

Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2006 calendar year, or tax year beginning 7/1/2006, and ending 6/30/2007

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CENTER FOR CONSTITUTIONAL RIGHTS
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 or country ZIP + 4
NEW YORK NY 10012

D Employer identification number
22-6082880

E Telephone number
(212) 614 - 6464

F Accounting method: Cash Accrual
 Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

G Website: ▶ **WWW.CCR-NY.ORG**

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,041,026**

49,870 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds		1a		0	
b Direct public support (not included on line 1a)		1b	4,605,130		
c Indirect public support (not included on line 1a)		1c	0		
d Government contributions (grants) (not included on line 1a)		1d	0		
e Total (add lines 1a through 1d) (cash \$ <u>4,488,538</u> noncash \$ <u>145,467</u>)		1e		4,605,130	
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		70,303	
3 Membership dues and assessments		3		0	
4 Interest on savings and temporary cash investments		4		97,849	
5 Dividends and interest from securities		5		76,852	
6a Gross rents		6a	6,632		
b Less: rental expenses		6b	5,622		
c Net rental income or (loss). Subtract line 6b from line 6a		6c		1,010	
7 Other investment income (describe ▶)		7		0	
Revenue	8a Gross amount from sales of assets other than inventory		(A) Securities	(B) Other	
			142,502	8a 0	
	b Less: cost or other basis and sales expenses		145,467	8b 0	
	c Gain or (loss) (attach schedule) SCHEDULE 6		-2,965	8c 0	
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8d		-2,965	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ <u>6,839</u> of contributions reported on line 1b)		9a	28,875		
b Less: direct expenses other than fundraising expenses		9b	49,870		
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c		-20,995	
Revenue	10a Gross sales of inventory, less returns and allowances		10a	0	
	b Less: cost of goods sold		10b	0	
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c		0
11 Other revenue (from Part VII, line 103)		11		12,883	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12		4,840,067	
Expenses	13 Program services (from line 44, column (B))		13	3,712,667	
	14 Management and general (from line 44, column (C))		14	656,581	
	15 Fundraising (from line 44, column (D))		15	493,423	
	16 Payments to affiliates (attach schedule)		16	0	
	17 Total expenses. Add lines 16 and 44, column (A)		17		4,862,671
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12		18	-22,604	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	5,029,974	
	20 Other changes in net assets or fund balances (attach explanation) SCHEDULE 1		20		-52,945
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21		4,954,425

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0			
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	511,290	342,577	96,578	72,135
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	0			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	1,878,006	1,539,939	152,454	185,613
27	Pension plan contributions not included on lines 25a, b, and c	59,912	47,204	6,245	6,463
28	Employee benefits not included on lines 25a - 27	294,887	232,340	30,735	31,812
29	Payroll taxes	189,563	149,356	19,758	20,449
30	Professional fundraising fees	0			
31	Accounting fees	16,093		16,093	
32	Legal fees	278,423	278,323		100
33	Supplies	119,398	94,325	9,551	15,522
34	Telephone	43,812	37,935	2,052	3,825
35	Postage and shipping	56,289	36,043	1,692	18,554
36	Occupancy	31,861	25,170	2,549	4,142
37	Equipment rental and maintenance	230,285	117,819	93,078	19,388
38	Printing and publications	123,665	66,128	23,456	34,081
39	Travel	171,942	147,283	8,816	15,843
40	Conferences, conventions, and meetings	37,498	20,663	13,099	3,736
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule) SCHEDULE 2	98,866	78,104	7,909	12,853
43	Other expenses not covered above (itemize):				
a	SCHEDULE 3	720,881	499,458	172,516	48,907
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	4,862,671	3,712,667	656,581	493,423

