		PUE	LIC DISCLOSURE COPY - STATE REGISTE	RATIO	N NO. 01-01	
For	Q	90	Return of Organization Exempt Fr	rom l	ncome Tax	OMB No. 1545-0047
For	m 🥥	<b>JU</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	-		
Depa	rtment	of the Treasury enue Service	<ul> <li>Do not enter social security numbers on this form as</li> <li>Go to www.irs.gov/Form990 for instructions and the security of the security of</li></ul>	-	-	Open to Public Inspection
					AY 31, 2022	
B	Check if	C Name c	f organization		D Employer identif	
a 	pplicat		-			
	Addr chan		ER FOR CONFLICT RESOLUTION			
	_chan	ge Doing b	usiness as		36-29976	
	returr  Final	n Numbe		oom/suite 0 0	E Telephone number	
	returr⊥ termi			00	G Gross receipts \$	1,939,878.
Г	ated Amer returr	nded CUTC	own, state or province, country, and ZIP or foreign postal code CAGO, IL 60603		H(a) Is this a group r	
			nd address of principal officer: CASSANDRA LIVELY		for subordinate	
	pend		AS C ABOVE		H(b) Are all subordinates	
		empt status:		527		a list. See instructions
			CHICAGO.ORG		H(c) Group exemption	
ΚF	orm o		X Corporation Trust Association Other ►	L Year of	of formation: 1978	<b>V</b> State of legal domicile: <b>IL</b>
Pa	art I	Summary				
e	1	Briefly descril	be the organization's mission or most significant activities: TO WOR	RK WI	TH INDIVIDU	IALS,
and			TIES, COURTS, AND INSTITUTIONS TO Not represent the organization discontinued its operations or disposed			
/ern	2					
Governance		3 Number of voting members of the governing body (Part VI, line 1a)				24
	4		dependent voting members of the governing body (Part VI, line 1b)			30
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a) of volunteers (estimate if necessary)			180
cti∕			d business revenue from Part VIII, column (C), line 12			0.
Ā			business taxable income from Form 990-T, Part I, line 11			0.
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)		1,253,209.	1,625,123.
Revenue	9		ice revenue (Part VIII, line 2g)		159,044.	253,210.
Seve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		52.	
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,001.	
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,437,306.	
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) iundraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 74,536		790,811.	1,386,716.
ens	16a	Professional	undraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 74, 550	••	408,944.	423,456.
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,199,755.	1,810,172.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		237,551.	94,850.
es	19	nevenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (	Part X, line 16)		725,300.	830,872.
Ass Bal	21		s (Part X, line 26)		150,850.	
Net -unc	22		fund balances. Subtract line 21 from line 20		574,450.	669,300.
		Signatur			,	
			I declare that I have examined this return, including accompanying schedules a	nd stateme	ents, and to the best of m	ny knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MELISSA HIRST, PRESIDE Type or print name and title	NT		Date			
Paid	Print/Type preparer's name MARCY STEINDLER	Preparer's signature	Date	Check PTIN if self-employed P00573131			
Preparer		SOCIATES L.L.C.		Firm's EIN 🔊 36-3963131			
Use Only	Firm's address 111 DEER LAKE RO DEERFIELD, IL 60			Phone no. (847)267-3400			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-0	I3200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)						

