

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2024

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

Open to Public Inspection

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

**A** For the **2024** calendar year, or tax year beginning **7/1/2024** and ending **6/30/2025**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **CENTER FOR CONSTITUTIONAL RIGHTS**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**666 BROADWAY, 7TH FLOOR**  
 City or town State ZIP code  
**NEW YORK NY 10012**  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
**22-6082880**

**E** Telephone number  
**(212) 614-6464**

**G** Gross receipts **40,096,419**

**F** Name and address of principal officer:  
**ERNEST V. WARREN 666 BROADWAY, 7TH FLOOR, NY, NY 10012**

**H(a)** Is this a group return for subsidiaries?  Yes  No  
**H(b)** Are all subsidiaries included?  Yes  No  
 If "No," attach a list. See instructions

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

**J** Website: **WWW.CCRJUSTICE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation **1966** **M** State of legal domicile: **NJ**

## Part I Summary

|   |   |                           |              |
|---|---|---------------------------|--------------|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><b>THE CENTER FOR CONSTITUTIONAL RIGHTS STANDS WITH SOCIAL JUSTICE MOVEMENTS AND COMMUNITIES UNDER THREAT-FUSING LITIGATION, ADVOCACY AND NARRATIVE SHIFTING TO DISMANTLE SYSTEMS OF OPPRESSION REGARDLESS OF THE RISK.</b> |                           |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                           |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                  | <b>17</b>    |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                  | <b>17</b>    |
|   | <b>5</b> Total number of individuals employed in calendar year 2024 (Part VI, line 2a)  | <b>5</b>                  | <b>62</b>    |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                  | <b>17</b>    |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 | <b>0</b>     |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11     | <b>7b</b>   | <b>0</b>                  |              |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year                | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 12,995,941                | 11,738,600   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 1,555,752                 | 588,039      |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 1,216,438                 | 1,148,044    |
|   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 24,032                    | 18,711       |
|   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 15,792,163                | 13,493,394   |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | 60,769                    | 0            |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0                         | 0            |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | 9,860,437                 | 11,251,747   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0                         | 0            |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)  | 2,115,947                 |              |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | 4,355,577                 | 2,770,169    |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 14,276,783  | 14,021,916                |              |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | 1,515,380   | -528,522                  |              |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 45,971,290                | 46,557,851   |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 923,681                   | 1,087,490    |
|   |   | 45,047,609                | 45,470,361   |

## Part II Signature Block

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

**Sign Here**

**Ernest V. Warren** **11/11/2025**  
 Signature of officer Date  
**ERNEST V. WARREN** **EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer Use Only**

Preparer's name **JESSIE TAM-MOY** Preparer's signature *Jessie Tam-Moy* Date **11/10/2025** Check  if self-employed PTIN **P02530627**  
 Firm's name **WINNIE TAM & CO., P.C.** Firm's EIN **13-3777972**  
 Firm's address **50 BROAD STREET, SUITE 1002, NEW YORK, NY 10004** Phone no. **(212) 785-4600**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2024)

Part 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:
CCR IS A NON-PROFIT LEGAL AND EDUCATIONAL ORGANIZATION DEDICATED TO ADVANCING AND PROTECTING THE RIGHTS GUARANTEED BY THE UNITED STATES CONSTITUTION & THE UNIVERSAL DECLARATION OF HUMAN RIGHTS. CCR STANDS WITH SOCIAL JUSTICE MOVEMENTS & COMMUNITIES UNDER THREAT-FUSING LITIGATION, ADVOCACY & NARRATIVE SHIFTING TO DISMANTLE SYSTEMS OF OPPRESSION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  Yes  No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  Yes  No
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 6,555,214 including grants of \$ 0 ) (Revenue \$ 588,039 )
LITIGATION - UNDERTAKES LITIGATION TO PROTECT AND ADVANCE CONSTITUTIONAL RIGHTS

4b (Code: ) (Expenses \$ 2,551,207 including grants of \$ 0 ) (Revenue \$ 0 )
ADVOCACY - PUBLISHES AND DISTRIBUTES EDUCATIONAL MATERIALS AND PROVIDES WORKSHOPS AND ADVOCACY SUPPORT REGARDING CONSTITUTIONAL RIGHTS

