					E Telephone	e numbe	er
Ш	Initial ref	turn	City or town		State		ZIP code		(212) 614-6	3464	
	Final retur	n/terminated	NEW YORK		NY		10012		(= ,=) = , , ,		
$\overline{}$			Foreign country name	Foreign	province/state/count	у	Foreign postal	code			07.040.000
	Amende	d return						,l	G Gross rec	eipts \$	37,819,302
	Applicati	on pending	F Name and address of princ	cipal officer:				H(a) Is th	is a group return	for subor	rdinates? Yes X No
			KATHERINE FRANKE,	CHAIR, ADI	DRESS SAME AS	3 "C" ABC	OVE	H(b) Are	all subordinate	es includ	ded? Yes No
1 .	Tax-exen	npt status:	X 501(c)(3) 501(c)	()	(insert no.)	1947(a)(1) o	r 527	lf "	No," attach a lis	st. (see	instructions)
		<u> </u>	W.CCRJUSTICE.ORG		· (. L	11/-> 0			_
								H(C) Gro	oup exemption	number	
		organization:	X Corporation Tre	ust Associ	ation Other ▶		L Yea	r of forma	tion: 1966	M S	State of legal domicile: NJ
F	art l		nmary			····					
-	1	Briefly d	escribe the organization	's mission or	most significant	activities:	THE	CENTE	R FOR CO	NSTIT	TUTIONAL RIGHTS
ည		STANDS	WITH SOCIAL JUSTIC	E MOVEME	NTS AND COM	JUNITIES	SUNDER T	HREAT	- FUSING	LITIG	ATION, ADVOCACY,
'n		AND NA	RRATIVE SHIFTING TO	DISMANTL	E SYSTEMS OF	OPPRE:	SSION REC	GARDL	ESS OF TH	E RIS	K.
Governance	2	Check th	nis box ▶ ☐ if the org	anization dis	continued its ope	erations o	r disposed	of more	than 25%	of its r	net assets.
တိ	3		of voting members of th							3	18
త	4		of independent voting m							4	\ 18
Ęį.	5		nber of individuals empl							5	60
Activities &	6	Total nur	mber of volunteers (estir	nate if neces	sarv)					6	5
AC	7a		elated business revenue							7a	0
	b		lated business taxable i							7b	0
	T							<u></u>	Prior Year		Current Year
Φ	8	Contribu	tions and grants (Part V	III, line 1h) .			[10,654	1,015	8,266,917
Revenue	9	Program	service revenue (Part V	/III, line 2g).					2,522		1,986,729
eVe	10		ent income (Part VIII, col							3,196	617,272
œ	11		venue (Part VIII, column							,162	3,411
	12		nue—add lines 8 through						13,543		10,874,329
	13		nd similar amounts paid							.500	0
	14		paid to or for members (· ······	0	. 0
Ś	15		other compensation, emp						6,296	6.697	6,953,083
nse	16a		onal fundraising fees (Pa					,		0	53,000
Expenses	b		draising expenses (Part				1,445,622	1000			
ũ	17		penses (Part IX, column	•					1,841	.245	3,042,089
	18		enses. Add lines 13-17					vije Vije	8,139		10,048,172
	19		less expenses. Subtrac					1	5,404		826,157
ç ö					2 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1, 2 (TV)	Salar Salar	Beginni	ng of Current		End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)				[27,828	3,019	28,756,938
t As	21	Total liab	ilities (Part X, line 26) .				[907	,059	974,557
žž	22	Net asset	ts or fund balances. Sub	tract line 21	from line 20				26,920	,960	27,782,381
	rt II		nature Block								
Unde	r penaltie	es of perjury,	I declare that I have examined	this return, inclu	ding accompanying so	chedules an	d statements,	and to the	e best of my kn	owledge	•
and p	eller, it is	true, correc	t, and complete. Declaration of	preparer (other	han officer) is based of	on all inform	ation of which	preparer	has any knowle	edge.	
Sig	n	-	- 1 /VCV		i Ve						
Her	e		Signature of bifficer Crace	lile	Minector	cD	1) NOTE	u tro	ns' 3	101-	2020
		-	· · · · · · · · · · · · · · · · · · ·		57.007	'/	per	710	ns)	
			Type or print name and title Type preparer's name		Preparer's signature		,	Date			PTIN
Paid	d	1.1110	. The brokeror o tiering		opulor a agriature	11	· BBs	1 1	L CI	neck	if Film
	_u parer	MICH	HAEL LEE		1 /mpor	1 4	<u> C</u> C/D	_ 36	3/202¢ se	elf-emplo	
	only	Firm's	name ► WINNIE TAM	& CO., P.C.	-				Firm's EIN ▶	13-37	77972
J 3 6	. Ciliy		address ► 50 BROAD S		TE 1837, NY, NY	10004					785-4600
May	the ID		this return with the prep			·	· · · · · · · · · · · · · · · · · · ·		. nono no.	\-·-/	
viciy	41011	- uiacua8	and return with the biet	Jaiot SHOWII	וופוו	uuliulis) .					. X Yes No

	n 990' (2018) CENTER FOR CONSTITUTIONAL RIGHTS	22-6082880	Page 2
Р	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III...		
1	Briefly describe the organization's mission:		
	THE CENTER FOR CONSTITUTIONAL RIGHTS STANDS WITH SOCIAL JUSTICE MOVEMENTS AT	ND COMMUNITIES	
	UNDER THREAT - FUSING LITIGATION, ADVOCACY, AND NARRATIVE SHIFTING TO DISMANTLE	SYSTEMS OF	
	OPPRESSION REGARDLESS OF THE RISK.		
	Diddle		
2	Did the organization undertake any significant program services during the year which were not listed of		[7]
	the prior Form 990 or 990-EZ?	· · · · L Yes	X No
•			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		го
	services?	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program ser	viana na mananumad bu	•
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants are	vices, as measured by	
	the total expenses, and revenue, if any, for each program service reported.	id allocations to others,	
	and total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 5,351,181 including grants of \$) (Re	venue \$ 1,986,	729 \
	LITIGATION PROGRAM - UNDERTAKES LITIGATION TO PROTECT AND ADVANCE CONSTITUTIO	NAI RIGHTS	120.)
4b	(Code:) (Expenses \$ 2,271,093 including grants of \$) (Rev	/enue \$	152)
	ADVOCACY AND COMMUNICATIONS PROGRAM - PUBLISHES AND DISTRIBUTES EDUCATIONAL	MATERIALS AND PR	OVIDES
	WORKSHOPS AND ADVOCACY SUPPORT REGARDING CONSTITUTIONAL RIGHTS.		
			;
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)

Ad	Other program services (Describe in Schedule O.)	- Internative Control	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0.\	ī
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses ► 7,622,274	· · · · · · · · · · · · · · · · · · ·	

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
5	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X	<u> </u>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>	 ``	<u> </u>
	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		1	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
1	Schedule D, Part VI	11a	X	
	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		Х
С	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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{\dot{x}}{x}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X.
	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		Χ
	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		Х
	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).	47	V	
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	_X	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
	If "Yes," complete Schedule G, Part III	19	1	х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	NIA	^
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	. 7//3	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
	o and the state of			<u> </u>

Pa	rt IV Checklist of Required Schedules (continued)		-	
			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	ļ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		
h	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> X</u>
a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A	<u> </u>
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?			1
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		N/A	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	N/A	ļ <u>.</u>
 0a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b		25a		X
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	ĺ		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200	 	<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ļ		
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III .</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L,		l I	X
28			400	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete]		
_	Schedule L, Part IV	28b	ļl	<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	1	<u>X</u>
30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	X	
••	conservation contributions? If "Yes," complete Schedule M	20		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	N/A	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 -∤-	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	İ	ļ	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
Part			_	_
	Check if Schedule O contains a response or note to any line in this Part V		<u>. L</u>	
1	Protocili consideration of the protocol constraints of the	and the same of th	Yes	No
a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X I	

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	s No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		60		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2		_
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file.</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3		-
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3) <u>X</u>	+
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			1,
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4:		X Significant
Ü	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	, IN//	}-
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	68	, İ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	00	' 	+^
~	gifts were not tax deductible?	61	N/A	
7	Organizations that may receive deductible contributions under section 170(c).		1 14// 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1000
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		
-	and services provided to the payor?	7 <i>a</i>	ı X	i maa
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7t		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1	1
	required to file Form 8282?	70	.	X
đ	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?		,	X
·f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	N/A	
9	Sponsoring organizations maintaining donor advised funds.		1	15.5
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/A	,
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/A	<u> </u>
10	Section 501(c)(7) organizations. Enter:		181	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_ #		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40	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?	122	N/A	
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	N/A	27/200
а	Is the organization licensed to issue qualified health plans in more than one state?	138	I IN/A	######################################
b	Note. See the instructions for additional information the organization must report on Schedule O.			
IJ	Enter the amount of reserves the organization is required to maintain by the states in which			
С	the organization is licensed to issue qualified health plans	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	8 43 43	V
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a		X
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	INA	
10		_ ر		
	excess parachute payment(s) during the year	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Manager 1	X
	If "Yes," complete Form 4720, Schedule O.	1	113	

Part VI

Sec	tion A. Governing Body and Management				
				Yes	No
1a		1 a 18	3		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar			14	
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1 b 18	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or othe	r person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				
	stockholders, or persons other than the governing body?		7b		χ.
8	Did the organization contemporaneously document the meetings held or written actions undertaker			胸間	
	the year by the following:	Ü			
а	The governing body?		8a	Х	LI-CPINESE I
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue (</u>	Code.)	
				Yes	No.
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pur	poses?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?.	11a	X	CHARLESTA!
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	ive rise to conflicts?	12b	<u> </u>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "" describe in Schedule O how this was done</i>	res,"	40.	V I	
13			12c	X	
14	Did the organization have a written whistleblower policy?		13	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approv		14	X	522/15
	independent persons, comparability data, and contemporaneous substantiation of the deliberation a				
а	The organization's CEO, Executive Director, or top management official.		4 E o		
	Other officers or key employees of the organization		15a 15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement			
	with a taxable entity during the year?	inone	16a	1122214	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation	te its	TOWN I		英嗣
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegi	uard			
	the organization's exempt status with respect to such arrangements?		16b		(SERIO)
ecti	on C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed ► See Attached Stat				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	and 990-T (Section 5	01(c)		
r	(3)s only) available for public inspection. Indicate how you made these available. Check all that appl	y.	•		
		lain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest police	y, and	ł	
	financial statements available to the public during the tax year.				
0	State the name, address, and telephone number of the person who possesses the organization's bo		>		
	GRACE LILE C/O CENTER FOR CONSTITUTIONAL	(212) 614-6482			
	RIGHTS, 666 BROADWAY, 7TH FLOOR, NEW YORK, NY 10012				

Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed Armed Forces the Americas Louisiana Palau X Rhode Island Armed Forces Europe X Massachusetts Alaska X Maryland X South Carolina Alabama X Maine South Dakota Armed Forces Pacific Marshall Islands Tennessee X Arkansas X Michigan Texas American Samoa X Minnesota X Utah Arizona Missouri Virginia X California Commonwealth of the Northern Mariana Islands U.S. Virgin Islands X Colorado X Mississippi Vermont X | Connecticut Montana Washington X North Carolina District of Columbia X Wisconsin Delaware X North Dakota X West Virginia Florida Nebraska Wyoming Federated States of Micronesia X New Hampshire X Georgia X New Jersey Guam X New Mexico Hawaii Nevada lowa X New York Idaho X Ohio X Illinois Oklahoma

Oregon

Pennsylvania

Puerto Rico

Indiana

X Kansas

X Kentucky

y					
orm 990 (2018)	CENTER	FOR	CONSTITU	JTIONAL.	RIGHTS

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Page 7

				_	-	-
Part	VII	Co	m	۱p	e	į

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

		İ		(C)					
(A) Name and Title	(B) Average hours per	box,	unle	heck ss pe d a d	ersor lirect	e than o is both tor/trust	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KATHERINE ACEY	2.00									
TREASURER		Х		Х	L			0	0	0
(2) LAILA AL-ARIAN	1.50									
TRUSTEE		X	ļ					0	0	0
(3) COLETTE PICHON BATTLE	1.00									
TRUSTEE		X						0	0	0
(4) LISA CROOMS-ROBINSON	1.00									
TRUSTEE		Х	_		ļ			0	0	0
(5) MICHELLE DEPASS	1.00	\ \								
TRUSTEE CANKE	0.00	Χ						0	0	0
(6) KATHERINE FRANKE CHAIR	2.00	х		х						0
(7) ELIZABETH CASTELLI	1.50		-	<u> </u>		 		0	0	. 0
TRUSTEE - RESIGNED AS OF OCTOBER 2018	1.50	Х						o	0	0
(8) LEILA HESSINI	1.50	^	-	_						
VICE CHAIR	1.00	х		х				o	o	ó
(9) LUMUMBA AKINWOLE-BANDELE	1.00							<u> </u>		<u>~</u>
TRUSTEE		х						o	ol	0
(10) ROSEMARY R. CORBETT	2.00									·
SECRETARY		Х		x				o	o	0
(11) JUDITH BUTLER	1.00									
TRUSTEE - RESIGNED AS OF OCTOBER 2018		Х						0	o	0
(12) JEAN ENTINE	1.50									
TRUSTEE		Х						0	0	0
(13) GAY J. MCDOUGALL	1.00	Ì								
TRUSTEE		Х						0	0	0
(14) NSOMBI LAMBRIGHT	1.00		ĺ			ĺ				
TRUSTEE		X						0	0	0