	990 (2021) CENTER FOR CONFLICT RESOLUTION 36-2997680 P
Par	t III Statement of Program Service Accomplishments
4	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE ORGANIZATION (CCR) SHALL BE TO WORK WITH
	INDIVIDUALS, COMMUNITIES, COURTS, AND OTHER INSTITUTIONS TO MANAGE AN
	RESOLVE CONFLICT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 🛽
	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 \$ 1,160,969. including grants of \$ ) (Revenue \$
	CCR PROVIDES FREE MEDIATION SERVICES IN OVER 1,700 CASES FOR ISSUES O
	COMMUNITY CONCERN, HELPING OVER 7,000 PEOPLE ANNUALLY. MEDIATION
	SERVICES ARE PROVIDED IN THE FOLLOWING AREAS: LANDLORD-TENANT,
	NEIGHBORHOOD, PUBLIC HEALTH, HOUSING, FORECLOSURE, CONSUMER, JUVENILE AND ADULT MISDEMEANOR AND DISCRIMINATION. CCR MEDIATES CASES ON ZOOM
	AND ADOLT MISDEMEANOR AND DISCRIMINATION. CCR MEDIATES CASES ON ZOOM AND IN OTHER LOCATIONS THROUGHOUT COOK COUNTY EVERY WEEK. CCR RESPOND
	TO OVER 2,500 TELEPHONE INQUIRIES PER YEAR TO ASSIST PEOPLE IN
	CONFLICT.
	THE EARLY RESOLUTION PROGRAM, FUNDED BY THE CHICAGO BAR FOUNDATION,
	HELPS ADDRESS EVICTION AND CONSUMER DEBT ISSUES IN THE WAKE OF
	COVID-19. IN THE FIRST 16 MONTHS OF THE PROGRAM, CCR SERVED THOUSANDS
4b	(Code: ) (Expenses \$ 413,886. including grants of \$ ) (Revenue \$ 253,21
	CCR OFFERS PERFORMANCE-BASED PUBLIC MEDIATION SKILLS TRAINING AND
	CONFLICT MANAGEMENT TRAINING TO HUNDREDS OF PEOPLE EACH YEAR. CCR
	FACILITATES MEETINGS AND PLANNING SESSIONS FOR ORGANIZATIONS. DURING
	THE FISCAL YEAR ENDED MAY 31, 2022, CCR TRAINED APPROXIMATELY 135
	INDIVIDUALS IN THE MEDIATION SKILLS TRAINING AND CONDUCTED 22
	WORKSHOPS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 ल	Other program convises (Describe on Schedule $O$ )
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ► 1,574,855.
-10	Form 990
32000	SEE SCHEDULE O FOR CONTINUATION(S)
02002	2
0	127 787606 01626.0 2021.05030 CENTER FOR CONFLICT RESOLUT 01626.

Form	990	(2021)

Form 990 (2021) CENTER FOR CONFLICT RESOLUTION
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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
3200	3 12-09-21	Form	<b>990</b> (	(2021)

132003 12-09-21

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Part IV Checklist of Required Schedules (continued)

CENTER FOR CONFLICT RESOLUTION

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26		230		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		06		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	~		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
_	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			v
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	4			

Form 990			-		RESOLUTION	
Part V	Statements	Regarding C	Other IF	RS Filings and	Tax Compliance (continued	d)

					Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		30			
	filed for the calendar year ending with or within the year covered by this return	2a		2b	x	
	If at least one is reported on line 2a, did the organization file all required federal employment tax retu <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			20		
				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			55		
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
	If "Yes," enter the name of the foreign country	accou		Tu		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	nts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					
	any contributions that were not tax deductible as charitable contributions?			6a		x
	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?		-	6b		
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices (	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	ile a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
D	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
1	Section 501(c)(12) organizations. Enter:		I			
	Gross income from members or shareholders	11a		_		
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the	1	I			
		13b		-		
	Enter the amount of reserves on hand					v
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched			14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					v
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			10		v
	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			4-		
7				17		

Form 990	(2021)
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#### CENTER FOR CONFLICT RESOLUTION

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.

ect	tion A. Governing Body and Management					
					Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			T
	If there are material differences in voting rights among members of the governing body, or if the governing					I
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					I
b	Enter the number of voting members included on line 1a, above, who are independent	1b	24			I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with any othe	er			I
	officer, director, trustee, or key employee?			2		I
3	Did the organization delegate control over management duties customarily performed by or under					T
	of officers, directors, trustees, or key employees to a management company or other person?			3		I
	Did the organization make any significant changes to its governing documents since the prior Form			4		İ
	Did the organization become aware during the year of a significant diversion of the organization's a			5		Ì
	Did the organization have members or stockholders?			6		İ
	Did the organization have members, stockholders, or other persons who had the power to elect or					t
	more members of the governing body?			7a		I
b	Are any governance decisions of the organization reserved to (or subject to approval by) members.					t
	persons other than the governing body?			7b		l
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y			75		t
				8a	Х	l
a h	The governing body?			oa 8b	X	╉
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			30	~~	┨
9				9		I
0.01	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
eu	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)			Vee	1
•-	Did the energia tion have been been been also as a fillet of		I	10-	Yes	┨
	Did the organization have local chapters, branches, or affiliates?			10a		┦
b	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	4
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before filing t	he form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	l
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	4
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	Х	4
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					I
	on Schedule O how this was done			12c	X	ļ
	Did the organization have a written whistleblower policy?			13	X	ļ
4	Did the organization have a written document retention and destruction policy?			14	Х	ļ
5	Did the process for determining compensation of the following persons include a review and appro	oval by independe	ent			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ו?				I
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	ſ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					ſ
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a				I
	taxable entity during the year?			16a		I
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					Ì
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's				I
	exempt status with respect to such arrangements?			16b		I
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{IL}$					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (section	on 501(c)(3)	s onlv	) avail	12
	for public inspection. Indicate how you made these available. Check all that apply.			<b>y</b> )		
		in on Schedule C	))			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,		,	d finar	ncial	
	statements available to the public during the tax year.		. policy, all	ama	.0101	
	State the name, address, and telephone number of the person who possesses the organization's to	nocks and record				
	orace the name, address, and telephone number of the person who possesses the organization's t	JUUNS AITU PECOPO				
0	MS, WHITTNEY TRUMBLE $= (1) - 977 - 6767$					
U	MS. WHITNEY TRUMBLE - 312-922-6464 11 EAST ADAMS STREET, 500, CHICAGO, IL 60603					