4c (Code: ) (Expenses \$ 1,205,787 including grants of \$ 0 ) (Revenue \$ 0 )
COMMUNICATIONS - INFORMS CCR'S CLIENTS AND STAKEHOLDERS THROUGH THE USE OF SOCIAL MEDIA, DIGITAL PLATFORMS, COMPELLING CLIENT-CENTERED VIDEOS, THE PRESS AND COMMUNITY EVENTS ACROSS THE GLOBE ABOUT THE MISSION OF CCR OF STANDING WITH SOCIAL MOVEMENTS AND COMMUNITIES UNDER THREAT FUSING LITIGATION, ADVOCACY AND NARRATIVE SHIFTING TO DISMANTLE SYSTEMS OF OPPRESSION REGARDLESS OF THE RIST. THIS DEPARTMENT ALSO MAINTAINS CCR'S PUBLIC IMAGE AND ITS WEBSITES.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 10,312,208

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .   | X   |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .  |     | 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 . . . . .  |     | 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 . . . . .  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   | X   |    |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .   | X   |    |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   | X   |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .  |     | X  |
| c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .  |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . .  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .   |     | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  | N/A |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .  |     | X  |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Yes No

Table with 17 main rows (2a-17) and sub-rows (a-f). Columns include question text, sub-row identifier, and Yes/No checkboxes. Includes a large 'DUPLICATE ONLY' watermark.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on 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. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed See Attached Statement 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records DEOPHISTER UFFER C/O CCR (212) 614-6464 666 BROADWAY, 7TH FLOOR, NEW YORK, NY 10012

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                            | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) ERNEST V. WARREN<br>EXECUTIVE DIRECTOR       | 40.00<br>0.00   |   |                       | X       |              |                              |        | 315,663   | 0  | 60,867  |
| (2) MARIA LAHOOD<br>DEPUTY LEGAL DIRECTOR        | 40.00<br>0.00   |   |                       |         | X            |                              |        | 223,907   | 0  | 54,444  |
| (3) BAHER AZMY<br>LEGAL DIRECTOR                 | 40.00<br>0:00   |   |                       |         | X            |                              |        | 241,973   | 0  | 30,435  |
| (4) DONITA JUDGE<br>ASSOCIATE EXECUTIVE DIRECTOR | 40.00<br>0.00   |   |                       | X       |              |                              |        | 224,113   | 0  | 29,185  |
| (5) JENNIFER ALTENOR<br>COMMUNICATIONS DIRECTOR  | 40.00<br>0.00   |   |                       |         |              | X                            |        | 191,025   | 0  | 36,622  |
| (6) DEOPHISTER UFFER<br>FINANCE DIRECTOR         | 40.00<br>0.00   |   |                       |         |              | X                            |        | 185,410   | 0  | 37,589  |
| (7) NADIA BEN YOUSSEF<br>ADVOCACY DIRECTOR       | 40.00<br>0.00   |   |                       |         | X            |                              |        | 199,658   | 0  | 18,035  |
| (8) MASHA KATZ BAER<br>DIRECTOR OF DEVELOPMENT   | 40.00<br>0.00   |   |                       |         | X            |                              |        | 185,085   | 0  | 19,981  |
| (9) SHAYANA KADIDAL<br>SENIOR STAFF ATTORNEY     | 40.00<br>0.00   |   |                       |         |              | X                            |        | 153,548   | 0  | 33,998  |
| (10) PAMELA SPEES<br>SENIOR STAFF ATTORNEY       | 40.00<br>0.00   |   |                       |         |              | X                            |        | 157,091   | 0  | 24,493  |
| (11) IAN HEAD<br>OPEN RECORDS PROJ MANAGER       | 40.00<br>0.00   |   |                       |         |              | X                            |        | 155,733   | 0  | 10,901  |
| (12) JUMANA MUSA<br>CO-CHAIR                     | 3.50<br>0.00  | X   | X                     |         |              |                              |        | 0   | 0  | 0   |
| (13) LISA CROOMS-ROBINSON<br>CO-CHAIR            | 3.50<br>0.00  | X   | X                     |         |              |                              |        | 0   | 0  | 0   |
| (14) SYLVESTER JOHNSON<br>TREASURER              | 3.50<br>0.00  | X   | X                     |         |              |                              |        | 0   | 0  | 0   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (15) NERMEEN ARASTU<br>SECRETARY                               | 2.00<br>0.00   |   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (16) LUMUMBA AKINWOLE-BANDELE<br>TRUSTEE                       | 1.50<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (17) COLETTE PICHON BATTLE<br>TRUSTEE                          | 1.50<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (18) JUSTIN HANSFORD<br>TRUSTEE                                | 1.50<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (19) GAY J. MCDUGAL<br>TRUSTEE                                 | 1.50<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (20) MEENA JAGANNATH<br>TRUSTEE                                | 1.50<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (21) VINCENT SOUTHERLAND<br>TRUSTEE                            | 1.50<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (22) AMANDA ALEXANDER<br>TRUSTEE                               | 1.50<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (23) MARJORIE FINE<br>TRUSTEE                                  | 1.50<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (24) ALEJANDRA ANCHEITA<br>TRUSTEE                             | 1.50<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (25) LINDA BURNHAM<br>TRUSTEE                                  | 1.50<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| <b>1b Subtotal</b>   |  |   |                       |         |              |                              |        | 2,233,206   | 0  | 356,550   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        | 0   | 0  | 0   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 2,233,206   | 0  | 356,550   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 47