Part VII Section A. Officers, Direct	ors, Trustees, Kev En	nnlov	200	an	dН	iahos	+ C	omnonated Fu	22-60	32880 Page
		T.		, an	(C)	ignes	31 0	ompensated En	ipioyees (contil	nuea) T
(A) Name and title	(B) Average hours per	box	i, unle	Po: heck ss pe	sition mor	n e than n is boti tor/trus	h an	(D) Reportable	(E) Reportable	(F) Estimated
	week (list any hours for related organizations below dotted line)	or director			Key employee		e) Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(15) MONAMI MAULIK	1.00	_	╁┈			-				
TRUSTEE		X	ł					o	0	
(16) LEONARD ALDRIDGE TRUSTEE	1.00	·I								
(17) AMANDA ALEXANDER		X	_				_	0	0	
TRUSTEE	1.00	1								
(18) NATASHA LYCIA ORA BANNON	1.00	X	-		\dashv			0	0	
TRUSTEE		х						o	0	
(19) MARJORIE FINE	1.50						_			
TRUSTEE (20) JUSTIN HANSFORD		Х						0	o	(
TRUSTEE	1.00									
(21) FRNEST V WARREN	40.00	X	-+		- -		_	0	0	(
EXECUTIVE DIRECTOR				x l				220 026		
(22) DONITA JUDGE	40.00		_	$^{\uparrow}$	-		+	239,926	0	45,579
ASSOCIATE EXECUTIVE DIRECTOR				х				o	0	C
(23) GRACE LILE DIRECTOR OF OPERATIONS	40.00									
(24) DALIED AZMAY	40.00		_ -	X L			_ _	141,763	0	40,200
LEGAL DIRECTOR	40.00	1		1.						
(25) MARIA LAHOOD	40.00		+	+	<u> </u>		+	198,513	0	22,246
DEPUTY LEGAL DIRECTOR		- 1				x		144,347	o	40.054
1b Sub-total			· .				•	724,549	0	40,354 148,379
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)						. , 🕨	· [539,777	0	81,667
Total number of individuals (including but n reportable compensation from the association).	of limite of to the control of	· ·	<u> </u>		•	>		1,264,326	0	230,046
reportable compensation from the organiza	etion	ed ab	ove)	who	o re	ceive	d m	ore than \$100,0	00 of	
3 Did the organization list any former officer	director or trustee ke	ey em	19 ploy	ee.	or h	niahes	st co	omnensated		Yes No
omployee on line rat it res, complete so	enedule J for such indi	vidua	Ι							3 X
For any individual listed on line 1a, is the si the organization and related organizations individual.	um of reportable comp greater than \$150,000	ensa ? <i>If</i> ")	tion Yes,	and " <i>cor</i>	oth mple	er co ete S	mpe che	ensation from dule J for such		
Did any person listed on line 1a receive or a for services rendered to the organization? // Section B. Independent Contractors	accrue compensation t	· · from a adule	any i	unre	elate	d org	 gani:	zation or individu		
										5 X
1 Complete this table for your five highest cor compensation from the organization. Repor year.	npensated independer t compensation for the	nt cor cale	ntrac ndar	tors	tha ar ei	nt rece	eive witl	d more than \$10 h or within the or	0,000 of ganization's tax	
(A) Name and business	address							(B) escription of services	Com	(C)
Fremer Law Group PLLC 9868 NE Da	y Road, Bainbridge Isl	and,	WA:	981	10	Co		rating Attorney for		oensation
egal Service for Prisoners with Children, 44	00 Market Street, Oak	land,	CA	9460	08			rating Attorney for		113,515 104,130
445 Riversid	e Drive, #61, New Yor	k, NY	100	27		Со	ope	rating Attorney for	ees	135,974
						-				0
Total number of independent contractors (incomore than \$100,000 of compensation from the compensation from	cluding but not limited	to the	se li	stec	ab	ove)	who	received		0
research semiportication from the	io organization					3			A PROPERTY OF	

Continuation Sheet for Form 990

Page 1 of

Name of the Organization

CENTER FOR CONSTITUTIONAL RIGHTS

Employer identification number

22-6082880

Part VII Section A Continuation of Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees										
(A) Name and title	(B) Average	Posi	tion (C) k ali	that ap	(ylga	(D) Reportable	(E) Reportable	(F) Estimated
	L L L L L L L L L L		Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(26) THEDA JACKSON MAU DEVELOPMENT DIRECTOR	40.00					x		144 512	0	40.070
(27) JEFFREY WEINRICH	40.00		_	-		-	-	144,513	0	19,276
FINANCE DIRECTOR	40.00					Х		134,505	o	18,032
(28) RACHEL MEEROPOL	40.00									
SENIOR STAFF ATTORNEY					<u></u>	X		131,246	0	25,908
(29) CHANDRA HAYSLETT COMMUNICATIONS DIRECTOR	40.00							100 540		40.454
(30)						Х		129,513	0	18,451
(31)										
(32)										
(33)										· · · · · · · · · · · · · · · · · · ·
(34)									······································	
(35)										
(36)										
(37)										
(38)										
(39)										
(40)										
(41)										
(42)										
(43)										
(44)										
(45)										
(46)										
										2.

Form 990 (2018)
Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII										
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512–514		
Contributions, Gifts, Grants and Other Similar Amounts	₃ 1a			<u>1a</u>	1,99	2					
ran	b b	Membership dues		1b		0					
9] c			1c	9,71	5					
iffs r	d			1d		ō					
S 2	e			1e		o d	100				
Ö	f	f All other contributions, gifts, grain	nts and			\dashv					
p prit	'	similar amounts not included abo		1f	0.055.04						
Fo	2	Alaman I I I I I I I I I I I I I I I I I I I		\$	8,255,21	TO SECURE A PROPERTY OF THE PR					
ပြွ	g			,	190,69	" - " - marter management and a series and a					
	 	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	÷	Business Code	8,266,917					
E E		COLIDT AVAIDED AND ATTORN									
Ş	2a		NEY FEES	ŀ	541100	1,986,729	1,986,729)			
空	b					0					
<u>Ş</u> .	C			ļ		0					
Ser	d					0					
am	е			L		0					
Program Service Revenue	f	All other program service revenu	e			0					
Δ.	g					1,986,729					
	3	Investment income (including divother similar amounts) Income from investment of tax-ex	ridends, intere xempt bond pr	st, a	and ⊳ eeds ⊳	362,924	The state of the s		362,924		
	5	Royalties	<u> </u>		<u> </u>	0					
			(i) Real		(ii) Personal						
	6a	Gross rents									
	b	Less: rental expenses									
	С	Rental income or (loss)		0	C						
	d	Net rental income or (loss)							2.000		
	7a	Gross amount from sales of	(i) Securities	Ť	(ii) Other				CONTROL OF THE CONTROL OF THE		
		assets other than inventory	27,199,32	71	0						
	b	Less: cost or other basis	27,100,02	- 1		4					
	•	and sales expenses	20044.07	,,	•						
	_	· ·	26,944,97		0	一世紀代表的學術學學					
	C	Gain or (loss)	254,34	18	0	ACMORAGE STREET, SECTION OF THE SECT					
	d	Net gain or (loss)		٠,	<u> </u>	254,348			254,348		
									4.0		
Other Revenue	8a	Gross income from fundraising		- [100		
ē		events (not including \$	9,715								
Şe.		of contributions reported on line 1	c).								
<u> </u>		See Part IV, line 18	a		0						
<u></u>	b	Less: direct expenses		,	0						
0	С	Net income or (loss) from fundrais		· <u>-</u>							
	9a	Gross income from gaming activit	ies	Ė		0					
		See Part IV, line 19		.	0				100		
	b	Less: direct expenses		_	0						
	C	Net income or (loss) from gaming		, L							
			activities	·r-	· · · · · •	0	Tarra de Maria de Maria de Maria	Anniantenero este necesario	DANYA DAYA SAYASA A TARAFA A TA		
ļ	IVa	Gross sales of inventory, less			_						
		returns and allowances		-	0						
	b	Less: cost of goods sold			0						
-	С	Net income or (loss) from sales of	inventory			0					
		Miscellaneous Revenue		\perp	Business Code						
	11a	OTHER INCOME		9	00099	3,411	3,411		Day of the Party o		
	b			L		0					
- 1	С					0					
	d	All other revenue				0					
	е	Total. Add lines 11a-11d				3,411					
	12	Total revenue. See instructions				10.874.329	1.990.140	0	617 272		

CENTER FOR CONSTITUTIONAL RIGHTS Statement of Functional Expenses Part IX

Section 501(c)(3) and	d 501(c)(4) orga.	nizations must com	plete all columns.	All other oras	anizations must con	nplete column (A	4).

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	domestic governments. See Part IV, line 21				and the second			
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	0	,					
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		Andrew Commercial				
5	Compensation of current officers, directors,							
	trustees, and key employees	673,192	503,487	121,378	48,327			
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			1			
7	Other salaries and wages	4,679,760	3,605,926	418,574	655,260			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	322,020	247,212	32,482	42,326			
9	Other employee benefits	869,917		87,748				
10	Payroll taxes	408,194		41,175				
11	Fees for services (non-employees):							
а	Management	0						
b	Legal	12,080		12,080				
С	Accounting	43,725		43,725				
d	Lobbying	0						
е	Professional fundraising services. See Part IV, line 17	53,000		Part Carlotte	53,000			
f	Investment management fees	0						
g	Other. (If line 11g amount exceeds 10% of line 25, column							
Ū	(A) amount, list line 11g expenses on Schedule O.)	337,440	145,543	92,954	98,943			
12	Advertising and promotion	2,029		1,854				
13	Office expenses	345,523		31,908	123,147			
14	Information technology	105,923	67,333	5,387	33,203			
15	Royalties	0						
16	Occupancy	249,712	202,267	19,977	27,468			
17	Travel	304,744	245,830	6,851	52,063			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	51,187	24,662	21,826	4,699			
20	Interest	0						
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	107,842	87,352	8,627	11,863			
23	Insurance	47,691	38,630	3,815	5,246			
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e. If	100						
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	COOPERATING ATTORNEY FEES	930,755	930,755					
b	COURT AND LEGAL COSTS	88,483	88,483					
C	BOOKS AND SUBSCRIPTIONS	99,136	88,381	920	9,835			
ά	EVENT EXPENSES	201,717	83,859	8,280	109,578			
è	All other expenses MISCELLANEOUS	114,102	90,717	20,715				
25	Total functional expenses. Add lines 1 through 24e	10,048,172	7,622,274	980,276	1,445,622			
26	Joint costs. Complete this line only if the							
	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here ► if							
	following SOP 98-2 (ASC 958-720)				<u> </u>			