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, 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.

Name and title         Average hours per week (st any hours for below         Description below         Description below	(A)	(B)		(C)		(D)	(E)	(F)			
hours per week (list any hours for glated organizations         compensation from the organizations         compensation from the organizations         compensation from the organizations         amount of other compensation from the organizations           (1) CASGANDRA LIVELY         40.000         x         108,999.         0.         1,539.           (2) STEVEN R. OLIFORD         3.000         x         x         0.         0.         0.           (3) GENE CAHILL         3.000         x         x         x         0.         0.         0.           (4) CEXLAN AVASLI EATHERTON         3.000         x         x         x         0.         0.         0.           (5) CHRISTA COTRELL         3.000         x         x         x         0.         0.         0.           (6) MELISEA BLINERTON         3.000         x         x         0.         0.         0.           (7) RICRAB AARNSON         3.000         x         x         0.         0.         0.           PRESIDENT         3.000         x         x         0.         0.         0.           DIRECTOR         3.000         x         0.         0.         0.         0.           DIRECTOR         X         0.         0.	Name and title	Average	(do	Position		one	Reportable	Reportable	Estimated		
Week (list ary bours for related organizations below line)         Mont related organizations below line)         Inon related organizations below line)         Inon related organizations below line)         Outer related organizations below line)         Outer related organizations line)         Outer related organizations line)           (1) CASSANDRA LIVELY         40.00         X         X         X         0.         0.         0.           (2) STRUEN R. GLIFORD         3.000         X         X         X         0.         0.         0.           (1) CREATER AVASLI EATHERTON         3.000         X         X         X         0.         0.         0.           (6) PARTICE BALL-REED         3.000         X         X         0.         0.         0.           (11) AAR BAL-REED         3.000         X         0.         0.         0.         0		· ·	box	, unle	ss pe	rson i	is bot	h an			
(1)         CASSANDRA LIVELY         40.00         x         108,999.         0.         1,539.           C12)         STEVEN R. GILFORD         3.00         x         x         0.         0.         0.           GINE CAHILL         3.00         x         x         0.         0.         0.         0.           (4)         CETLAN AYASLI EATHERTON         3.00         x         x         0.         0.         0.           (5)         GRISTA COTTRELL         3.00         x         x         0.         0.         0.           (6)         PRESIDENT         3.00         x         x         0.         0.         0.           (7)         RICHARD AARONSON         3.00         x         x         0.         0.         0.           DIRECTOR         3.00         x         0.         0.         0.         0.         0.           (7)         RICHARD AARONSON         3.00         X         0.         0.         0.         0.         0.           DIRECTOR         3.00         X         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         3.00         X </td <td></td> <td></td> <td></td> <td>cer ar</td> <td></td> <td>recto</td> <td>r/trus</td> <td>tee)</td> <td></td> <td></td> <td></td>				cer ar		recto	r/trus	tee)			
(1)         CASSANDRA LIVELY         40.00         x         108,999.         0.         1,539.           C12)         STEVEN R. GILFORD         3.00         x         x         0.         0.         0.           GINE CAHILL         3.00         x         x         0.         0.         0.         0.           (4)         CETLAN AYASLI EATHERTON         3.00         x         x         0.         0.         0.           (5)         GRISTA COTTRELL         3.00         x         x         0.         0.         0.           (6)         PRESIDENT         3.00         x         x         0.         0.         0.           (7)         RICHARD AARONSON         3.00         x         x         0.         0.         0.           DIRECTOR         3.00         x         0.         0.         0.         0.         0.           (7)         RICHARD AARONSON         3.00         X         0.         0.         0.         0.         0.           DIRECTOR         3.00         X         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         3.00         X </td <td></td> <td></td> <td>irecto</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td>			irecto							•	