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash—non-interest-bearing	343,176	45	98,177
	46	Savings and temporary cash investments	2,018,351	46	1,826,020
	47 a	Accounts receivable	47a 15,614		
	b	Less: allowance for doubtful accounts	47b 0	47c 25,591	15,614
	48 a	Pledges receivable	48a 0		
	b	Less: allowance for doubtful accounts	48b 0	48c 0	0
	49	Grants receivable	141,185	49	380,807
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a	Other notes and loans receivable (attach schedule)	51a 0		
	b	Less: allowance for doubtful accounts	51b 0	51c 0	0
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	42,338	53	50,030
	54 a	Investments—publicly-traded securities. SCH. 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,022,063	54a	2,291,886
	b	Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55 a	Investments—land, buildings, and equipment: basis	55a 0		
	b	Less: accumulated depreciation (attach schedule)	55b 0	55c 0	0
	56	Investments—other (attach schedule)	0	56	0
	57 a	Land, buildings, and equipment: basis	57a 2,274,295		
b	Less: accumulated depreciation (attach schedule) SCHEDULE 2	57b 1,445,215	57c 788,954	829,080	
58	Other assets, including program-related investments (describe <input type="checkbox"/> SEE SCHEDULE 4)	58 58,197		51,992	
59	Total assets (must equal line 74). Add lines 45 through 58	5,439,855	59	5,543,606	
Liabilities	60	Accounts payable and accrued expenses	178,709	60	278,118
	61	Grants payable	5,539	61	7,034
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b	Mortgages and other notes payable (attach schedule)	0	64b	0
	65	Other liabilities (describe <input type="checkbox"/> SEE SCHEDULE 5)	225,633	65	304,029
66	Total liabilities. Add lines 60 through 65	409,881	66	589,181	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	3,478,579	67	3,345,959
	68	Temporarily restricted	1,259,809	68	1,316,880
	69	Permanently restricted	291,586	69	291,586
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	5,029,974	73	4,954,425	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	5,439,855	74	5,543,606	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	4,838,885
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-52,945	
2	Donated services and use of facilities	b2	1,893	
3	Recoveries of prior year grants	b3		
4	Other (specify): SPECIAL EVENTS - DIRECT EXPENSES	b4	49,870	
	Add lines b1 through b4			b -1,182
c	Subtract line b from line a			c 4,840,067
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2			d 0
e	Total revenue (Part I, line 12). Add lines c and d			e 4,840,067

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	4,914,434
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	1,893	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): SPECIAL EVENTS - DIRECT EXPENSES	b4	49,870	
	Add lines b1 through b4			b 51,763
c	Subtract line b from line a			c 4,862,671
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2			d 0
e	Total expenses (Part I, line 17). Add lines c and d			e 4,862,671

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name ERNEST VINCENT WARREN Str 666 BROADWAY City NEW YORK ST NY ZIP 10012	Title EXEC. DIRECTOR Hr/WK 40	113,500	3,000	0
Name CAROLYN CHAMBERS Str 666 BROADWAY City NEW YORK ST NY ZIP 10012	Title ASSOC. EXEC. DIRECTOR Hr/WK 40	92,045	2,723	0
Name ROSALBA MESSINA Str 666 BROADWAY City NEW YORK ST NY ZIP 10012	Title INTERIM EXEC. DIR. Hr/WK 40	21,444	0	0
Name WILLIAM GOODMAN Str 666 BROADWAY City NEW YORK ST NY ZIP 10012	Title LEGAL DIRECTOR Hr/WK 40	99,377	2,759	0
Name KEVI BRANELLY Str 666 BROADWAY City NEW YORK ST NY ZIP 10012	Title DEVELOPMENT DIRECTOR Hr/WK 40	93,028	2,723	0
Name ANNETTE DICKERSON Str 666 BROADWAY City NEW YORK ST NY ZIP 10012	Title DIR. OF EDU. & OUTREACH Hr/WK 40	91,896	2,715	0
Name SEE SCHEDULE 8 Str FOR OTHER NON-COMPENSATED City ST ZIP	Title Hr/WK	0	0	0
Name DIRECTORS Str City ST ZIP	Title Hr/WK	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (23), 75b (X), 75c (X), 75d (X).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. All entries are N/A.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b (N/A), 79, 80a, 80b, 81a (0), 81b (X).