		Check if Schedule O contains a response of	r note to	any line in this Part	<		
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			1,891,421		1,734,179
	2	Savings and temporary cash investments			4,184,727	2	3,116,204
	3	Pledges and grants receivable, net	1,874,476	3	1,801,243		
	4	Accounts receivable, net	119,114	4	174,769		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated en	nployees.			
		Complete Part II of Schedule L	C	5			
	6	Loans and other receivables from other disqualified personal	ons (as d	efined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contr	ibuting employers and			
	ŀ	sponsoring organizations of section 501(c)(9) voluntary e	employee	s' beneficiary			
Assets	1	organizations (see instructions). Complete Part II of Sche	edule L		0		
SS	7	Notes and loans receivable, net			0	7	. 0
∢	8	Inventories for sale or use			0		
	9	Prepaid expenses and deferred charges	. • •.		71,508	9	63,664
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	2,800,097			
	b	Less: accumulated depreciation	10b	2,587,349			212,748
	11	Investments—publicly traded securities			18,849,303		21,578,219
	12	Investments—other securities. See Part IV, line			0		0
	13	Investments—program-related. See Part IV, line			0		0
	14	Intangible assets			0		0
	15	Other assets. See Part IV, line 11			557,388		75,912
	16	Total assets. Add lines 1 through 15 (must equa			27,828,019		28,756,938
	17	Accounts payable and accrued expenses			507,897	17	592,753
	18	Grants payable	0				
	19	Deferred revenue	0				
	20	Tax-exempt bond liabilities	0				
	21	Escrow or custodial account liability. Complete F			0	21	
jes	22	Loans and other payables to current and former					
iii		trustees, key employees, highest compensated					
Liabilities		disqualified persons. Complete Part II of Schedu			0	22	
	23	Secured mortgages and notes payable to unrela			0	23	0
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines			*		
			•	•	000 400	25	204.004
	26	of Schedule D			399,162 907,059	25 26	381,804
					907,009	20 ******	974,557
တ္		Organizations that follow SFAS 117 (ASC 958		k here ► X and			
<u>2</u>		complete lines 27 through 29, and lines 33 an					
直	27	Unrestricted net assets			22,566,898	27	21,922,536
m	28	Temporarily restricted net assets			3,251,756	28	4,757,539
립	29	Permanently restricted net assets			1,102,306	29	1,102,306
교		Organizations that do not follow SFAS 117 (ASC958), of	check he	ere 🕨 🔛 and			
ō		complete lines 30 through 34.		·			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds.			0	30	The second secon
SS	31	Paid-in or capital surplus, or land, building, or eq			0	31	
ا <u>پ</u> ڑ	32	Retained earnings, endowment, accumulated in			0	32	
ž	33	Total net assets or fund balances			26,920,960	33	27,782,381
	34	Total liabilities and net assets/fund balances			27,828,019	34	28,756,938

	n 990 (2018) CENTER FOR CONSTITUTIONAL RIGHTS	22-	-6082880	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,874,329
2	Total expenses (must equal Part IX, column (A), line 25)	2		,048,172
3	Revenue less expenses. Subtract line 2 from line 1	3		826,157
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26	,920,960
5	Net unrealized gains (losses) on investments	5		76,964
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		-41,700
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
Dar	t XII Financial Statements and Reporting	10	27	,782,381
Fell	t XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			
	eneal in concede de contante à response of note to any line in this Part XII	<u> </u>	····	·
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		22.70	Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		-	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		20	
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	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	X
	If the organization changed either its oversight process or selection process during the tax year, explain in		20	
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a N	/A
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		- July	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b N	/A

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

CENTER FO	OR CONSTITUTIONAL RIG	HTS				22-6	082880	
	Reason for Public Cha							
, 	ation is not a private founda	,			•	•		
1 <u></u> Ac	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2 As	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3 🗌 Ah	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4 🗌 An	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
	hospital's name, city, and state:							
5 An	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 A fe	ederal, state, or local gover	nment or governme	ntal unit described in s	ection 17	0(b)(1)(A)	(v).		
	organization that normally escribed in section 170(b)(1			om a gove	ernmental	unit or from the gene	eral public	
8Ac	ommunity trust described ir	section 170(b)(1)	(A)(vi). (Complete Parl	t II.)				
or t	agricultural research organ university or a non-land-gra versity:	ization described in nt college of agricul	section 170(b)(1)(A)(i ture (see instructions).	x) operate Enter the	ed in conju name, cit	nction with a land-gr y, and state of the co	ant colleg	e
rec sup	organization that normally reipts from activities related port from gross investment juired by the organization a	to its exempt function income and unrela	ons—subject to certain ted business taxable in	n exception ncome (les	ns, and (2) ss section) no more than 33 1/ 511 tax) from busine	3% of its	38
11 🔲 An	organization organized and	operated exclusive	ely to test for public saf	ety. See s	ection 50	9(a)(4).		
of o	organization organized and one or more publicly suppor eck the box in lines 12a thro	ted organizations d	escribed in section 50	9(a)(1) or	section 5	09(a)(2). See section	n 509(a)(3	3).
t	Type I. A supporting organizhe supported organization(organization)	s) the power to regi	ularly appoint or elect a					
	Type II. A supporting organicontrol or management of the organization(s). You must c	ne supporting organ	ization vested in the s					ŧ
	Type III functionally integr ts supported organization(s						grated with	1,
d 🔲 1	rype III non-functionally in the state of th	itegrated. A supportated. The organization	ting organization operation generally must sat	ated in co	nnection w	vith its supported org quirement and an at		
e 🔲 🤇	Check this box if the organiz	zation received a wi	ritten determination fro	m the IRS	that it is a		e III	
	unctionally integrated, or Ty r the number of supported	• • ••	, , , , , , , ,	• •			Г	0
	ide the following informatio		ed organization(s)				· · · L	<u> </u>
(i) Name	of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other su	nount of pport (see ctions)
			- "		·	ĺ		•
/A\				Yes	No			
(A)								
(B)								<u> </u>
(C)		V 1777 MANAGERSA - 10						
(D)								
(E)								
Total						. 0		0

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

oupport ochedule for organizations beschibed in dections trouble type and trouble type
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	,					
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,123,289	7,396,478	10,411,737	10,654,015	8,266,917	44,852,436
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			-,			0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	8,123,289	7,396,478	10,411,737	10,654,015	8,266,917	44,852,436
	shown on line 11, column (f)						11,201,805
6	Public support. Subtract line 5 from line 4						33,650,631
	ction B. Total Support		who a brown would not so that I was a serious management.	Managara (1982)		125 11 12 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	8,123,289	7,396,478	10,411,737	10,654,015	8,266,917	44,852,436
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from				·		
9	similar sources	36,224	36,796	67,501	217,841	362,924	721,286
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,596	9,756	11,110	8,422	3,411	39,295
11	Total support. Add lines 7 through 10	0,000	0,700		0,122	0,111	45,613,017
12	Gross receipts from related activities, etc. (se				and description of the second	12	19,046,169
13	First five years. If the Form 990 is for the or organization, check this box and stop here .	ganization's first, s	econd, third, fourth	, or fifth tax year a		(3)	▶
	tion C. Computation of Public Sup						
15	Public support percentage for 2018 (line 6, c Public support percentage from 2017 Schedu	ıle A, Part II, line 14	1		<i></i> [14	73.77% 76.99%
	33 1/3% support test—2018. If the organization qualifies as 33 1/3% support test—2017. If the organization	a publicly supporte	ed organization				. X
	box and stop here . The organization qualifie						
	10%-facts-and-circumstances test—2018 10% or more, and if the organization meets the Part VI how the organization meets the "facts organization.	ne "facts-and-circur -and-circumstance	nstances" test, ches" test. The organia	eck this box and st zation qualifies as	op here. Explain in a publicly supporte	n ed 	▶ □
	10%-facts-and-circumstances test—2017. 15 is 10% or more, and if the organization me Explain in Part VI how the organization meets supported organization.	eets the "facts-and- s the "facts-and-ciro 	circumstances" tes cumstances" test. 7	st, checkthis box a The organization qu	ind stop here. ualifies as a publicl	ly	▶ 🔲
8	Private foundation. If the organization did n instructions						

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

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

ntion A. Dublic Support						
ction A. Public Support	T			T		(B) 77 (1
endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
· · · · · · · · · · · · · · · · · · ·						
•					***	
sold or services performed, or facilities						
furnished in any activity that is related to the						
organization's tax-exempt purpose						0
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	TO STATE OF THE ST	man of consequent and some of consequence.	man and a second of a second part of the second of the	Copy of the Copy o	,	
	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
					0	0
Amounts from line 6	0	. 0	0	0		
Amounts from line 6	0	. 0	O.	0		<u>U</u>
	0	. 0	O.	U		0
Gross income from interest, dividends,	0	. 0	O	0		0
Gross income from interest, dividends, payments received on securities loans, rents,	0	. 0	0	0	Ü	
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	. 0	0	0	Ü	0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less	0	. 0	0			0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	0	0	0	. 0	0	0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						0 0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						0 0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						0 0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0 0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0 0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0 rganization's first, s	0 0 econd, third, fourth	O O o, or fifth tax year a	0 0 s a section 501(c)(0	0 0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0 rganization's first, s	0 econd, third, fourth	O O o, or fifth tax year a	0 0 s a section 501(c)(0	0 0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0 rganization's first, s	0 econd, third, fourtr	O o, or fifth tax year a	0 os a section 501(c)(0	0 0 0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	o rganization's first, s 	0 econd, third, fourth	O o, or fifth tax year a	0 s a section 501(c)(0 3)	0 0 0 0 ▶
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	oganization's first, s pport Percenta column (f), divided b ule A, Part III, line 1	0 econd, third, fourth	O o, or fifth tax year a	0 s a section 501(c)(0	0 0 0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	oganization's first, sociolumn (f), divided bule A, Part III, line 1	0 econd, third, fourth	O n, or fifth tax year a	0 s a section 501(c)(0 3)	0 0 0 0 • □
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	oganization's first, s pport Percenta column (f), divided b ule A, Part III, line 1 nt Income Perc	0 econd, third, fourth ge y line 13, column (entage vided by line 13, co	O n, or fifth tax year a of))	0 s a section 501(c)(0 3) 15 16	0 0 0 0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	oganization's first, socioumn (f), divided boule A, Part III, line 1 int Income Perce 10c, column (f), dichedule A, Part III, I	0 econd, third, fourth ge y line 13, column (5 entage vided by line 13, column (10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	O o, or fifth tax year a o	0 s a section 501(c)	0 3) 	0 0 0 0 • □
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	oganization's first, social port Percenta column (f), divided bulle A, Part III, line 1 nt Income Percenta 10c, column (f), dichedule A, Part III, lization did not check	0 econd, third, fourth ge y line 13, column (5 entage vided by line 13, column (17 k the box on line 1	O o, or fifth tax year a of))	0 s a section 501(c)(0 3) 	0 0 0 0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	oganization's first, some percental column (f), divided but but and percental column (f), divided but and the perc	opecond, third, fourth open conditions of the co	O o, or fifth tax year a 	0 s a section 501(c)(0 3) 	0 0 0 0
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	rganization's first, s rganization's first, s rganization's first, s rganization's first, s rganization's first, s rganization's first, s rganization fi, divided b rganization fi, divided b rganization fi, divided b rganization fi, divided rganization fi, divided rganization fi, divided rganization fi, divided rganization fi, divided rganization fi, divided rganization fi, divided rganization fi, divided rganization's first, s	opecond, third, fourth	o, or fifth tax year a	0 s a section 501(c)(ore than 33 1/3%, a orted organization . e 16 is more than 3	0 3) 15 16 17 18 and line 17 is	0 0 0 0 0 0 0.00% 0.00%
	furnished in any activity that is related to the organization's tax-exempt purpose	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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5	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. Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5	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. Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 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. O O Public support (Subtract line 7c from line 6.) Etion B. Total Support	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. Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5

Supporting Organizations

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

Section A. All Supporting Organizations

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

Part V.)	
	157	
	Yes	No
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Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in Part VI the role played by the organization in this regard.*

trustees of each of the supported organizations? Provide details in Part VI.

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	Orgai	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	. 0
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	o	.0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	y inte	grated Type III supporting o	
instructions)	- '		•

Par	Type III Non-Functionally Integrated 509(a)(Supporting Organ	izations (continued)				
Sect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex	cempt purposes					
2	Amounts paid to perform activity that directly furthers exem						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	ations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6							
7				0			
8	and the second of the second o	the organization is respo	nsive	· ·			
	(provide details in Part VI). See instructions.			<u> </u>			
	Distributable amount for 2018 from Section C, line 6			0			
10	Line 8 amount divided by line 9 amount	1		0.000			
	Section E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable			
,	Section E - Distribution Anocations (See Instructions)	Excess Distributions	Pre-2018	Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6		F16-2010	0			
2	Underdistributions, if any, for years prior to 2018			U			
	(reasonable cause required—explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014 0						
С	From 2015 0						
d	From 2016 0						
е	From 2017 0						
f	Total of lines 3a through e	0					
g	Applied to underdistributions of prior years		O National design of the contract of the contr				
<u> </u>	Applied to 2018 distributable amount			0			
	Carryover from 2013 not applied (see instructions)						
<u>J</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from	0					
	Section D, line 7: \$ 0						
a	Applied to underdistributions of prior years		0				
	Applied to 2018 distributable amount		U ₁				
	Remainder. Subtract lines 4a and 4b from 4.	0		U			
5	Remaining underdistributions for years prior to 2018, if		ACAMETER AND AND AND AND AND AND AND AND AND AND				
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.		Ó				
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.			0			
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.	0					
8	Breakdown of line 7:			ALL DOMESTIC OF THE PROPERTY O			
a	Excess from 2014 0		Superior and the superi				
<u>b</u>	Excess from 2015 0						
<u>c</u> d	Excess from 2016						
<u>u</u>	Excess from 2017 0						