(1)         CASSANDRA LIVELY         40.00         x         108,999.         0.         1,539.           C12)         STEVEN R. GILFORD         3.00         x         x         0.         0.         0.           GINE CAHILL         3.00         x         x         0.         0.         0.         0.           (4)         CETLAN AYASLI EATHERTON         3.00         x         x         0.         0.         0.           (5)         GRISTA COTTRELL         3.00         x         x         0.         0.         0.           (6)         PRESIDENT         3.00         x         x         0.         0.         0.           (7)         RICHARD AARONSON         3.00         x         x         0.         0.         0.           DIRECTOR         3.00         x         0.         0.         0.         0.         0.           (7)         RICHARD AARONSON         3.00         X         0.         0.         0.         0.         0.           DIRECTOR         3.00         X         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         3.00         X </td <td></td> <td></td> <td>e or d</td> <td>tee</td> <td></td> <td></td> <td>sated</td> <td></td> <td></td> <td></td> <td></td>			e or d	tee			sated				
(1)         CASSANDRA LIVELY         40.00         x         108,999.         0.         1,539.           C12)         STEVEN R. GILFORD         3.00         x         x         0.         0.         0.           GINE CAHILL         3.00         x         x         0.         0.         0.         0.           (4)         CETLAN AYASLI EATHERTON         3.00         x         x         0.         0.         0.           (5)         GRISTA COTTRELL         3.00         x         x         0.         0.         0.           (6)         PRESIDENT         3.00         x         x         0.         0.         0.           (7)         RICHARD AARONSON         3.00         x         x         0.         0.         0.           DIRECTOR         3.00         x         0.         0.         0.         0.         0.           (7)         RICHARD AARONSON         3.00         X         0.         0.         0.         0.         0.           DIRECTOR         3.00         X         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         3.00         X </td <td></td> <td></td> <td>rustee</td> <td>l trus</td> <td></td> <td>ee</td> <td>npen</td> <td></td> <td></td> <td>1099-1120)</td> <td>-</td>			rustee	l trus		ee	npen			1099-1120)	-
(1)         CASSANDRA LIVELY         40.00         x         108,999.         0.         1,539.           C12)         STEVEN R. GILFORD         3.00         x         x         0.         0.         0.           GINE CAHILL         3.00         x         x         0.         0.         0.         0.           (4)         CETLAN AYASLI EATHERTON         3.00         x         x         0.         0.         0.           (5)         GRISTA COTTRELL         3.00         x         x         0.         0.         0.           (6)         PRESIDENT         3.00         x         x         0.         0.         0.           (7)         RICHARD AARONSON         3.00         x         x         0.         0.         0.           DIRECTOR         3.00         x         0.         0.         0.         0.         0.           (7)         RICHARD AARONSON         3.00         X         0.         0.         0.         0.         0.           DIRECTOR         3.00         X         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         3.00         X </td <td></td> <td></td> <td>d ual t</td> <td>itiona</td> <td></td> <td>nploy</td> <td>st col</td> <td>10</td> <td>1000 1120)</td> <td></td> <td></td>			d ual t	itiona		nploy	st col	10	1000 1120)		
(1)         CASSANDRA LIVELY         40.00         x         108,999.         0.         1,539.           EXECUTIVE DIRECTOR         3.00         x         x         0.         0.         0.           (2)         STEVEN R. GILFORD         3.00         x         x         0.         0.         0.           (3)         GENE CAHILL         3.00         x         0.         0.         0.           (4)         CEVIAN AXASLI EATHERTON         3.00         x         0.         0.         0.           (5)         CHISTA COTTRELL         3.00         x         x         0.         0.         0.           (6)         MELISSA HIRST         3.00         x         x         0.         0.         0.           (7)         RICHARD AARONSON         3.00         x         0.         0.         0.         0.           (8)         PARTICE BALL-REED         3.00         x         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (1)         JACK BLACK         3.00         X         0.         0.         0.         0. <td></td> <td></td> <td>Indivi</td> <td>Institu</td> <td>Office</td> <td>Key ei</td> <td>Highe</td> <td>Forme</td> <td></td> <td></td> <td>5</td>			Indivi	Institu	Office	Key ei	Highe	Forme			5