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                                       | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| Matthew D Strugar<br>3435 Wilshire Blvd Ste 2910 Los Angeles, CA 90010 | Cooperating Attorney fees      | 140,402             |
| Samuel R. Miller<br>445 Riverside Drive, New York, NY 10027            | Cooperating Attorney fees      | 169,592             |
|  |                                | 0                   |
|  |                                | 0                   |
|  |                                | 0                   |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2

# Continuation Sheet for Form 990

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)<br>Name and title      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                            |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (26) NOURA ERAKAT TRUSTEE  | 1.50<br>0.00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (27) RUKIA LUMUMBA TRUSTEE | 1.50<br>0.00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (28) MAKANI THEMBA TRUSTEE | 1.50<br>0.00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (29) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (30) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (31) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (32) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (33) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (34) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (35) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (36) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (37) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (38) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (39) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (40) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (41) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (42) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (43) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (44) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (45) .....                 |  |  |                       |         |              |                              |        |  |   |   |
| (46) .....                 |  |  |                       |         |              |                              |        |  |   |   |

Electronic Filing Only

**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|--|--|----------------------|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | 1a   | Federated campaigns . . . . .  | 1a                   | 0  |                                      |   |  |
|   | b  | Membership dues . . . . .  | 1b                   | 0  |                                      |   |  |
|   | c  | Fundraising events . . . . .   | 1c                   | 0  |                                      |   |  |
|   | d  | Related organizations . . . . .  | 1d                   | 0  |                                      |   |  |
|   | e  | Government grants (contributions) . . . . .  | 1e                   | 0  |                                      |   |  |
|   | f  | All other contributions, gifts, grants, and similar amounts not included above . . . . . | 1f                   | 11,738,600                                   |                                      |   |  |
|   | g  | Noncash contributions included in lines 1a-1f . . . . .                                  | 1g                   | \$ 749,444                                   |                                      |   |  |
|   | h  | <b>Total.</b> Add lines 1a-1f . . . . .  |                      | 11,738,600                                   |                                      |   |  |
| <b>Program Service Revenue</b>                                | 2a   | COURT AWARDS AND ATTORNEY FEES   | Business Code        | 588,039                                      | 588,039                              |   |  |
|   | b  | -----  |                      | 0  |                                      |   |  |
|   | c  | -----  |                      | 0  |                                      |   |  |
|   | d  | -----  |                      | 0  |                                      |   |  |
|   | e  | -----  |                      | 0  |                                      |   |  |
|   | f  | All other program service revenue . . . . .  |                      | 0  |                                      |   |  |
|   | g  | <b>Total.</b> Add lines 2a-2f . . . . .  |                      | 588,039                                      |                                      |   |  |
| <b>Other Revenue</b>  | 3  | Investment income (including dividends, interest, and other similar amounts) . . . . .   |                      | 1,209,020                                    |                                      | 1,209,020   |  |
|   | 4  | Income from investment of tax-exempt bond proceeds . . . . .                             |                      | 0  |                                      |   |  |
|   | 5  | Royalties . . . . .  |                      | 0  |                                      |   |  |
|   | 6a   | Gross rents . . . . .  | 6a                   | (i) Real                                     |                                      |   |  |
|   |  |  |                      | (ii) Personal                                |                                      |   |  |
|   |  |  |                      |  |                                      |   |  |
|   | b  | Less: rental expenses . . . . .  | 6b                   |  |                                      |   |  |
|   | c  | Rental income or (loss) . . . . .  | 6c                   | 0  | 0                                    |   |  |
|   | d  | Net rental income or (loss) . . . . .  |                      | 0  |                                      |   |  |
|   | 7a   | Gross amount from sales of assets other than inventory . . . . .                         | 7a                   | (i) Securities                               | 26,542,049                           | 0   |  |
|   |  |  |                      | (ii) Other                                   |                                      |   |  |
|   |  |  |                      |  |                                      |   |  |
|   | b  | Less: cost or other basis and sales expenses . . . . .                                   | 7b                   | 26,603,025                                   | 0                                    |   |  |
|   | c  | Gain or (loss) . . . . .   | 7c                   | -60,976                                      | 0                                    |   |  |
|   | d  | Net gain or (loss) . . . . .   |                      | -60,976                                      |                                      | -60,976   |  |
| 8a  | Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . . | 8a   | 0                    |  |                                      |   |  |
| b   | Less: direct expenses . . . . .  | 8b   | 0                    |  |                                      |   |  |
| c   | Net income or (loss) from fundraising events . . . . .   |  | 0                    |  |                                      |   |  |
| 9a  | Gross income from gaming activities. See Part IV, line 19. . . . .   | 9a   | 0                    |  |                                      |   |  |