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.) 2014 2015 2016 2017 2018 TOTAL SPEAKER FEES 1,250 3,200 6,309 3,627 1,100 15,486 PUBLICATIONS 241 595 618 258 152 1,864 OTHER INCOME 5,105 5,961 4,183 4,537 2,159 21,945	Schedule A (Form 990 or 990-E. Part VI Supplement			UTIONAL RIGHT		Dest II 18 47-	22-6082880	Page
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.) 2014 2015 2016 2017 2018 TOTAL								
SPEAKER FEES	B, lines 1 ar	nd 2; Part IV, Section	n C, line 1; Part I	V, Section D, line	es 2 and 3; Part I	V, Section E, line	es 1c, 2a, 2b,	
2014 2015 2016 2017 2018 TOTAL SPEAKER FEES 1,250 3,200 6,309 3,627 1,100 15,486 PUBLICATIONS 241 595 618 258 152 1,864 OTHER INCOME 5,105 5,961 4,183 4,537 2,159 21,945 TOTAL 6,596 9,756 11,110 8,422 3,411 39,295							v, Section E,	
SPEAKER FEES 1,250 3,200 6,309 3,627 1,100 15,486 PUBLICATIONS 241 595 618 258 152 1,864 OTHER INCOME 5,105 5,961 4,183 4,537 2,159 21,945 TOTAL 6,596 9,756 11,110 8,422 3,411 39,295								
PUBLICATIONS 241 595 618 258 152 1,864 OTHER INCOME 5,105 5,961 4,183 4,537 2,159 21,945 TOTAL 6,596 9,756 11,110 8,422 3,411 39,295		2014	<u>2015</u>	<u>2016</u>	2017	<u>2018</u>	TOTAL	
OTHER INCOME 5,105 5,961 4,183 4,537 2,159 21,945 FOTAL 6,596 9,756 11,110 8,422 3,411 39,295	SPEAKER FEES	1,250	3,200	6,309	3,627	1,100	15,486	
TOTAL 6,596 9,756 11,110 8,422 3,411 39,295	PUBLICATIONS	241	595	618	258	152	1,864	
	OTHER INCOME	5,105	5,961	4,183	4,537	2,159	21,945	
DTHER INCOME IS USED TO COVER THE COST OF PROGRAM AND SUPPORTING SERVICES.	TOTAL	6,596	9,756	11,110	8,422	3,411	39,295	
THE INCOME IS USED TO COVER THE COST OF PROGRAM AND SUPPORTING SERVICES.	OTHER INCOME IS USE	D TO COVED THE	COST OF DDG	ODAM AND OU	IDDODTING OF	2,4000		
	JI HER INCOME 18 08E	D TO COVER THE	COST OF PRO	GRAM AND SU	PPORTING SEI	RVICES.		
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				4 * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

(Pre	oxy Tax) (see separate ins	tructions), then	only imit, (and cope		, 000-LL, 1 art v, inte 000				
_ • .	Section 501(c)(4), (5), or (6)	organizations: Complete Part III.							
Nan	ne of organization			Emple	yer identification number				
	NTER FOR CONSTITUTI				22-6082880				
Pa	rt I-A Complete if	the organization is exempt un	der section 50°	1(c) or is a section 52	7 organization.				
1	Provide a description of	the organization's direct and indirect	political campaigr	activities in Part IV. (see	instructions for				
_	definition of "political car	mpaign activities")							
2	Political campaign activi	ty expenditures (see instructions).	· · · · · · ·	. . ▶	\$				
3	rt I-B Complete if	ical campaign activities (see instruction	ons)	 					
1	Enter the amount of any	the organization is exempt un	der section 501	l(c)(3).					
2	Enter the amount of any	excise tax incurred by the organizati	on under section 2	1955	\$				
3	If the ergenization incur	excise tax incurred by organization r	nanagers under se	ection 4955	\$				
4a	Mas a correction made?	ed a section 4955 tax, did it file Form	14/20 for this year	7	Yes No				
	If "Yes," describe in Part) 			Yes No				
1	Enter the amount directly	the organization is exempt un y expended by the filing organization	der section 501	(c), except section 50)1(c)(3).				
•	activities	y expended by the filing organization	for section 527 ex	empt function	•				
2	activities								
_	527 exempt function activities								
3									
	line 17b	· · · · · · · · · · · · · · · · · · ·	icie and on i onii	1120-FOL,	\$				
4	Did the filing organization	n file Form 1120-POL for this year?.			\$0 				
5	Enter the names, addres	ses and employer identification numb	per (EIN) of all sec	tion 527 political organiza	tions to which the filing				
	organization made paym	ents. For each organization listed, en	iter the amount pa	id from the filing organizat	ion's funds. Also enter				
	the amount of political co	intributions received that were promp	tly and directly del	ivered to a separate politic	cal organization, such				
	as a separate segregated	d fund or a political action committee	(PAC). If additiona	Il space is needed, provid	e information in Part IV.				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
			}	filing organization's funds. If none, enter -0	contributions received and				
				runus. Il none, enter -o	promptly and directly delivered to a separate				
					political organization. If none, enter -0				
(1)									
									
(2)	İ				ł				
2)									
(3)									
4)									
5)									
6)									

	hedule C (Form 990 or 990-EZ) 2018							Page 2
	Part II-A Complete if the orga	nization	is exempt	under section	501(c)(3) and file	ed Form 5768 (ele	ection	
	under section 501(h))).	_		, , , ,	•		
Α	Check ▶ if the filing organiz	ation bel	longs to an a	affiliated group (and list in Part IV	each affiliated gro	un memb	er's
	name, address, El	N. exper	nses, and sh	are of excess ic	obbying expendit	ires)	ap momb	0. 0
В	Check ▶ if the filing organization	ation che	ecked box A	and "limited cor	ntrol" provisions a	nnly		
					THO PICTICIONO		1	
	(The term "expendite	ures" me:	ing Expendit	lures naid or incurred	1	(a) Filing organization's totals	(b) Affili	
1a						1 -		
b		nce publi	c opinion (gra	SS roots lobbying)		1,524		0
c		nce a leg	isialive body ((direct lobbying) .		3,339		0
d	Other exempt purpose expenditures	so ia ailu	1 10)					0
e	Total exempt purpose expenditures	 (add linae				8,597,687		0
f	Lobbying nontaxable amount. Enter	the ome	int from the fe	lloving table is be		8,602,550		0
•	columns.	ine amou	ant nom the to	nowing table in bo	otri	500 400		_
	If the amount on line 1e, column (a) o	r(h) io:	The lebbyin	g nontaxable amo	4:	580,128	New York Control of the Control of t	0
	Not over \$500,000	1 (D) 15.		g nontaxable amo mount on line 1e.	unt is:			
	Over \$500,000 but not over \$1,000,000			s 15% of the excess	s over \$500 000			
	Over \$1,000,000 but not over \$1,500,000)		s 10% of the excess				
	Over \$1,500,000 but not over \$17,000,00			s 5% of the excess				
	Over \$17,000,000		\$1,000,000.					
g	Grassroots nontaxable amount (ente	r 25% of	line 1f)			145,032		0
h	Subtract line 1g from line 1a. If zero	or less, ei	nter -0			0		0
i	Subtract line 1f from line 1c. If zero c	r less, en	iter -0			0		0
j	If there is an amount other than zero	on either	line 1h or line	1i, did the organi	zation file Form 472	0 reporting		
	section 4911 tax for this year?						Yes	No
				Period Under Se				
	(Some organizations that ma					of the five columns	below.	
		See the s	separate inst	ructions for lines	2a through 2f.)			
	L	obbying	Expenditures	s During 4-Year A	veraging Period			:
	Calendar year (or fiscal year	1.	a) 2015	(b) 2016	(=) 0047	(-1) 0040		
	beginning in)	,,	a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Tota	al .
2a	Lobbying nontaxable amount							
	Lobbying normaxable amount		474,153	623,358	500,886	580,128	2.1	78,525
b	Lobbying ceiling amount							,
	(150% of line 2a, column(e))						3,20	67,788
Ç	Total lobbying expenditures							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4,027	4,174	6,814	4,863		19,878
d	Grassroots nontaxable amount							
		Septem dynamic	118,538	155,840	125,222	145,032	54	44,632
е	Grassroots ceiling amount (150% of line 2d, column (e))							
		等的基础	Nervice Expansion in				<u>8</u>	16,948
f	Grassroots lobbying expenditures		4 704	4 00 4				

1,784

1,684

1,941

Schedule C (Form 990 or 990-EZ) 2018.

Schedule C (Form 990 or 990-EZ) 2018

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	88	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
des	cription of the lobbying activity.	Yes	No		Amou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		32000553			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
i	Other activities?		s at the			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				L (1157)	
b	If "Yes," enter the amount of any tax incurred under section 4912		31000			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	The state of the s	- EVSSECTION	21200220174			
Par	III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5),	or s	ectio)	
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	ļ	ļ
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye	ar? .	<u></u>	3	<u> </u>	
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	C)(5), OR (b	or so Par	t III-A	i , line	3, is
1	Dues, assessments and similar amounts from members	.	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a b	Current year		2a			
C		.	2b 2c			0
3	Total	•	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible	•				
	lobbying and political expenditure next year?	. [4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.	list); P	art II-/	lines	1 and	d
	•					

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number CENTER FOR CONSTITUTIONAL RIGHTS Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) . . Aggregate value of grants from (during year) . . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

b Assets included in Form 990, Part X.