(2)         STEVEN R. GILFORD         3.00         x	(1) CASSANDRA LIVELY	40.00	_		_						
TREASURER         X         X         X         X         X         0.         0.         0.           URECTOR         3.00         X         0.         0.         0.         0.         0.           PRESIDENT         3.00         X         X         X         0.         0.         0.           (4)         CHIAN AYASLI EATHERTON         3.00         X         X         0.         0.         0.           PRESIDENT         X         X         0.         0.         0.         0.         0.           (5)         CHRISTA COTTRELL         3.000         X         X         0.         0.         0.         0.           VICE PRESIDENT         3.00         X         X         0.         0	EXECUTIVE DIRECTOR		1		X				108,999.	0.	1,539.
(3) GENE CAHILL         3.00         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           (4) CEVLAN AVASLI EATHERTON         3.00         X         X         0.         0.         0.           (5) CHRISTA COTTRELL         3.00         X         X         0.         0.         0.           VICE PRESIDENT         X         X         0.         0.         0.         0.           (6) MELISSA HIRST         3.00         X         X         0.         0.         0.           (7) RICHARD AARONSON         3.00         X         0.         0.         0.         0.           01RECTOR         X         X         0.         0.         0.         0.           01RECTOR         X         0.         0.         0.         0.         0.         0. <tr< td=""><td>(2) STEVEN R. GILFORD</td><td>3.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>	(2) STEVEN R. GILFORD	3.00									
DIRECTORX0.0.0.(4)CEYLAN AYASLI EATHERTON3.00XX0.0.PRESIDENTXX0.0.0.0.(5)CHISTA COTTRELL3.00XX0.0.0.VICE PRESIDENTXX0.0.0.0.(6)MELISSA HIRST3.00X0.0.0.(7)RICHARD AARONSON3.00X0.0.0.DIRECTORXX0.0.0.0.(8)PATRICE BALL-REED3.00X0.0.0.DIRECTORX0.0.0.0.0.(9)JOSEPH R. DOSCH3.00X0.0.0.DIRECTORX0.0.0.0.0.(10)JACK BLOCK3.00X0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.(11)AARON D. HARRIS3.000X0.0.0.DIRECTORX0.0.0.0.0.0.(12)FRANK L. DERY3.000X0.0.0.0.DIRECTORX0.0.0.0.0.0.(13)RIAN J. GOLD3.000X0.0.0.0.DIRECTORX0.0.0.0. <t< td=""><td>TREASURER</td><td></td><td>X</td><td></td><td>х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	TREASURER		X		х				0.	0.	0.
(4)         CEVIAN AYASLI EATHERTON         3.00         X         X         X         0.	(3) GENE CAHILL	3.00									
PRESIDENT         X         X         0.         0.         0.           (5)         CHRISTA COTTRELL         3.00         X         X         0.         0.         0.           VICE PRESIDENT         X         X         0.         0.         0.         0.           (6)         MELISSA HIRST         3.00         X         X         0.         0.         0.           PRESIDENT-ELECT         X         X         0.         0.         0.         0.           DIRECTOR         3.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           OLRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           OLRECTOR         X         0.         0.         0.         0.         0. </td <td>DIRECTOR</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR		X						0.	0.	0.
(5)       CHRISTA COTTRELL       3.00       X       X       0.       0.       0.         (6)       MELISSA HIRST       3.00       X       X       0.       0.       0.         (7)       RICHARD AARONSON       3.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         01       PATRICE BALL-REED       3.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.<	(4) CEYLAN AYASLI EATHERTON	3.00									
VICE PRESIDENT         X         X         X         X         0.	PRESIDENT		Х		Х				0.	0.	0.
(6)         MELISSA HIRST         3.00         x         x         x         x         0.	(5) CHRISTA COTTRELL	3.00									
PRESIDENT-ELECT         X         X         X         0.         0.         0.           (7)         RICHARD AARONSON         3.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8)         PATRICE BALL-REED         3.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (10)         JACK BLOCK         3.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (11)         AARON D. HARRIS         3.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.	VICE PRESIDENT		Х		Х				0.	0.	0.
(7) RICHARD AARONSON       3.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(6) MELISSA HIRST	3.00									