| b   | Less: direct expenses . . . . .  | 9b   | 0                    |  |                                      |   |  |
| c   | Net income or (loss) from gaming activities . . . . .  |  | 0                    |  |                                      |   |  |
| 10a   | Gross sales of inventory, less returns and allowances . . . . .  | 10a  | 0                    |  |                                      |   |  |
| b   | Less: cost of goods sold . . . . .   | 10b  | 0                    |  |                                      |   |  |
| c   | Net income or (loss) from sales of inventory . . . . .   |  | 0                    |  |                                      |   |  |
| <b>Miscellaneous Revenue</b>                                  | 11a  | OTHER INCOME   | Business Code        | 18,711                                       | 18,711                               |   |  |
|   | b  | -----  |                      | 0  |                                      |   |  |
|   | c  | -----  |                      | 0  |                                      |   |  |
|   | d  | All other revenue . . . . .  |                      | 0  |                                      |   |  |
|   | e  | <b>Total.</b> Add lines 11a-11d . . . . .  |                      | 18,711                                       |                                      |   |  |
| 12  | <b>Total revenue.</b> See instructions. . . . .  |  | 13,493,394           | 606,750                                      | 0                                    | 1,148,044   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| 1   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 0                     |                                 |  |                             |
| 2   | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 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                     |                                 |  |                             |
| 5   | Compensation of current officers, directors, trustees, and key employees . . . . .  | 1,511,175             | 1,141,656                       | 107,012                                | 262,507                     |
| 6   | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     |                                 |  |                             |
| 7   | Other salaries and wages . . . . .  | 6,796,962             | 5,225,417                       | 573,406                                | 998,139                     |
| 8   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 573,525               | 439,530                         | 46,970                                 | 87,025                      |
| 9   | Other employee benefits . . . . .   | 1,697,155             | 1,302,939                       | 138,189                                | 256,027                     |
| 10  | Payroll taxes . . . . .   | 672,930               | 515,711                         | 55,111                                 | 102,108                     |
| 11  | Fees for services (nonemployees):   |                       |                                 |  |                             |
| a   | Management . . . . .  | 0                     |                                 |  |                             |
| b   | Legal . . . . .   | 22,413                |                                 | 22,413                                 |                             |
| c   | Accounting . . . . .  | 51,062                |                                 | 51,062                                 |                             |
| d   | Lobbying . . . . .  | 0                     |                                 |  |                             |
| e   | Professional fundraising services. See Part IV, line 17 . . . . .   | 0                     |                                 |  |                             |
| f   | Investment management fees . . . . .  | 0                     |                                 |  |                             |
| g   | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .   | 489,161               | 230,410                         | 223,159                                | 35,592                      |
| 12  | Advertising and promotion . . . . .   | 0                     |                                 |  |                             |
| 13  | Office expenses . . . . .   | 257,039               | 94,826                          | 58,319                                 | 103,894                     |
| 14  | Information technology . . . . .  | 134,176               | 5,164                           | 80,232                                 | 48,780                      |
| 15  | Royalties . . . . .   | 0                     |                                 |  |                             |
| 16  | Occupancy . . . . .   | 495,469               | 379,710                         | 40,577                                 | 75,182                      |
| 17  | Travel . . . . .  | 325,161               | 282,716                         | 18,021                                 | 24,424                      |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| 19  | Conferences, conventions, and meetings . . . . .  | 48,680                | 35,541                          | 8,459                                  | 4,680                       |
| 20  | Interest . . . . .  | 0                     |                                 |  |                             |
| 21  | Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| 22  | Depreciation, depletion, and amortization . . . . .   | 225,580               | 172,877                         | 18,474                                 | 34,229                      |
| 23  | Insurance . . . . .   | 82,053                | 54,307                          | 24,083                                 | 3,663                       |
| 24  | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a   | Cooperating attorney fees . . . . .   | 162,726               | 162,726                         |  |                             |
| b   | Books and subscriptions . . . . .   | 209,888               | 159,883                         | 35,171                                 | 14,834                      |
| c   | Event expenses . . . . .  | 166,730               | 97,047                          | 6,962                                  | 62,721                      |
| d   | Recruitment expense . . . . .   | 70,066                |                                 | 70,066                                 |                             |
| e   | All other expenses Court and legal costs & Misc. . . . .  | 29,965                | 11,748                          | 16,075                                 | 2,142                       |
| 25  | <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 14,021,916            | 10,312,208                      | 1,593,761                              | 2,115,947                   |
| 26  | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

Part X Balance Sheet

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

Table with columns: (A) Beginning of year, (B) End of year. Rows include Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33). Includes sub-rows 10a and 10b for land/equipment and 10c for depreciation.