Serial Corganizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sche	dule D (Form 990) 2018 CENTER FOR CON	ISTITUTIONAL RIC	SHTS				22-608	2880		Page 2
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection times (check all that spay): a Public exhibition	Par				al Tre	asures, or	Other	Similar Asset	s (conti	nued)	
collection items (check all that apply): a Provide a dischibition di Loan or exchange programs b Scholarly research c Preservation for future generations d Complete if the organization solict or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; line 21. 1b If "Yes," pixplain the arrangement in Part XIII and complete the following table: C Beginning balance c Begi											
b Scholarly research c Preservation for future generations 4 Provide a description for future generations 5 Provide a description for future generations 6 Provide a description for future generations collections and explain how they further the organization's exempt purpose in Part XII. 7 During the year, did the organization solicit or receive donations of art, historical freasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No No No No No No No No No No No No No		collection items (check all that apply):			•		-				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition		d 🔲 l	oan or	exchange pr	ograms	;			
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		e X	Other	TO RAISE F	UNDS				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X No Tart IV Excover and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. If the organization are agent, trustee, custodian or other intermediary for contributions or other assets not included an Form 990, Part X, line 21. Described in the arrangement in Part XIII and complete the following table: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No If If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Land Common Funds. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Land Common Funds. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Land Common Funds. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Land Common Funds and Part IV, line 10, lin		-									
Sull				ovalaja hov	thou fu	uther the era	anizatio	n's evemnt nurn	see in D	art	
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise fund starter than to be maintained as part of the organization's collection? . Yes X No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX. III. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Beginning balance	4		irs conections and	explain now	riney iu	intrier trie org	ailizalic	irs exempt parp	73C III I	art	
sasets to be sold to raise funds after than to be maintained as part of the organization's collection?.	_		ligit or receive done	stions of ort	hiotoric	nal transuras	or othe	ar eimilar			
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. Is the organization an agent, trustee, oustedian or other intermediary for contributions or other assets not included on Form 990, Part X, III. Is the organization an agent, trustee, oustedian or other intermediary for contributions or other assets not include on Form 990, Part X, III. Is the organization intermediary for contributions or other assets not include on Form 990, Part X, III. It is the organization intermediary for contributions or other assets not include an amount on Form 990, Part X, III. It is the organization include an amount on Form 990, Part X, III. In It is the organization include an amount on Form 990, Part X, III. In It is the organization include an amount on Form 990, Part X, III. In It is the organization include an amount on Form 990, Part X, III. In It is the organization include an amount on Form 990, Part X, III. In It is the organization include an amount on Form 990, Part X, III. In It is the organization include an amount on Form 990, Part X, III. In It is the organization include an amount on Form 990, Part X, III. In It is the organization answered "Yes" on Form 990, Part X, III. In It is the organization answered "Yes" on Form 990, Part X, III. In It is the organization answered "Yes" on Form 990, Part X, III. In It is the organization answered "Yes" on Form 990, Part X, III. In It is the organization answered "Yes" on Form 990, Part X, III. In It is the organization answered "Yes" on Form 990, Part X, III. In It is the organization of the organization in that are held and administered for the organization by the organization of the organization of the organization that are held and administered for the organization by the organization of the organizations is listed as required on Schedule R?	9								\square_{V}	es X	l No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Dow			- as part of		Jarnzation 6			<u> </u>	<u> </u>	1 110
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Fair			. Form 000) Dort	IV line O o	r rono	fod an amount	on For	m	
1a 1s the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		· · · · · · · · · · · · · · · · · · ·	iswered res or	1 FOIII 990	J, Part	iv, line 9, o	repo	teu an amoun	OH FOI	111	
Included on Form 980, Part X? Yes No No If "Yes," explain the arrangement in Part XIII and complete the following table:								ata not			
Beginning balance Amount Ic Amount Ic Amount Ic Amount Ic Amount Ic Additions during the year Id Id Id Id Id Id Id I	Та										No
C Beginning balance	L	·							r	,s	INO
C Beginning balance	a	ir res, explain the arrangement in Par	Am and complete	tile ioliowiii	ig table.	•	Γ	1	mount		
Additions during the year Elistributions during the year Ending balance 1f Ending balance 1f Ending balance 1f Ending balance 1f Ending balance 1f Ending balance Ending balance Ending balance Ending balance Ending balance Ending balance Ending balance Ending balance Ending balance Ending balance Ending balance Endowment Funds Endowment Fu		Poginning halance				•	10		anount		
Ending balance											
Finding balance Temporarity and the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?							_				
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Description of property Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.											0
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		=								_ [V]	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		•	·	•				•		" [음	INO
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years years (e) Four years years (e) Four years years (e) Four years back (e) Four years back (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years years (e) Four years yea			XIII. Check here if	the explana	ation ha	is been provi	ded on	Part XIII		L!	<u>i</u>
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back years (d) Three years back years (d) Three years back years (d) Three years back years (d) Three years back years (d) Three years back years (d) Three years back years (d) Three years years (d) Three years years (d) Three years years (d) Three years years (d) Three years years (d) Three	Part										
Beginning of year balance		Complete if the organization ar							-T		
b Contributions											
c Net investment earnings, gains, and losses 253,341 158,702 223,033 -84,130 66,215 d Grants or scholarships 253,341 158,702 223,033 -84,130 66,215 d Grants or scholarships 200 200 223,033 -84,130 66,215 d Grants or scholarships 200 200 200 23,033 -84,130 66,215 d Grants or scholarships 200 <	1a					1,25	6,830	1,340,96	<u> </u>	1,27	4,745
and losses .	b		805,493		40,000				<u> </u>		
d Grants or scholarships .	С										
e Other expenditures for facilities and programs . f Administrative expenses . g End of year balance . 2,737,399 1,678,565 1,479,863 1,256,830 1,340,960 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			253,341	16	58,702	22	3,033	-84,13	<u> </u>	6	6,215
and programs . Administrative expenses . 2,737,399	d	· · · · · · · · · · · · · · · · · · ·							 		
Fact Administrative expenses End of year balance 2,737,399 1,678,565 1,479,863 1,256,830 1,340,960	е	·									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment		, · · · · · · · · · · · · · · · · · · ·									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	f	·									
Board designated or quasi-endowment		-						1,256,83	21	1,34	0,960
b Permanent endowment 40% c Temporarily restricted endowment 28% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations .	2	· · · · · · · · · · · · · · · · · · ·			g 1g, col	lumn (a)) hel	d as:				100
Temporarilly restricted endowment 28% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i) X 3a(i) N/A	_	=		32%							
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) x x											•••
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. (iii) related organizations. (iii) related organizations. (iii) related organizations. (iii) related organizations. (iv) unrelated organizations. (iv) related organizations. (iv) related organizations. (iv) related organizations. (iv) vesting line 3a(ii), are the related organizations listed as required on Schedule R? (iv) vesting line 3a(ii) X X X X X X X X X	С)/							
Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves	2-				hat ara	hald and adn	niniator	ad for the			
(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) N/A b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b N/A 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 0 0 0 0 0 b Buildings 0 2,617,930 2,483,982 133,948 c Leasehold improvements 0 0 0 0 d Equipment 0 160,118 91,192 68,926 e Other 0 22,049 12,175 9,874	sa	· · · · · · · · · · · · · · · · · · ·	ossession of the or	ganization t	nat are	neid and adi	IIIIIIIStei	eu ioi ille	Ī	Vae	No
(ii) related organizations. 3a(ii) N/A b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) N/A 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 0 b Buildings 0 2,617,930 2,483,982 133,948 c Leasehold improvements 0 0 0 0 d Equipment 0 160,118 91,192 68,926 e Other 0 22,049 12,175 9,874									32(i)	163	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		-								N/Δ	
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 2,483,982 133,948 c Leasehold improvements 0 0 0 0 d Equipment 0 160,118 91,192 68,926 e Other 0 22,049 12,175 9,874	h										
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	A D									14//	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 0 b Buildings 0 2,617,930 2,483,982 133,948 c Leasehold improvements 0 0 0 0 d Equipment 0 160,118 91,192 68,926 e Other 0 22,049 12,175 9,874	Part			GIGOWITICI	it idildə						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 0 b Buildings 0 2,617,930 2,483,982 133,948 c Leasehold improvements 0 0 0 0 d Equipment 0 160,118 91,192 68,926 e Other 0 22,049 12,175 9,874	1 au c			Form 990	Part	IV line 11a	See F	orm 990 Part	X line	10	
figure (investment) (other) depreciation 1a Land 0 0 0 0 b Buildings 0 2,617,930 2,483,982 133,948 c Leasehold improvements 0 0 0 0 d Equipment 0 160,118 91,192 68,926 e Other 0 22,049 12,175 9,874											
1a Land 0 <th></th> <th>Description of property</th> <th>, , ,</th> <th></th> <th></th> <th>i i</th> <th></th> <th></th> <th>(u) D</th> <th>,UN VAIUE</th> <th>•</th>		Description of property	, , ,			i i			(u) D	,UN VAIUE	•
b Buildings 0 2,617,930 2,483,982 133,948 c Leasehold improvements 0 0 0 0 d Equipment 0 160,118 91,192 68,926 e Other 0 22,049 12,175 9,874	12	Land			,,,,						 0
c Leasehold improvements 0 0 0 0 d Equipment 0 160,118 91,192 68,926 e Other 0 22,049 12,175 9,874					-,		a magazine di di di di di	100000000000000000000000000000000000000		13	
d Equipment 0 160,118 91,192 68,926 e Other 0 22,049 12,175 9,874		•									
e Other 0 22,049 12,175 9,874		•								6	
		• •									
					lumn (B						

CENTER FOR CONSTITUT	IONAL RIGHTS	22-6082880 Pag
Part VII Investments—Other Securities. Complete if the organization answers	ed "Yes" on Form 990	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	C	
(2) Closely-held equity interests	C	
(3) Other		
(A)		·
(B)		
(C)		
(D)		
(E) (F)	1	
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	
Part VIII Investments—Program Related.		
Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
A		Cost or end-bi-year market value
<u>(1)</u>		
(2)	<u> </u>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	
Part IX Other Assets.	LID (II	D + 11/11 44 1 0 E - 000 D + 1/11 4E
		Part IV, line 11d. See Form 990, Part X, line 15.
	scription	, (b) Book value
(1) (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)	····	
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)	·
Part X Other Liabilities.	-	D-# N/ 15 44 445 C Farms 000 D-# V
line 25.	·	Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(2) Annuity payment liability (3)	381,804	
(4)		
(5)		
(6)		
(7)		
(8)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

381,804

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



O

Par	Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part			Return.	
1	Total revenue, gains, and other support per audited financial statements			1 1	11,223,367
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	11,220,001
	Net unrealized gains (losses) on investments	2a	1		
a	Donated services and use of facilities	2b	349,03	8	
b		2c	348,03	의 :	
C	Recoveries of prior year grants	2d		+	
d	Other (Describe in Part XIII.)			2e	349,038
e	Add lines 2a through 2d			3	
3	Subtract line 2e from line 1	i · ·	1	3	10,874,329
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b	<u> </u>		
	Add lines 4a and 4b			4c	10.071.000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	10,874,329
Part	· · · · · · · · · · · · · · · · · · ·			Return.	
	Complete if the organization answered "Yes" on Form 990, Part			 	
1	Total expenses and losses per audited financial statements			1	10,397,210
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	349,03	8	
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	349,038
3	Subtract line 2e from line 1			3	10,048,172
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	10,048,172
	XIII Supplemental Information.	· · · · · ·			10,0-10,112
			ince the and the De	art V. line 4	Dort V. line
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P				, Part A, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide an	iy additional imom	iation.	
Part V	Line 4 TO PROVIDE LONG TERM SUPPORT FOR FUTURE OPERATIONS.				
Part X	Line 2 CCR ADOPTED FASB GUIDANCE ON UNCERTAIN INCOME TAX POS	ITIONS	IN ITS FINANCIA	<u> </u>	
STATE	MENTS. CCR RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY WHEN	THEY	ARE MORE LIKE	LY THAN	
NOT (F BEING SUSTAINED. MANAGEMENT IS NOT AWARE OF ANY VIOLATION (OF ITS	TAX STATUS AS	AN	·
ORGA	NIZATION EXEMPT FROM INCOME TAXES.				
	•				

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

	ER FOR CONSTITUTIONAL RIGHT	re				Employer Identifica	
Par			organiza	tion answ	ered "Ves" on Fo)82880 ine 17
	Form 990-EZ filers are no				eled les oillo	iiii 990, i aitiv, i	IIIC 17.
1	Indicate whether the organization r				ng activities. Check	all that apply.	
а	X Mail solicitations				of non-government		
b	X Internet and email solicitations		f 🕅 s	olicitation o	of government grant	ts	
С	Phone solicitations				fraising events		
d	X In-person solicitations		J [9 - 1 - 1 - 1 - 1		
2a	Did the organization have a written	or oral agreeme	nt with any	individual	(including officers	directors trustees	
	key employees listed in Form 990,	Part VII) or entity	in connec	tion with p	rofessional fundrais	ing services?	X Yes No
b	If "Yes," list the 10 highest paid indi						
	compensated at least \$5,000 by the	e organization.	- (
			CON DIALA	dt		(v) Amount paid to	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
	or orang (variation)		contrib	utions?	nom activity	col. (i)	organization
			Yes	No			
	ller Fundraising Group, LLC.	Fundraising					
	est 148th St., #47 NY, NY 10031	feasibility		Х	0	53,000	0
2		study					
3					0	0	0
•					ol	o	0
4							
					o	0	0
5							
					0	0	0
6							
7					0	0	0
•					0	o	0
8							
					o	0	0
9							
40					0	0	0
10	· ·			Ì			
					0	0	0
Total .	<u></u>			•	o	53,000	0
3	List all states in which the organizati	on is registered	or licensed	to solicit o		been notified it is ex	
	registration or licensing.						•
AK, AL	AR, CA, CO, CT, FL, GA, IL, KS, K	Y, MA, MD, ME,	MI, MN, M	S, NC, ND	, NH, NJ, NM, NY, C	H, OK, OR	
, PA, R	I, SC, TN, UT, VA, WI, WV				~~~~~~~~~~		

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 0 Less: Contributions . . . 0 0 Gross income (line 1 minus line 2) 0 Cash prizes Noncash prizes 0 Direct Expenses Rent/facility costs 0 Food and beverages . . . 0 Entertainment 0 0 Other direct expenses . . . 0 0) Net income summary. Subtract line 10 from line 3, column (d) 0 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue . . 0 Direct Expenses Cash prizes Noncash prizes 0 Rent/facility costs 0 Other direct expenses. 0 Yes Yes Yes Volunteer labor . . . 0) Net gaming income summary. Subtract line 7 from line 1, column (d) 0 Enter the state(s) in which the organization conducts gaming activities: 9 If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . If "Yes," explain:

Sched	lule G (Form 990 or 990-EZ) 2018 CENTER FOR CONSTITUTIONAL RIGHTS	22-6	3082880	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Г	Yes	No
13	Indicate the percentage of gaming activity conducted in:		_	
а	· · · · · · · · · · · · · · · · · · ·	13a		%
b	•	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	I		
	Name ▶			
	Address ▶			,
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Г	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ 0 and the	· L	103	
	amount of gaming revenue retained by the third party ▶ \$ 0			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$0			
	Description of services provided	w		
į	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. [] Yes [No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
² art	spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i			nd 0
···	See instructions.	-		
	· 			

SCHEDULE J (Form 990)

Compensation Information
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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CENTER FOR CONSTITUTIONAL RIGHTS

Employer identification number

22-6082880

Pai	t I Questions Regarding Compensation			
_		reasonom.	Yes	No
1a	Check the appropriate 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			Day.
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Personal services (such as maid, chaulled), cher)			100
b	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	N/A	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	N/A	130 20 15 15 N
3	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 X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		Χ
b c	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
·	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	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:			
а	The organization?	5a	256222	X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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:			
а	The organization?	6a		X
b	Any related organization?	6b	30 B B B B B B B B B B B B B B B B B B B	X
	Tes off life oa of ob, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	Sections:	accentantes.	HAZENTANI
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		ļ	
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	- Trace Connect I		es-december di
	Regulations section 53.4958-6(c)?	9	N/A	

Page 2

22-6082880

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 aren't 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)

(B) Breakdown of W-2 and/or 1009-MISC compensation		(B) Breakdown of	W-2 and/or 1099-MISC compensation	Compensation	uon A, line Ta, applicat	ole column (D) and (I	E) amounts for that in	dividual.
(A) Name and Title				o composization	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
יאמווס מווט ווווס		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
ERNEST V. WARREN	(1)	239 926	C					
1 EXECUTIVE DIRECTOR	€	20,020	0	0	13,261	32,318	285,505	
GBACE = F		000 777					0	0
OLONGE LILE O DIRECTOR OF OBERATIONS	€	141,763	0	0	7,882	32,318	181,963	
	€ €	000					0	0
3 LEGAL DIRECTOR	€ €	198,513	0	0	11,006	11,240	220,759	
		1,011,					0	0
4 DEPUTY LEGAL DIRECTOR	E (E	144,347	0	0	8,036	32,318	184,701	
THEDA JACKSON MAU	ε	144.513	C		0000	77.0	0	0
5 DEVELOPMENT DIRECTOR	Ξ				- 000,0	11,240	163,789	
JEFFREY WEINRICH	€	134,505	0	C	7 535	40 407	0 000	0
6 FINANCE DIRECTOR	€				200,1		152,531	
RACHEL MEEROPOL	ε	131,246	0	C	7 155	10 452	0	0
7 SENIOR STAFF ATTORNEY	: 6				004,	10,400	15/,154	
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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.