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 1,893
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a N/A
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b N/A
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0; section 4912 0; section 4955 0
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90 a List the states with which a copy of this return is filed NY, NJ
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 43
91 a The books are in care of Name CENTER FOR CONSTITUTIONAL RIGHTS Telephone no. (212) 614 - 6464
Located at 666 BROADWAY, 7TH FLOOR City NEW YORK ST NY ZIP + 4 10012
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States?
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, membership dues, interest on savings, dividends, net rental income, and other revenue.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: *[Handwritten Signature]* Date: 01/26/08

Type or print name and title: GREGORY H. FINGER, TREASURER

Paid Preparer's Use Only

Preparer's signature: *[Handwritten Signature]* Date: 7/25/2007

Firm's name (or yours if self-employed), address, and ZIP + 4: WINNIE TAM & CO., P.C. 50 BROAD STREET, SUITE 1701, NEW YORK, NY 10004

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X):

EIN: 13-3777972

Phone no.: (212) 785 - 4600

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization CENTER FOR CONSTITUTIONAL RIGHTS	Employer identification number 22-6082880
---	---

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BARBARA OLSHANSKY, 666 BROADWAY, 7/FL NEW YORK, NY 10012	DEPUTY LEGAL DIRECTOR 40	110,074	1,645	0
JENNIFER GREEN, 666 BROADWAY, 7/FL NEW YORK, NY 10012	SENIOR STAFF ATTORNEY 40	99,616	3,354	0
MARIA LAHOOD, 666 BROADWAY, 7/FL NEW YORK, NY 10012	STAFF ATTORNEY 40	95,507	2,709	0
SHAYANA KADIDAL, 666 BROADWAY, 7/FL NEW YORK, NY 10012	STAFF ATTORNEY 40	92,996	2,764	0
JONATHAN DIXON, 666 BROADWAY, 7/FL NEW YORK, NY 10012	STAFF ATTORNEY 40	78,800	636	0
Total number of other employees paid over \$50,000	11			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MALKIN AND ROSS, 100 STATE STREET, SUITE 400 ALBANY, NY 12207	LOBBYING CONSULTANTS	60,676
PATTY BLUM, 291 WEST 12TH STREET NEW YORK, NY 10014	LEGAL CONSULTANT	87,290
RIPTIDE COMMUNICATIONS, INC, 270 LAFAYETTE STREET, SUITE 1300 NEW YORK, NY 10012	PRESS/MEDIA CONSULTANTS	112,875
THE BOULWARE GROUP, 625 N MICHIGAN AVENUE, SOUTH CHICAGO, IL 60611	EMPLOYEE SEARCH FIRM	53,393
THE MULTI-LINGUAL GROUP, 8 FANEULI HALL MARKETPLACE BOSTON, MA 02109	TRANSLATION SERVICES	54,432
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>35,885</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . FORM 990, PART V	X	
e Transfer of any part of its income or assets?		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement.		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year.	N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year.	N/A	
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.	0	
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year.	0	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state City ST Country
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 29 through 35 regarding nondiscrimination policies, financial aid, and compliance with Rev. Proc. 75-50.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		3,233
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		32,652
38	Total lobbying expenditures (add lines 36 and 37)	0	35,885
39	Other exempt purpose expenditures		4,170,205
40	Total exempt purpose expenditures (add lines 38 and 39)	0	4,206,090
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		The lobbying nontaxable amount is—
	Not over \$500,000		20% of the amount on line 40
	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
41			360,305
42	Grassroots nontaxable amount (enter 25% of line 41)	0	90,076
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount	360,305	308,435	271,560	940,300
46	Lobbying ceiling amount (150% of line 45(e))				1,410,450
47	Total lobbying expenditures	35,885	83,418	54,091	173,394
48	Grassroots nontaxable amount	90,076	77,109	67,890	235,075
49	Grassroots ceiling amount (150% of line 48(e))				352,613
50	Grassroots lobbying expenditures	3,233	7,549	1,451	12,233

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

Employer identification number

CENTER FOR CONSTITUTIONAL RIGHTS

22-6082880

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CENTER FOR CONSTITUTIONAL RIGHTS	Employer identification number 22-6082880
--	--