**Part XI Reconciliation of Net Assets**

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

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 13,493,394 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 14,021,916 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -528,522   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 45,047,609 |
| 5  | Net unrealized gains (losses) on investments   | 5  | 983,625    |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | -32,351    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 45,470,361 |

**Part XII Financial Statements and Reporting**

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

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b  | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| c  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | X   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   | N/A |    |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.   | N/A |    |

**Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed**

|                                     |                                |                                     |  |                                     |                     |
|-------------------------------------|--------------------------------|-------------------------------------|--|-------------------------------------|---------------------|
| <input type="checkbox"/>            | Armed Forces the Americas      | <input type="checkbox"/>            | Louisiana                                    | <input type="checkbox"/>            | Palau               |
| <input type="checkbox"/>            | Armed Forces Europe            | <input checked="" type="checkbox"/> | Massachusetts                                | <input checked="" type="checkbox"/> | Rhode Island        |
| <input checked="" type="checkbox"/> | Alaska                         | <input checked="" type="checkbox"/> | Maryland                                     | <input checked="" type="checkbox"/> | South Carolina      |
| <input checked="" type="checkbox"/> | Alabama                        | <input type="checkbox"/>            | Maine  | <input type="checkbox"/>            | South Dakota        |
| <input type="checkbox"/>            | Armed Forces Pacific           | <input type="checkbox"/>            | Marshall Islands                             | <input checked="" type="checkbox"/> | Tennessee           |
| <input checked="" type="checkbox"/> | Arkansas                       | <input checked="" type="checkbox"/> | Michigan                                     | <input type="checkbox"/>            | Texas               |
| <input type="checkbox"/>            | American Samoa                 | <input checked="" type="checkbox"/> | Minnesota                                    | <input checked="" type="checkbox"/> | Utah                |
| <input type="checkbox"/>            | Arizona                        | <input type="checkbox"/>            | Missouri                                     | <input checked="" type="checkbox"/> | Virginia            |
| <input checked="" type="checkbox"/> | California                     | <input type="checkbox"/>            | Commonwealth of the Northern Mariana Islands | <input type="checkbox"/>            | U.S. Virgin Islands |
| <input type="checkbox"/>            | Colorado                       | <input checked="" type="checkbox"/> | Mississippi                                  | <input type="checkbox"/>            | Vermont             |
| <input type="checkbox"/>            | Connecticut                    | <input type="checkbox"/>            | Montana                                      | <input type="checkbox"/>            | Washington          |
| <input type="checkbox"/>            | District of Columbia           | <input checked="" type="checkbox"/> | North Carolina                               | <input checked="" type="checkbox"/> | Wisconsin           |
| <input type="checkbox"/>            | Delaware                       | <input checked="" type="checkbox"/> | North Dakota                                 | <input checked="" type="checkbox"/> | West Virginia       |
| <input checked="" type="checkbox"/> | Florida                        | <input type="checkbox"/>            | Nebraska                                     | <input type="checkbox"/>            | Wyoming             |
| <input type="checkbox"/>            | Federated States of Micronesia | <input checked="" type="checkbox"/> | New Hampshire                                |                                     |                     |
| <input checked="" type="checkbox"/> | Georgia                        | <input checked="" type="checkbox"/> | New Jersey                                   |                                     |                     |
| <input type="checkbox"/>            | Guam                           | <input checked="" type="checkbox"/> | New Mexico                                   |                                     |                     |
| <input checked="" type="checkbox"/> | Hawaii                         | <input type="checkbox"/>            | Nevada                                       |                                     |                     |
| <input type="checkbox"/>            | Iowa                           | <input checked="" type="checkbox"/> | New York                                     |                                     |                     |
| <input type="checkbox"/>            | Idaho                          | <input type="checkbox"/>            | Ohio   |                                     |                     |
| <input checked="" type="checkbox"/> | Illinois                       | <input checked="" type="checkbox"/> | Oklahoma                                     |                                     |                     |
| <input type="checkbox"/>            | Indiana                        | <input checked="" type="checkbox"/> | Oregon                                       |                                     |                     |
| <input checked="" type="checkbox"/> | Kansas                         | <input checked="" type="checkbox"/> | Pennsylvania                                 |                                     |                     |
| <input checked="" type="checkbox"/> | Kentucky                       | <input type="checkbox"/>            | Puerto Rico                                  |                                     |                     |