CENTER FOR CONSTITUTIONAL RIGHTS

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization
CENTER FOR CONSTITUTIONAL RIGHTS

Employer identification number

22-6082880

(a) Chock if applicable applicable paper (b) Number of contributions or applicable paper (b) Number of contributions or applicable paper (b) Number of contribution or applicable paper (b) Number of contribution amounts reported on Form 990, Part VIII, line 1a. 1 Art—Works of art Art—Historical treasures Art—Fractional interests Books and publications Coltning and household goods Books and planes Intellectual property Securities—Publicity traded Qualified conservation contribution—Other Seal estate—Commercial Real estate—Commercial Real estate—Commercial Real estate—Commercial Real estate—Commercial Seal estate—Co	Ра	Types of Property		·		
2 Art-Historical treasures			Check if	Number of contributions or	amounts reported on	Method of determining
3 Art—Fractional interests	1	Art—Works of art				
4 Books and publications. 5 Clothing and household goods. 6 Cars and other vehicles. 7 Boots and planes. 8 Intellectual property. 9 Securities—Publicity traded. X 17 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 17 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 17 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 17 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 17 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 17 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 17 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 17 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 17 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 19 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 19 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 19 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 19 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 19 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 19 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 19 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 19 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 19 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 19 189,776 FAIR MARKET VALUE 9 Securities—Publicity traded. X 19 189,776 FAIR MARKET VALUE 9 Securities—Closely the securities of the intervence of the securities of the intervence of the security traded of the intervence of the security traded of the intervence of the security traded of the intervence of the security traded of the intervence of the security traded of the intervence of the security traded of the intervence of the security traded of the intervence of the security traded of the intervence of the security traded of the intervence of the security traded of the intervence of the security traded of the intervence of the security traded of the	2	ArtHistorical treasures				
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6 Cars and other vehicles. 7 Boats and planes. 8 Intellectual property. 9 Securities—Publicly traded. 10 Securities—Closely held stock 11 Securities—Partnership, LLC, 12 Securities—Miscellaneous. 13 Qualified conservation 14 Contribution—Historic 15 Real estate—Sesidential. 16 Real estate—Coher. 17 Real estate—Comercial. 18 Real estate—Comercial. 19 Food inventory. 10 Drugs and medical supplies. 20 Drugs and medical supplies. 21 Taxidermy. 22 Historical artifacts. 23 Scientific specimens. 24 Archeological artifacts. 25 Other ▶ (Meeting costs) X 1 919 ACTUAL COST 26 Other ▶ (Meeting costs) X 1 919 ACTUAL COST 27 Other ▶ (Meeting costs) X 1 919 ACTUAL COST 28 Unify the reganization completed Form 8283, Part IV, Donee Acknowledgement. 29 Number of Forms 8283 received by the organization during the tax year for contribution, and which isn't required to be used for exempt purposes for the entire holding period? 29 Number of Forms 8283 received by the organization during the tax year for contribution, and which isn't required to be used for exempt purposes for the entire holding period? 20 Dring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 21 If "Yes," describe the arrangement in Part II. 22 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 23 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 25 If "Yes," describe in Part II. 26 If "Yes," describe in Part II. 27 If the organization didn't report an amount in column (c) for a type of property for which column (a) is						1
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to be used for exempt purposes for the entire holding period?	-					
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33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is	h					
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Schedule M (Form 990) 2018 CENTER FOR CONSTITUTIONAL RIGHTS	22-6082880	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and the organization is reporting in Part I, column (b), the number of contributions, the number		
or a combination of both. Also complete this part for any additional information.		· /
Part I Line 9, 25 THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.		
Part I Line 32b THE ORGANIZATION USES AN INVESTMENT FIRM TO SELL DONATED SECURITIES.		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CENTER FOR CONSTITUTIONAL RIGHTS

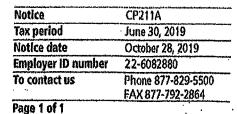
Employer identification number

22-6082880

Form 990, Part IV, Section B, Line 11b: FORM 990 IS REVIEWED PRIOR TO FILING BY THE FINANCE
COMMITTEE OF THE BOARD OF TRUSTEES. COPIES OF THE 990 ARE MADE AVAILABLE TO ALL BOARD MEMBERS.
Form 990, Part VI, Section B, Line 12c: THE BOARD OF TRUSTEES REVIEWS ITS MEMBERS' COMPLIANCE
WITH THE CONFLICT OF INTEREST POLICY ANNUALLY. A COPY OF THE CONFLICT OF INTEREST POLICY IS
PROVIDED TO BOARD MEMBERS ON AN ANNUAL BASIS ALONG WITH A FORM THAT MUST BE SUBMITTED BY EACH
TRUSTEE DISCLOSING ANY POSSIBLE CONFLICTS OF 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, Part VI, Section B, Line 15: COMPENSATION IS DETERMINED BY REVIEWING THE PAY SCALES
OF COMPARABLY SIZED ORGANIZATIONS AND NUMEROUS SALARY SURVEYS INCLUDING THE PROFESSIONALS FOR
NON-PROFITS NEW YORK SALARY SURVEY. ON THIS BASIS, THE EXECUTIVE DIRECTOR AND OTHER KEY
EMPLOYEES ARE COMPENSATED ACCORDING TO THEIR 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, Part VI, Section C, Line 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF
INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE
PLACED ON CCR'S WEBSITE ALONG WITH THE FORM 990.
Form 990, Part XI, Section 9, OTHER CHANGES IN NET ASSETS IS THE ADJUSTMENT TO THE ANNUITY
PAYMENT LIABILITY TO REFLECT AMORTIZATION OF DISCOUNTS AND CHANGES IN LIFE EXPECTANCY OF THE
BENEFICIARIES, WHICH ARE RECOGNIZED IN THE STATEMENT OF ACTIVITIES AS CHANGES IN VALUE OF
SPLIT-INTEREST AGREEMENTS.



Department of the Treasury Internal Revenue Service Ogden, UT 84201





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CENTER FOR CONSTITUTIONAL RIGHTS INC 666 BROADWAY 7TH FLR NEW YORK NY 10012-2317



060026

Important information about your June 30, 2019 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2019 Form 990.
Your new due date is May 15, 2020.

What you need to do

File your June 30, 2019 Form 990 by May 15, 2020. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- · Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

	Form 990-	EX	empt Organiza and prove	ition	Bus	iness Inco	me Tax Ref	urr	3	OMB No	1545-0687
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	Department of the Treasury Internal Revenue Service	, - ,	50 to WWW.irs.gov/Forr	ngont fo	w in-4		, and ending 6/30			<u></u>	- 0
	Check box if		The state of this	form as i	t may t	e made public if yo	ur organization is a 50	11(c)(3	3).	Open to Public	Inspection f
	B Exempt under section	1	rraine of organization (Check	box if r	name changed and a	e instructions)	D	Emplo	501(c)(3) Orgar Oyer identificati	on number
	X 501 (C)(3)	<u> </u>	CENTER FOR CONST	H U HO	NALF	RIGHTS			(Emplo	yees' trust, see ins	tructions.)
•	一	Print	Number, street, and room or s	suite no. If	a P.O.	box, see instructions.		\dashv			
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C	Book value of all assets at	F Group	evenntion number (0								
		G Check	exemption number (Se organization type	e instru	ctions	s.) >					
ī	Enter the number of the	e organiza	tion's uprelated to	[X] 50	1(c) c	orporation 🔲	501(c) trust	401	1(a) tru	ust Det	her trust
	trade or business here	Disal ▶	lowed Fringes	or busi	nesse	s. >	1 Descri				
	trade or business the	at the end	of the previous senter	nce. com	nlete	If only one, o	omplete Parts I–V	If m	ore th	an one, desc	ribe the
	first in the blank space trade or business, then	complete	Parts III-V.	,	.p.o.co	Taris Land II, C	omplete a Schedu	le M	for ea	ch additional	
,	buning the tax year, was	the cornors	tion a cubeidiant in an -	CCU /			Nione controlled				
J	If "Yes," enter the name a	and identify	ing number of the parent	t corpora	tion. ⊳	or a parent-subsit	many controlled grou	ip? .		► Yes	X No
							phone number		(0.40)		-
	Part I Unrelated Tra 1 a Gross receipts or sale	de or Bu	siness Income			(A) Income	(B) Ex		212) 6	314-6482	
	b Less returns and allowance	S			T		(b) EX	Jense	s Nasaw	(C) N	let
:	Cost of goods sold (So	shodulo A	c Bala	ance 🕨	1c						
3	Gross profit. Subtract I	ine 2 from			2			A CONTRACTOR	1000		
4	r a Capital gain net incomi	e (attach 9	Schodula D)		3	0					200
	3 (1000) (10)	37. FAU II	IIII A I / I / Ottoob Fausa 17	^~	4a			14.00	The same		_0
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11					10			\dashv			
12	· ····································	IPOHIA II			11			\dashv			
13	Total. Combine lines 2 t	uctions; at	tach schedule)		12			100 A	CANDAR		
Pa	Total. Combine lines 3 t	nrough 12		· · · [13	0	The second secon	0	學的語		
-		r iavell f	ISEWNERA (See incl	truatia	s for	limitations on	deductions) (F)	Cen	t for	20 pfribti	0
14	Compensation of office	be airec	tly connected with the	ne unre	lateo	business inco	ome)	(cep	101 (noituantion	s,
15	Compensation of officers Salaries and wages	s, directors	s, and trustees (Schedo	ule K) .					44	·	
16	Salaries and wages Repairs and maintenance							· ;-	14 15		
17	Dad debts		•					1 .	16		
18	interest (attach schedule) (see inct	ruotion=\	•				1.	17		
19	laxes and licenses								18		+
20									19		+
21	Depreciation (attach Forn	n 4562) .	· · · ·	es)		11200		. [2	20		
22 23	Less depreciation claimed	d on Sched	dule A and elsewhere	on refurr		21	4: 1				
23 24	Centribution			·	' • •			2	2b		1
25	Employee handity	compensa	ition plans			and the first		. 2	23		
26	Excess exempt expenses	ns			-e-W19			- 2	24		
27	Charitable contributions (Depreciation (attach Forn Less depreciation claimed Depletion	(Schedule	el)	and the		William .	·	12	25		
28	Other deductions (attach	ochedule :	J)			Ø # ***	· · · · · ·	2	6		
29	Total deductions. Add line	es 14 thra		. 25	€3.€			2			
								2			
31	Deduction for net operating to	see origina :	In 4	oo acaa	CHOII.	Subtract line 58	from line 13	30		0	
32	Unrelated business taxable	a income	Subtract line of the	or after	Janua	ry 1, 2018 (see in	structions)	31			
For Pa	perwork Reduction Act Not	ice, see in	structions.	ne 30 .	<u>· · · </u>	<u> </u>	<u> </u>	32		0	
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22-6082880