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	ATLANTIC PHILANTHROPIES 125 PARK AVENUE, 21ST FLOOR NEW YORK NY 10017 Foreign State or Province: _____ Foreign Country: _____	\$ 500,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	CS FUND/WARSH MOTT LEGACY 469 BOHEMIAN HIGHWAY FREESTONE CA 95472 Foreign State or Province: _____ Foreign Country: _____	\$ 100,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	HKH FOUNDATION 521 FIFTH AVENUE, SUITE 1612 NEW YORK NY 10175 Foreign State or Province: _____ Foreign Country: _____	\$ 150,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	THE OAK FOUNDATION 22 UPPER BROOK STREET, 4TH FLOOR LONDON W1K 7PZ Foreign State or Province: _____ Foreign Country: United Kingdom (England, Northern	\$ 250,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	TIDES FOUNDATION 55 EXCHANGE PLACE, SUITE 402 NEW YORK NY 10005 Foreign State or Province: _____ Foreign Country: _____	\$ 96,233	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	VANGUARD CHARITABLE ENDOWMENT PROGRAM P.O. BOX 3075 SOUTHEASTERN PA 19398 Foreign State or Province: _____ Foreign Country: _____	\$ 255,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CENTER FOR CONSTITUTIONAL RIGHTS

Employer identification number

22-6082880

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	ANONYMOUS Foreign State or Province: _____ Foreign Country: _____	\$ _____ 93,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	THE KURZ FAMILY FOUNDATION 69 LYDECKER STREET NYACK NY 10960 Foreign State or Province: _____ Foreign Country: _____	\$ _____ 100,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Center for Constitutional Rights ("CCR")

EIN: 22-6082880

FYE 6/30/07

Other Changes in Net Assets

(Form 990, Part I, Line 20)

Net unrealized loss on investments for the fiscal year ended June 30, 2007 (52,945)

(52,945)**SCHEDULE 1****Fixed Assets and Depreciation**

(Form 990, Part II, Line 42)

<u>Categories</u>	<u>Basis / Costs</u>	<u>Method / Years</u>	<u>Acc. Deprec. 6/30/06</u>	<u>Deprec. 6/30/07</u>	<u>Acc. Deprec. 6/30/07</u>	<u>Book Value 6/30/07</u>
Furniture and fixture	120,505	S.L. 5 Years		12,050	12,050	108,455
Building	1,933,540	S.L. 30 Years	1,297,486	64,451	1,361,937	571,603
Building 1999 Additions	106,296	S.L. 39 Years	19,082	2,726	21,808	84,488
Building 2000 Additions	16,456	S.L. 16.75 Years	5,892	982	6,874	9,582
Building 2002 Additions	18,428	S.L. 14.75 Years	4,994	1,249	6,243	12,185
Computer and software	52,400	S.L. 3 Years	15,762	14,052	29,814	22,586
Telephone system	26,670	S.L. 5 Years	1,911	4,578	6,489	20,181
	<u>2,274,295</u>		<u>1,345,127</u>	<u>100,088</u>	<u>1,445,215</u>	<u>829,080</u>
Portion applicable to rental space				<u>(1,222)</u>		
	<u>2,274,295</u>		<u>1,345,127</u>	<u>98,866</u>	<u>1,445,215</u>	<u>829,080</u>

SCHEDULE 2

Center for Constitutional Rights ("CCR")

EIN: 22-6082880

FYE 6/30/07

Statement of Functional Expenses

(Form 990, Part II, Line 43)

<u>Descriptions</u>	<u>Total</u>	<u>Programs</u>	<u>Adm./Gen.</u>	<u>Fundraising</u>
Consultants and professional fees	549,961	389,641	136,220	24,100
Court and legal costs	12,989	12,989		
Insurance	25,999	23,870	811	1,318
Books and subscriptions	42,985	38,748	3,502	735
Event expenses	45,509	22,755		22,754
Advertising and recruitment	9,853	6,655	3,198	
Investment expenses	11,863		11,863	
Amortization of loan costs	3,505		3,505	
Miscellaneous	18,217	4,800	13,417	
	<u>720,881</u>	<u>499,458</u>	<u>172,516</u>	<u>48,907</u>