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTER FOR CONSTITUTIONAL RIGHTS

Employer identification number

22-6082880

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: 0

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    | 0   | 0   |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) - 74.91%; 15 Public support percentage from 2023 Schedule A, Part II, line 14 - 71.28%; 16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - [X]; 16b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - [ ]; 17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization - [ ]; 17b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization - [ ]; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions - [ ]

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 0.00%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 0.00%.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 0.00%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 0.00%.

19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2 regarding governing body and benefit.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1 regarding directors/trustees.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding notification, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows a, b, c regarding integration methods and activities.

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

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

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  |                |                             |
| 2                               | Recoveries of prior-year distributions   |                |                             |
| 3                               | Other gross income (see instructions)  |                |                             |
| 4                               | Add lines 1 through 3.   | 0              | 0                           |
| 5                               | Depreciation and depletion   |                |                             |
| 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) |                |                             |
| 7                               | Other expenses (see instructions)  |                |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 0              | 0                           |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   |                |                             |
| b                                | Average monthly cash balances   |                |                             |
| c                                | Fair market value of other non-exempt-use assets  |                |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 0              | 0                           |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  |                |                             |
| 3                                | Subtract line 2 from line 1d.   | 0              | 0                           |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 0              | 0                           |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 0              | 0                           |
| 6                                | Multiply line 5 by 0.035.   | 0              | 0                           |
| 7                                | Recoveries of prior-year distributions  | 0              | 0                           |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 0              | 0                           |

| Section C - Distributable Amount |   | Current Year |   |
|----------------------------------|---|--------------|---|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   |              | 0 |
| 2                                | Enter 0.85 of line 1.   |              | 0 |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  |              | 0 |
| 4                                | Enter greater of line 2 or line 3.  |              | 0 |
| 5                                | Income tax imposed in prior year  |              |   |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   |              | 0 |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |              |   |

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2024 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2024 | Distributable<br>Amount for 2024 |
|---|---|--|----------------------------------|
| 1   | Distributable amount for 2024 from Section C, line 6  |  | 0                                |
| 2   | Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.   |  |                                  |
| 3   | Excess distributions carryover, if any, to 2024   |  |                                  |
| a   | From 2019 . . . . . 0   |  |                                  |
| b   | From 2020 . . . . . 0   |  |                                  |
| c   | From 2021 . . . . . 0   |  |                                  |
| d   | From 2022 . . . . . 0   |  |                                  |
| e   | From 2023 . . . . . 0   |  |                                  |
| f   | <b>Total</b> of lines 3a through 3e   | 0                                      |                                  |
| g   | Applied to underdistributions of prior years  |  | 0                                |
| h   | Applied to 2024 distributable amount  |  | 0                                |
| i   | Carryover from 2019 not applied (see instructions)  |  |                                  |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  | 0                                      |                                  |
| 4   | Distributions for 2024 from Section D, line 7: \$ 0   |  |                                  |
| a   | Applied to underdistributions of prior years  |  | 0                                |
| b   | Applied to 2024 distributable amount  |  | 0                                |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  | 0                                      |                                  |
| 5   | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  | 0                                |
| 6   | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  | 0                                |
| 7   | <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.   | 0                                      |                                  |
| 8   | Breakdown of line 7.  |  |                                  |
| a   | Excess from 2020 . . . . . 0  |  |                                  |
| b   | Excess from 2021 . . . . . 0  |  |                                  |
| c   | Excess from 2022 . . . . . 0  |  |                                  |
| d   | Excess from 2023 . . . . . 0  |  |                                  |
| e   | Excess from 2024 . . . . . 0  |  |                                  |

**Part VI**

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

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

Part II Section B Line 10 - SPEAKER FEES OF \$825 IN 2020.

Part II Section B Line 10 - PUBLICATIONS OF \$1,965 IN 2020, \$3,426 IN 2021 AND \$21,129 IN 2022 FOR TOTAL OF \$26,520.

Part II Section B Line 10 - OTHER INCOME OF \$701 IN 2020, \$23,552 IN 2021, \$18,658 IN 2022, \$24,032 IN 2023 AND \$18,711 IN 2024 FOR TOTAL OF \$85,654.