	ar	t III	Total Unrelated Business Taxable Income				
3	3	Total o	funrelated business taxable income computed from all unrelated trades or businesses (see				
			tions)		33	(
34	4		ts paid for disallowed fringes		34		
3	5		ion for net operating loss arising in tax years beginning before January 1, 2018 (see				
			tions)		35	(
36	3		funrelated business taxable income before specific deduction. Subtract line 35 from the sum				
			33 and 34		36	(
37	7		c deduction (Generally \$1, 000, but see line 37 instructions for exceptions)		37	C	
38	3		ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				Т
		enter th	ne smaller of zero or line 36....................................		38		
P	art	IV	Tax Computation				
39			zations Taxable as Corporations. Multiply line 38 by 21% (0.21)	A	39	C)
40			Taxable at Trust Rates. See instructions for tax computation. Income tax on the				
			on line 38 from: Tax rate schedule or Schedule D (Form 1041)	•	40		
41		Proxy t	ax. See instructions		41		1
42	:		tive minimum tax (trusts only)		42		
43	;		Noncompliant Facility Income. See instructions		43		
44			dd lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0	
P	an		Tax and Payments				
45			tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			- , , - , -	1
	b		redits (see instructions)				
	С		business credit. Attach Form 3800 (see instructions)				
	d		or prior year minimum tax (attach Form 8801 or 8827)				
	е		edits. Add lines 45a through 45d		45e	0	1
46			t line 45e from <u>line</u> 44		46	0	
47		Other tax	es. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu	ule)	47		
48		Total ta	x. Add lines 46 and 47 (see instructions)	[48	0	
49			t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		
50	а		ts: A 2017 overpayment credited to 2018				
	b		timated tax payments	1			
	С		osited with Form 8868				
	d		organizations: Tax paid or withheld at source (see instructions) 50d	9			
	е		withholding (see instructions)	15		•	
	f	Credit fo	r small employer health insurance premiums (attach Form 8941) 50f	34.60			
	g		edits, adjustments, and payments: Form 2439	1			
			1 4136 X Other 14,161 Total ▶ 50g 14,161	10.000 til.			
51			yments. Add lines 50a through 50g	. "	51	14,161	
52			ed tax penalty (see instructions). Check if Form 2220 is attached	7	52		
53			. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	0	
54			ment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	.▶	54	14,161	
55			amount of line 54 you want: Credited to 2019 estimated tax Refunded	>	55	14,161	
Œ		SEE STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAME	atements Regarding Certain Activities and Other Information (see instructions)				
56			me during the 2018 calendar year, did the organization have an interest in or a signature or o	ther a	uthority	Yes	No
00			nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may				
			Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for				
		here ▶	i om i i i, roport oi i oroigi bank and i manolai / toodanto. Ii i roo, i onto the hame of the for	0,9,1 0	ourid y	257527783	X
57			e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreig	n trust?		X
			see instructions for other forms the organization may have to file.	10.0.9			
58			e amount of tax-exempt interest received or accrued during the tax year > \$				
			r penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	y knowle	dge and belie	f, it is true, correct,	THE CONTRACTOR
Sig	ın	and c	omplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	r	Opposition of the second	and the second second second second	
Нe	_	🌶	(M(4), (4) 3/19/2020 Director of Operation	٤		discuss this return shown below (see	with
16		Sia	nature of officer Date Title		Instructions)?		No
		1	Print/Type preparer's name Preparer's signature Date	- 1	F-1	PTIN	
a	id		1/2010	Check			
		arer			nployed	P01087092	
	-	Only		Firm's E		3777972	
	- `		Firm's address ► 50 BROAD STREET SUITE 1837 NY NY 10004	Phone i	no. (21	2) 785-4600	

	HATELY LOSS OF		CIVAL KIGHT	o		Z2	2-000Z00U	Page J
Schedule A—Cost of Good	ds Sold. Ente	er method	of inventory	valuati	on▶			
1 Inventory at beginning of	year	1				nd of year	6	
2 Purchases		2				s sold. Subtract		
3 Cost of labor		3	`			e 5. Enter here		
4 a Additional section 263A co	osts			_		line 2	7	ol
(attach schedule)		4a				f section 263A (w		Yes No
b Other costs (attach sched		4b				uced or acquired t		
5 Total. Add lines 1 through		5	0			rganization?		G83442 (325 pr
Schedule C—Rent Income		Property	and Persor	al Pror	perty Lease	d With Real Pr	operty)	
(see instructions)	•	1,					opoley,	
1. Description of property								
(1)			***					
(2)								
(3)								· · · · · · · · · · · · · · · · · · ·
(4)		*****						*************************************
	2. Rent receiv	ed or accrued						· · · · · · · · · · · · · · · · · · ·
						-		ì
(a) From personal property (if the perconal property is more than 1 more than 50%)		percenta	om real and pers ge of rent for pers if the rent is base	sonal prope	rty exceeds	3(a) Deductions d in columns 2(lirectly connected wi a) and 2(b) (attach s	th the income chedule)
(1)			<u> </u>					·····
(2)								
(3)								
(4)								
Total	0	Total			0			
(c) Total income. Add totals of colu	mns 2(a) and 2(i	b). Enter				(b) Total deduc Enter here and c	on page 1,	
here and on page 1, Part I, line 6, co Schedule E—Unrelated Del	ot-Financed	Income (s	ee instruction	e\	0	Part I, line 6, col	umn (B)	0
	ot i manoca	income (s	ee manuchon	3)	7	Deductions directly cor	anacted with an allan	
1 Description of debt fire	anaad numerus.		2. Gross incor		3.1	to debt-financ		apie
1. Description of debt-fir	іапсец ріорену		allocable to de		(a) Straight	line depreciation	(b) Other de	ductions
					(attac	h schedule)	(attach sch	
(1)	·							
(2)								
(3)			-					
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	 Average adju of or alloca debt-financed (attach sche 	ble to property	6. Colur 4 divide by colum	ed		come reportable 2 × column 6)	8. Allocable de (column 6 × total 3(a) and 3	of columns
(1)				%	<u> </u>	0		0,
(2)				%		0		0
(3)		***********		%		0		0
(4)				%	1	0		0
					1	and on page 1, 7, column (A).	Enter here and	on page 1,
Totals				▶	raiti, ine	` '	Part I, line 7, co	` ′ -
Total dividends-received deductio	no included in a	olumn 0			L	0	· · · · · · · · · · · · · · · · · · ·	0

Form **990-T** (2018)

Schedule F—Interest, Annui	ties, Royalties,				<u>ntrolled Org</u> janizations	anızaı	ions (se	e instri	uctions)	
Name of controlled organization	2. Employer identification number	3. Net ur	nrelated incon	ne	Total of specific payments made.	ied in	Part of coluction of the part of the coluction of the columns of t	e controll	ing co	Deductions directly nnected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organization	ons									
7. Taxable Income	8. Net unrelated i (loss) (see instru		9		l of specified nents made	in	Part of coluction Part of coluction Part of the coluction Part of the column Part of the	e controlli	ing con	Deductions directly nected with income in column 10
(1)			1							
(2)										
(3)										
(4)										
Tatala					_	En	odd columns ter here and art I, line 8, o	i on page	1, Ente	d columns 6 and 11. If here and on page 1, It, line 8, column (B).
Totals					(7) Overenine		!	-4:1		0
Schedule G—Investment Inc 1. Description of income	2. Amount of ir		dir	3. Ded	uctions connected schedule)		see instru 4. Set-aside tach schedt	s	5.	Total deductions set-asides (col. 3 plus col. 4)
(1)			(4)	110011	, or roughly	+				0
(2)										0
(3)					· 	 				0
(4)										0
Totals	Enter here and o Part I, line 9, colu	ımn (A). 0								ere and on page 1, ne 9, column (B). 0
Schedule I—Exploited Exem	pt Activity Incor	ne, Oth	er Than A	Adv	ertising Inco	ome (s	ee instruc	ctions)		·
Description of exploited activity	2. Gross unrelated business incom from trade or business	e conn prod un	expenses irectly ected with luction of related ess income	fron or b 2 m	Net income (loss) n unrelated trade rusiness (column ninus column 3). a gain, compute ls. 5 through 7.	from a	ss income ctivity that unrelated ss income	attrib	xpenses outable to lumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)					0					0
(2)				<u> </u>	0					0
(3)					0					0
(4)					0					0
Totals	Enter here and of page 1, Part I, line 10, col. (A).	page	nere and on 1, Part I, 0, col. (B).							Enter here and on page 1, Part II, line 26.
Schedule J—Advertising Inco	ome (see instruction	ons)		new controller	TO A CANAL MANUSCRIPTION OF THE PARTY.	PANARANAN ZIPELASE KAN	DESTRUCTION OF THE PERSON	en one out the filter of		4.5
Part I Income From Perio			Consolid	ated	l Basis					. 1
1. Name of periodical	2. Gross advertising income		Direct ising costs	gai 2 m a	1. Advertising in or (loss) (col. minus col. 3). If gain, compute ls. 5 through 7.		culation come		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)			,							
(4)					TO THE THE PARTY OF THE PARTY O					
Totals (carry to Part II, line (5))	•	0	o		0		0			0

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical 2. Gross advertising bincome 3. Direct advertising costs 3. Direct advertising costs 3. Direct advertising costs 2 minus col. 3). Embedding a gain, compute cols. 5 through 7. (1) (2) (3) (4) Totals from Part I. ▶ 0 0 0 Enter here and on page 1, Part I, line 11, col. (A). Ine 11, col. (B).	Ocidining 2 till odgir 7 or	Ta line by line	DUG10.)		y		
(2) (3) (4) Totals from Part I ▶ 0 0 0	1. Name of periodical	advertising		gain or (loss) (col. 2 minus col. 3). If a gain, compute		,	minus column 5, but not more than
(3) (4) Totals from Part I	(1)			0			0
(4) Totals from Part I. O Enter here and on page 1, Part I, line 11, col. (A). Enter here and on page 1, Part I, line 11, col. (B).	(2)			0			0
Totals from Part I ▶ 0 0 0 0 C Enter here and on page 1, Part I, line 11, col. (A). line 11, col. (B). Enter here and on page 1, Part II, line 27.	(3)			0			. 0
Enter here and on page 1, Part I, line 11, col. (A). In enter the end on page 1, Part I, line 15, col. (B). Enter here and on page 1, Part I, line 27.	(4)			0			0
page 1, Part I, line 11, col. (A). line 11, col. (B). page 1, Part II, line 27.	Totals from Part I ▶	0	0				0.
Totals, Part II (lines 1-5) ▶ 0		page 1, Part I,	page 1, Part I,				on page 1,
	Totals, Part II (lines 1-5) ▶	0	0				0

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0

Form **990-T** (2018)



Department of the Treasury Internal Revenue Service Ogden, UT 84201

Notice	CP211A
Tax period	June 30, 2019
Notice date	December 9, 2019
Employer ID number	22-6082880
To contact us	Phone 877-829-5500
	FAX 877-792-2864

Page 1 of 1

INC 666 BROADWAY 7TH FLR NEW YORK NY 10012-2317

154726

Important information about your June 30, 2019 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2019 Form 990T.

Your new due date is May 15, 2020.

What you need to do

File your June 30, 2019 Form 990T by May 15, 2020.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

ı	Form 990-T	=	xempt Organization	Bus	iness Incor	me Tax Re	turi	n l	ОМВ	No. 1545-	-0687	
•		1	(and proxy tax	und	er section 6	3033(e))		`				
		For cale	endar year 2017 or other tax year begin	mina	7/1/2017		0/00.		92	'(0) 1 '	7	
E	Department of the Treasury		20 to maning.gov/F0[][[990] [or insti	'Hetione and the l	atant information	_		<i></i>		-	
_11	nternal Revenue Service	► Don	ot enter SSN numbers on this form as	it may b	e made public if you	r organization is a t	11. 304/a)/	21	Open to F	Public Inspe	ction fo	
٨	Check box if address changed		Name of organization (Check	chov if n	ame changed and see	' de gameation is a c			501(c)(3)	Organizatio	ons Onl	
E	Exempt under section	1	CENTER FOR CONSTITUTION	MALE	ame changed and see	Instructions.)		(Emplo	yees' trust, s	see instructio	umber ons.)	
	X 501 (C)(3)	.	Number, street, and room or suite no. I	fa DO I	NOV 200 in the state of							
	408(e) 220(e)	Print	1600 DD 0 AD14(A) () 22-0002000									
	408A 530(a)	or Type	City or town				_ [Unrela (See ins	ted busin structions.)	ess activit	y code	
	529(a)	.,,,,,	NEW YORK	Sta		ZIP code		(555 11)0	a dolloria, j			
	\ '		Foreign country name	N)		10012	_					
			in some state of the state of t	roreign	province/state/county	Foreign postal code	1					
С	Book value of all assets at	F Grou	p exemption number (See instr	uctions	.) >			9000)99	<u> </u>		
	end of year 27,828.019	G Chec	k organization type ► X 50	11/6\ 6								
Н	Describe the organiza	tion's pri	mary unrelated business activity	71(0) 0	orporation [] s	501(c) trust	40	1(a) tru	ust	Other t	trust	
ī	During the tax year was	the corn	oration o subsidient in an attitute	. •	DISALLOWED	FRINGES						
	If "Yes," enter the name	and ident	oration a subsidiary in an affiliated ifying number of the parent corpor	group	or a parent-subsidi	iary controlled gr	oup?		>	Yes D	X No	
J	The books are in care		ERNEST V. WARREN C/O CCF	auon.	· · · · · · · · · · · · · · · · · · ·					1 1	<u></u>	
F	Part I Unrelated Tr	ade or l	Business Income	'		phone number	>	(212)	314-646	4		
1	a Gross receipts or sal	es	Susmess income		(A) Income	(B) E	xpens	es		(C) Net		
	b Less returns and allowan		c Balance ▶									
2			A, line 7)	1 <u>c</u>	0							
3	Gross profit. Subtract	: line 2 fro	om line 1c									
4	a Capital gain net incor	ne (attac	h Schedule D)	An	0						וכ	
	b 1401 gain (1055) (F0[[]] 4	191. Part	II. line 1/) (attach Form 4707)	416								
	c cahiral loss deduction	i for trust	S.	40								
5	income (loss) from partne	rships and	S cornorations (attach statement)	E								
6	rzeni nicome (2ctedn	1e (C)		6				e Piete	<u> </u>			
7	outerared dept-tillable	ed incom	e (Schedule F)	. 7								
8	interest, armulles, royalles, a	and rents fro	Om controlled organizations (Schodule E)	8								
9	investment income of a section	on 501(c)(7)	(9) or (17) organization (Schodule C)									
10	rybiolieg exempt activ	/ity incon	16 (Schedule I)	40								
11	Vavarriging income (2)	cnedule .	1)	44							<u> </u>	
12	Orner income (See Ins	tructions	: attach schedule)	12	-30,309			4 (1444-145)			ļ	
13	Total. Combine lines 3	through	12	40	20.000			A. A. S. S. S. S. S. S. S. S. S. S. S. S. S.		-30,309		
Pa	Deductions No	ot lake	n Elsewhere (See instruction	ns fo	limitations on	deductions) (<u> </u>	1 1		-30,309	<u>L</u>	
	deductions mus	st be dir	ectly connected with the un	relate	d husiness inco	aeauclions.) (EXCE	pt for	contrib	utions,		
14	1 - 1 - 1 0 1 0 1 1 0 1	" 3. UII EU	IOIS, AND MISTERS (SCHADINA IX)					1 44 1				
15								14				
16 17	Repairs and maintenar	ice						16				
18	bad debts							17				
19	Taxes and line	le)					• •	18		\longrightarrow		
20	Charitable contribute		structions for limitation rules				•	19	··-			
21								20	···			
22	Less depreciation daim	rm 4562)	chedule A and elsewhere on ret		. 21	1						
23	Depletion	eu on Sc	chedule A and elsewhere on retu	urn .	22a	P3.		22b				
24	Contributions to deferre	 doomana						23				
25	Employee henefit progra	u compe	nsation plans				1	24				
26	Excess exempt expense	31115 , .	dulan			, j.,	. 1	25				
27	Excess readership costs	S (Schod		. : :::56			[26				
28	Other deductions (attack	s (Schedu					. [27				
29	Total deductions Add I	inae 1/1 t	brough 28				. [28				
30	Unrelated business tava	hle incon	nsation plans dule I) ule J) le) hrough 28 ne before net operating loss dec	5.5			. [29		0		
31	Net operating loss deduc	ction /lim	ne before net operating loss decited to the amount and line.	duction	i. Subtract line 29	from line 13.	[30	-3	30,309		
32	Unrelated business taxa	ble incon	ned to the amount on line 30).				. [31				
	Specific deduction (Gene	erally \$1	ne before specific deduction. Su	intract	line 31 from line	30	[32	-3	0,309		
34	Unrelated business tax	able inc	one Subtract line 22 frame l'	s for ex	ceptions)		.	33				
	32, enter the smaller of z	ero or lin	e 32	oz. It li	ne 33 is greater t	than line	Γ					
For Pa	perwork Reduction Act N	otice. se	instructions	· · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>		34		0,309		
HTA		,,							Form 9	90-T ₍₂₀)17)	