SCHEDULE 3**Other Assets**

(Form 990, Part IV, Line 58)

	<u>Beginning of Year</u>	<u>End of Year</u>
Deferred loan cost	11,100	7,595
Art work	42,217	39,517
Utility deposits	4,880	4,880
	<u>58,197</u>	<u>51,992</u>

SCHEDULE 4

Center for Constitutional Rights ("CCR")

EIN: 22-6082880

FYE 6/30/07

Other Liabilities

(Form 990, Part IV, Line 65)

	<u>Beginning of Year</u>	<u>End of Year</u>
Tenant security deposits payable	6,432	
Annuity payment liability	219,201	304,029
	<u>225,633</u>	<u>304,029</u>

SCHEDULE 5**Gains / Loss from Sales of Securities**

(Form 990, Part I, Line 8)

	<u>Sales Proceeds</u>	<u>Costs</u>	<u>Gains / (loss)</u>
Equity securities	142,502	145,467	(2,965)
	<u>142,502</u>	<u>145,467</u>	<u>(2,965)</u>

SCHEDULE 6**Investments - Securities**

(Form 990, Part IV, Line 54)

	<u>Beginning of Year</u>	<u>End of Year</u>
Certificate of deposits	872,151	1,050,036
Equity securities	625,931	568,232
Mutual funds	432,923	534,228
U.S. Government obligations	91,058	92,432
Debt securities		46,958
	<u>2,022,063</u>	<u>2,291,886</u>

SCHEDULE 7

CCR Board of Directors – FY 2007

Catherine Albisa
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Karima Bennoune
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Ann Cammett
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Marilyn Clement
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

David Cole
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Rhonda Copelon
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Michelle DePass
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Gregory H. Finger, Treasurer
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Charles Hey-Maestre, Secretary
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Derrick A. Humphries
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Abdeen Jabara
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Wilhelm Joseph, Jr.
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Judy Lerner
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Eric L. Lewis
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Robin Lloyd
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Jules Lobel, Vice President
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Michael Ratner, President
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Alex Rosenberg, Vice President
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Franklin Siegel
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Michael Smith
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Richard A. Soble
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Peter Weiss, Vice President
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Ellen Yaroshefsky
c/o Center for Constitutional Rights
666 Broadway, 7th Floor,
New York, NY 10012

Center for Constitutional Rights ("CCR")

EIN: 22-6082880

FYE 6/30/07

Individuals related through Family and Business Relationships

(Form 990, Part V-A, Line 75b)

Board member Ms. Judy Lerner is the mother of David Lerner, who is the head of Riptide Communications. Whenever a vote related to Riptide Communications occurs, Ms. Lerner excuses herself so that there is no conflict of interest.

Board member Mr. Jules Lobel is a cooperating attorney for plaintiffs on one of CCR's cases against the State of Ohio. During the fiscal year ending June 30, 2007, the State of Ohio paid all plaintiffs' attorney fees, then due, in one lump sum to CCR. CCR and Mr. Lobel then equally shared the fee award pursuant to their cooperating attorney agreement.

SCHEDULE 9

Special Events

(Form 990, Part I, Line 9)

Gross Receipts	35,714
Less: Contributions	<u>(6,839)</u>
Gross Revenue	28,875
Less: Direct expenses	<u>(49,870)</u>
Net Income / (Loss)	<u><u>(20,995)</u></u>

Gala held on May 3, 2007 to celebrate CCR's 40th Anniversary.

SCHEDULE 10

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Center for Constitutional Rights	Employer identification number 22-6082880
	Number, street, and room or suite no. If a P.O. box, see instructions. 666 Broadway, 7th Floor	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. New York, NY 10012	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ CCR

- Telephone No. ▶ _____ FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 2/15/2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning 7/1/2006, and ending 6/30/2007

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

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

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

4