Part II Section B Line 10 - IN ADDITION, THE ORGANIZATION RECEIVED INSURANCE PROCEEDS OF \$300,000 IN 2021 AS REIMBURSEMENT FOR A LEGAL AWARD SETTLEMENT AND HONORARIUM OF \$1,000 IN 2021.

Electronic Filing Only

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 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 I-B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

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

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

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

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

Name of organization

Employer identification number

CENTER FOR CONSTITUTIONAL RIGHTS

22-6082880

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions \$

3 Volunteer hours for political campaign activities. See instructions

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 0

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows 1-6 are empty.

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.) |   | (a) Filing organization's totals                         | (b) Affiliated group totals |
|---|---|--|-----------------------------|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .   | 259  | 0                           |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .   | 2,890  | 0                           |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b) . . . . .   | 3,149  | 0                           |
| <b>d</b>  | Other exempt purpose expenditures . . . . .   | 11,902,820   | 0                           |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d) . . . . .   | 11,905,969   | 0                           |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 745,298  | 0                           |
| <b>IF the amount on line 1e, column (a) or (b), is:</b>   |   | <b>THEN the lobbying nontaxable amount is:</b>           |                             |
| not over \$500,000  |   | 20% of the amount on line 1e.                            |                             |
| over \$500,000 but not over \$1,000,000   |   | \$100,000 plus 15% of the excess over \$500,000.         |                             |
| over \$1,000,000 but not over \$1,500,000   |   | \$175,000 plus 10% of the excess over \$1,000,000.       |                             |
| over \$1,500,000 but not over \$17,000,000  |   | \$225,000 plus 5% of the excess over \$1,500,000.        |                             |
| over \$17,000,000   |   | \$1,000,000.   |                             |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f) . . . . .   | 186,325  | 0                           |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .   | 0  | 0                           |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .   | 0  | 0                           |
| <b>j</b>  | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |

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

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>     |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                     | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                            | 665,014  | 693,354  | 757,053  | 745,298  | 2,860,719 |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))   |          |          |          |          | 4,291,079 |
| <b>c</b> Total lobbying expenditures                            | 4,623    | 4,954    | 3,864    | 3,149    | 16,590    |
| <b>d</b> Grassroots nontaxable amount                           | 166,254  | 173,339  | 189,263  | 186,325  | 715,181   |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column(e)) |          |          |          |          | 1,072,772 |
| <b>f</b> Grassroots lobbying expenditures                       | 801      | 4,190    | 1,284    | 259      | 6,534     |



SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CENTER FOR CONSTITUTIONAL RIGHTS

Employer identification number

22-6082880

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB 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 FASB 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, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other TO RAISE FUNDS
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 0      |
| d Additions during the year     |        |
| e Distributions during the year |        |
| f Ending balance                | 0      |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds**

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 7,390,390        | 6,851,543      | 6,201,115          | 4,096,112            | 2,944,504           |
| b Contributions                                  |                  |                |                    | 3,100,000            |                     |
| c Net investment earnings, gains, and losses     | 790,412          | 538,847        | 650,428            | -994,997             | 1,151,608           |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 8,180,802        | 7,390,390      | 6,851,543          | 6,201,115            | 4,096,112           |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 50%
  - b Permanent endowment 26%
  - c Term endowment 24%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   | N/A |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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 | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   | 0                                    | 0                               |                              | 0              |
| b Buildings   | 0                                    | 8,973,242                       | 3,360,936                    | 5,612,306      |
| c Leasehold improvements  | 0                                    | 0                               | 0                            | 0              |
| d Equipment   | 0                                    | 186,634                         | 185,220                      | 1,414          |
| e Other   | 0                                    | 0                               | 0                            | 0              |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 5,613,720      |

**Part VII Investments—Other Securities**

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

| (a) Description of security or category<br>(including name of security)    | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1) Financial derivatives . . . . .  | 0              |  |
| (2) Closely held equity interests . . . . .                                | 0              |  |
| (3) Other _____  |                |  |
| (A) _____  |                |  |
| (B) _____  |                |  |
| (C) _____  |                |  |
| (D) _____  |                |  |
| (E) _____  |                |  |
| (F) _____  |                |  |
| (G) _____  |                |  |
| (H) _____  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)). | 0              |  |

**Part VIII Investments—Program Related**

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

| (a) Description of investment  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)). | 0              |  |

**Part IX Other Assets**

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)). | 0              |

**Part X Other Liabilities**

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

| 1.   | (a) Description of liability | (b) Book value |
|--|------------------------------|----------------|
| (1)  | Federal income taxes         | 0              |
| (2)  | Annuity payment liability    | 251,744        |
| (3)  |                              |                |
| (4)  |                              |                |
| (5)  |                              |                |
| (6)  |                              |                |
| (7)  |                              |                |
| (8)  |                              |                |
| (9)  |                              |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)). |                              | 251,744        |

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



**SCHEDULE J  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTER FOR CONSTITUTIONAL RIGHTS

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

22-6082880

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**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 . . . . .