Pa	ĽЦ		Tax Computation		·····					·			
35	a l	membe Enter y	izations Taxable as Corpers (sections 1561 and 1560 our share of the \$50,000,	33) check here \$25,000, and	• ► _ See ii \$9,925,000 taxable	n structions income brac	and:						
I	b l	1)	organization's share of: (1) litional 3% tax (not more the) <u>\$</u> Additional 5% nan \$100,000)	tax (not more than	\$11,750) .	. \$						
36	c I	ncome f rusts	e tax on the amount on line Taxable at Trust Rates.	34		on. Income to	ax on th	ne		35c 36			
37 38 39	F	Proxy Alterna	tax. See instructions	 					•	37 38			
40 Par		otal. /	Add lines 37, 38 and 39 to Tax and Payments	line 35c or 36,	whichever applies	· · · · · ·	· · · ·	· · · · · · · · · · · · · · · · · · ·	• • •	40		0	
41 a	o (Other c	n tax credit (corporations a credits (see instructions) . Il business credit. Attach F				41a 41b 41c						
42	d C	redit f otal c i	or prior year minimum tax redits. Add lines 41a throu ct line 41e from line 40	(attach Form 8 igh 41d	3801 or 8827)		41d			41e 42		0	
43 44 45 a	O T	ther tax otal ta	tes. Check if from: Form 42: IX. Add lines 42 and 43 Ints: A 2016 overpayment of	55 Form 86	611 Form 8697 Form 8697	Form 8866	└	Other (attach sched	dule) I	43		0	
b c d) 2 ; Ta	017 es ax dep oreign	stimated tax payments posited with Form 8868 organizations: Tax paid o	withheld at so	ource (see instruction	 ons)	45a 45b 45c 45d						
e f g	С	redit fo	withholding (see instructions small employer health in redits and payments:	surance prem Form 243	iiums (Attach Form 9	8941)	45e 45f						
46 47	E	o tal pa stimate	ayments. Add lines 45a the ed tax penalty (see instruc	rough 45g . tions). Check i	if Form 2220 is attac	 ched			i i	46 47	6,	155	
48 49 50	O E	verpay	e. If line 46 is less than the yment. If line 46 is larger to amount of line 49 you want:	han the total o Credited to 20	of lines 44 and 47, e 118 estimated tax	nter amount ►	t overpa	aid	▶	48 49 50		0 155 155	
Par	tν	St	tatements Regarding	Certain Acti	vities and Other	Informati	on (se	e instructions)					
51	٥\ Fi	∕er a fi	me during the 2017 calend nancial account (bank, see Form 114, Report of Fore	curities, or othe	er) in a foreign coun	itry? If YES,	the org	anization may	have	to file			No X
52 52	lf"	YES, s	e tax year, did the organizations for other for	orms the organ	nization may have to	file.			foreig	n trust?.			X
53		Unde	e amount of tax-exempt in penalties of perjury, I declare that I h	LETEST FECEIVED	or accrued during	tne tax year	tatamente	and to the best of my	, knowle -	lan and har-	f it in town		W.W.
Sign Here		and d	complete. Declaration of preparer (oth	er than taxpayer) is b	ased on all information of wh	ich preparer has a	any knowle	and to the best of my edge.	<u>r</u>	May the IRS	S discuss this r shown below	return w	/ith
Paid Prep			Print/Type preparer's name MICHAEL LEE		Preparer's signature	I fee		Oate 3/8/2020		mployed	PTIN P01087	092	
Jse				TAM & CO., F AD STREET, S	RC. SUITE 1837 , NEW	YORK, NY	10004		Firm's Phone		-3777972 2-785-46		

Form 990-T (2017)	CENTED FOR CONSTI	FUTIONAL PIOUTO				
Schedule A—Cost of Go	CENTER FOR CONSTI	hod of inventory valuet		2	2-6082880	Page
1 Inventory at beginning	of year 1					
2 Purchases				nd of year		
3 Cost of labor	3		-	s sold. Subtract		
4 a Additional section 263/				5. Enter here		_ [
(attach schedule)				ine 2		0
b Other costs (attach sch				f section 263A (v		Yes No
5 Total. Add lines 1 throu				uced or acquired		
Schedule C—Rent Incon	ne (From Peal Prope	urty and Baroanal Braz	apply to the or	ganization?	· · · · · · · · · · · · · · · · · · ·	
(see instructions)	ne (i rom iteal Frope	nty and Personal Prop	perty Lease	a with Real P	roperty)	
Description of property						
(1)			· · · · · · · · · · · · · · · · · · ·			
(2)						
(3)						
(4)						
3.7	2. Rent received or acc	rued	-	1		····
(a) From personal property (if the p for personal property is more than more than 50%)	an 10% but not per	(b) From real and personal proper centage of rent for personal prope 9% or if the rent is based on profit	rtv exceeds		directly connected wit (a) and 2(b) (attach s	
(1) (2)						
(3)						
(4)						
Total	0 7.41					
(c) Total income. Add totals of co	column (A) I	•	0	(b) Total deduce Enter here and	on page 1,	0
Schedule E—Unrelated D	ebt-Financed Incom	e (see instructions)				
1. Description of debt	-financed property	2. Gross income from or allocable to debt-financed	3. [Deductions directly co to debt-finan	nnected with or alloca ced property	ble
	- Francisco	property		line depreciation h schedule)	(b) Other dec (attach sch	
(1)						
(2)						
(3)						
(4)						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5		come reportable 2 × column 6)	8. Allocable de (column 6 × total 3(a) and 3	of columns

%

%

%

%

Enter here and on page 1,

Part I, line 7, column (A).

0

0

0

0

0

•

Total dividends-received deductions included in column 8 .

(1)

(3)

(4)

Form **990-T** (2017)

000

0

Enter here and on page 1,

Part I, line 7, column (B).

		and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations							
Name of controlled organization	2. Employer identification number	Net unrelated incom (loss) (see instructions		4. Total of spe	5. Part of column 4 that is included in the controlling organization's gross income		ina I d	Deductions directly connected with income in column 5	
(1)									
(2)									
(4)									
Nonexempt Controlled Organization	<u> </u>								
Programme organization									
7. Taxable Income	8. Net unrelated income (loss) (see instructions)			Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly nnected with income in column 10	
)									
)									
3)									
,			·· ··· · · · · · · · · · · · · · · · ·						
otals					Enter here a	ins 5 and 10 and on page 3, column (A	1, Ente	dd columns 6 and 11. er here and on page 1, t I, line 8, column (B).	
chedule G—Investment Ince	ma of a Oction			<u> </u>	>		0	(
chedule G—Investment Inco	ine of a Section	<u>1 501(c)(</u>	7), (9), or	(17) Organiz	ation (see inst	ructions)			
1. Description of income	2. Amount of income		directly	eductions connected schedule)		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
)								C	
				·	ļ			O	
								0	
tals	Enter here and on Part I, line 9, colum	ın (A).				1 E	Enter he Part I, li	Oere and on page 1, ne 9, column (B).	
chedule I—Exploited Exempt	Activity Incom	<u>e, Other</u>	Than Adv	ertising Inco	me (see instru	ictions)		· <u>-</u>	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expr direct connects product unrelations	enses 4. city fro ed with or tion of 2 i	Net income (loss) m unrelated trade business (column minus column 3). a gain, compute ols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Exp attributa colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
				0		 -			
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	Fall			0				0	
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, I line 10, co	Part I, ol. (B).						
hedule J—Advertising Incom	page 1, Part I, line 10, col. (A).	page 1, I line 10, co	Pantl, │					0 0 Enter here and on page 1,	
hedule J—Advertising Incom	page 1, Part I, line 10, col. (A).	page 1, I	Part I, ol. (B). 0	0				0 Enter here and on page 1, Part II, line 26.	
als ••••••••••••••••••••••••••••••••••••	page 1, Part I, line 10, col. (A).	page 1, I	Part I, ol. (B). 0	0 Basis				0 Enter here and on page 1, Part II, line 26.	
nedule J—Advertising Incom	page 1, Part I, line 10, col. (A).	page 1, I	On the second se	0	5. Circulation income	6. Reade		0 Enter here and on page 1, Part II, line 26.	
hedule J—Advertising Incom art I Income From Periodi	page 1, Part I, line 10, col. (A). © (see instructions cals Reported cals Reported cals advertising	page 1, I line 10, co	On the second se	Basis Advertising n or (loss) (col. ninus col. 3). If gain, compute				O O Enter here and on page 1, Part II, line 26. O 7. Excess readership costs (column 6 minus column 5, but not more than	
hedule J—Advertising Incom art I Income From Periodi	page 1, Part I, line 10, col. (A). © (see instructions cals Reported cals Reported cals advertising	page 1, I line 10, co	On the second se	Basis Advertising n or (loss) (col. ninus col. 3). If gain, compute				O O Enter here and on page 1, Part II, line 26. O 7. Excess readership costs (column 6 minus column 5, but not more than	
nedule J—Advertising Incom rt I Income From Periodi	page 1, Part I, line 10, col. (A). © (see instructions cals Reported cals Reported cals advertising	page 1, I line 10, co	On the second se	Basis Advertising n or (loss) (col. ninus col. 3). If gain, compute				O O Enter here and on page 1, Part II, line 26. O 7. Excess readership costs (column 6 minus column 5, but not more than	

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Part II Income From Periodi	e From Periodicals Reported on a Separate Basis (For each p				22-6082880	O Page 5
columns 2 through 7 or	n a line-by-line	on a Separate basis.)	Basis (For each	periodical liste	d in Part II, fi	ll in
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			0			C
(2)			0			O
(3)			. 0			0
**************************************			. 0			0
Totals from Part I ▶	0	0				0
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Schedule K—Compensation of C	Officers Direct	ore and Truck	200 (000 in almost	- N		0
	meers, Direct	ois, and musi	ees (see instruction			
1. Name			2. Title	3. Percent of time devoted to business	me devoted to 4. Compensa	
(1)				9/	0	
(2)				%		
(3)				%		
(4)	······································			%		
Total. Enter here and on page 1, Part II, line	<u> 14 </u>	<u></u>				0

Form **990-T** (2017)