**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? . . . . .

**3** Indicate which, if any, of the following the 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.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .
- c** Participate in or receive payment from an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**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:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- 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:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

**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 in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

|    | Yes | No |
|----|-----|----|
| 1a |     |    |
| 1b | N/A |    |
| 2  | N/A |    |
| 3  |     |    |
| 4a |     | X  |
| 4b |     | X  |
| 4c |     | X  |
| 5a |     | X  |
| 5b |     | X  |
| 6a |     | X  |
| 6b |     | X  |
| 7  |     | X  |
| 8  |     | X  |
| 9  | N/A |    |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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) and (E) amounts for that individual.

| (A) Name and Title                          | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     |                       |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|-----------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (i) Base compensation | (ii) Bonus & incentive compensation |  |                         |                                 |   |
| 1 ERNEST V. WARREN EXECUTIVE DIRECTOR       | (i) 315,663  | 0                                   | 0                                   | 22,096                | 38,771                              | 376,530  | 0                       |                                 |   |
| 2 DONITA JUDGE ASSOCIATE EXECUTIVE DIRECTOR | (i) 224,113  | 0                                   | 0                                   | 15,688                | 13,497                              | 253,298  | 0                       |                                 |   |
| 3 BAHAR AZMY LEGAL DIRECTOR                 | (i) 241,973  | 0                                   | 0                                   | 16,938                | 13,497                              | 272,408  | 0                       |                                 |   |
| 4 MARIA LAHOOD DEPUTY LEGAL DIRECTOR        | (i) 223,907  | 0                                   | 0                                   | 15,673                | 38,771                              | 278,351  | 0                       |                                 |   |
| 5 SHAYANA KADIDAL SENIOR STAFF ATTORNEY     | (i) 153,548  | 0                                   | 0                                   | 10,748                | 23,250                              | 187,546  | 0                       |                                 |   |
| 6 MASHA KATZ BAER DIRECTOR OF DEVELOPMENT   | (i) 185,085  | 0                                   | 0                                   | 12,956                | 7,025                               | 205,066  | 0                       |                                 |   |
| 7 IAN HEAD OPEN RECORDS PROJ MANAGER        | (i) 155,733  | 0                                   | 0                                   | 10,901                | 0                                   | 166,634  | 0                       |                                 |   |
| 8 NADIA BEN YOUSSEF ADVOCACY DIRECTOR       | (i) 199,668  | 0                                   | 0                                   | 13,976                | 4,059                               | 217,693  | 0                       |                                 |   |
| 9 JENNIFER ALTENOR COMMUNICATIONS DIRECTOR  | (i) 191,025  | 0                                   | 0                                   | 13,372                | 23,250                              | 227,647  | 0                       |                                 |   |
| 10 DEOPHISTER UFFER FINANCE DIRECTOR        | (i) 185,410  | 0                                   | 0                                   | 12,979                | 24,610                              | 222,999  | 0                       |                                 |   |
| 11 PAMELA SPEES SENIOR STAFF ATTORNEY       | (i) 157,091  | 0                                   | 0                                   | 10,996                | 13,497                              | 181,584  | 0                       |                                 |   |
| 12  |  |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 13  |  |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 14  |  |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 15  |  |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 16  |  |                                     |                                     |                       |                                     |  |                         |                                 |   |

**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.

Area with horizontal dashed lines for supplemental information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

CENTER FOR CONSTITUTIONAL RIGHTS

22-6082880

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               | X                          | 18  | 749,444  | FAIR MARKET VALUE   |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archaeological artifacts . . . . .                                |                            |   |  |   |
| 25 Other ( . . . . . )   |                            |   |  |   |
| 26 Other ( . . . . . )   |                            |   |  |   |
| 27 Other ( . . . . . )   |                            |   |  |   |
| 28 Other ( . . . . . )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a | X   |    |

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Part I Line 9 - THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

Part I Line 32b - THE ORGANIZATION USES AN INVESTMENT FIRM TO SELL DONATED SECURITIES.

Electronic Filing Only

**SCHEDULE O**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

|  |  |
|--|--|
| Name of the organization<br>CENTER FOR CONSTITUTIONAL RIGHTS | Employer identification number<br>22-6082880 |
|--|--|

Form 990, Part VI, 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, Line 9: OTHER CHANGE 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.

Form 990, Part VI, 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, Line 9: 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.