DIRECTOR         X         0.         0.         0.         0.           (8) PATRICE BALL-REED         3.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9) JOSEPH R, DOSCH         3.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (10) JACK BLOCK         3.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11) AARON D, HARRIS         3.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (12) FRANK L, DERY         3.00         X         0.         0.         0.         0.           DIRECTOR         X         0.0         0.         0.         0.         0.         0.           (13) BRIAN J, GOLD         3.000         X         0.         <	PRESIDENT-ELECT		Х		Х				0.	0.	0.
(8) PATRICE BALL-REED3.00X0.0.0.DIRECTORX0.0.0.0.0.(9) JOSEPH R. DOSCH3.00X0.0.0.DIRECTORX0.0.0.0.(10) JACK BLOCK3.00X0.0.0.DIRECTORX0.0.0.0.(11) AARON D. HARRIS3.00X0.0.0.DIRECTORX0.0.0.0.(12) FRANK L. DERY3.00X0.0.0.DIRECTORX0.0.0.0.(13) BRIAN J. GOLD3.00X0.0.0.DIRECTORX0.0.0.0.(14) CAMILLE R. GRANT3.00X0.0.0.SECRETARYXX0.0.0.(16) MATTHEW T. JENKINS3.00X0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.(17) MICHELE JOCHNER3.00X0.0.0.DIRECTORX0.0.0.0.	(7) RICHARD AARONSON	3.00									
DIRECTOR         X         0         0.         0.         0.           (9) JOSEPH R. DOSCH         3.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) JACK BLOCK         3.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (11) AARON D. HARRIS         3.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.           (12) FRANK L. DERY         3.00         X         0.<	DIRECTOR		Х						0.	0.	0.
(9)         JOSEPH R. DOSCH         3.00         X         0.         0.         0.           DIRECTOR         X         0. </td <td>(8) PATRICE BALL-REED</td> <td>3.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(8) PATRICE BALL-REED	3.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(10) JACK BLOCK         3.00         X         0.		3.00									_
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(11) AARON D. HARRIS       3.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (12) FRANK L. DERY       3.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (13) BRIAN J. GOLD       3.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (14) CAMILLE R. GRANT       3.00       X       0.	(10) JACK BLOCK	3.00									_
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(12) FRANK L. DERY       3.00       X       0.       0.       0.       0.         DIRECTOR       X       X       0.		3.00									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(13) BRIAN J. GOLD       3.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (14) CAMILLE R. GRANT       3.00       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (15) KENNETH GUNN       3.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.         (16) MATTHEW T. JENKINS       3.00       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.		3.00									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(14) CAMILLE R. GRANT       3.00       X       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.         (15) KENNETH GUNN       3.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.         (16) MATTHEW T. JENKINS       3.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.		3.00									•
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(15) KENNETH GUNN       3.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (16) MATTHEW T. JENKINS       3.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (17) MICHELE JOCHNER       3.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.		3.00									
SECRETARYXX0.0.0.(16) MATTHEW T. JENKINS3.00X0.0.0.DIRECTORX0.0.0.0.(17) MICHELE JOCHNER3.00X0.0.0.DIRECTORX0.0.0.0.			X						0.	0.	0.
(16) MATTHEW T. JENKINS         3.00         X         0.         0		3.00									
DIRECTORX0.0.0.(17) MICHELE JOCHNER3.00X0.0.0.DIRECTORX0.0.0.0.			X		X				0.	0.	0.
(17) MICHELE JOCHNER         3.00         X         0. </td <td></td> <td>3.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>		3.00									•
DIRECTOR X 0. 0. 0.		2 00	X						0.	0.	0.
		3.00								_	•
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Form 990 (2021)

Form	990	(2021)
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CENTER FOR CONFLICT RESOLUTION

36-2997680 Page 8

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week	(do box		C Posi neck i ss per	<b>c)</b> ition more rson	ן than is bot	one h an	<b>(D)</b> Reportable compensation	(E) Reportable compensation from related		(F) Estimate amount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)		organizat organizat	e tion ted
(18) JENNIFER PLAGMAN	3.00	37						0	0			0
DIRECTOR	2 00	Х						0.	0	•		0.
(19) JUSTIN F. POLACH	3.00	x						0.	0			0.
DIRECTOR	3.00	^				-		0.	0	•		0.
(20) EMILY HARTE DIRECTOR	3.00	x						0.	0			0.
(21) KATHRYN L. STEVENS	3.00	^				<u> </u>		0.	0	•		0.
DIRECTOR	5.00	x						0.	0			0.
(22) JENNIFER DRESSLER	3.00	<u>^</u>				-		0.	0	•		0.
DIRECTOR	5.00	x						0.	0			0.
(23) ELIZABETH HERMANN SMITH	3.00	<u>^</u>				-		0.	0	•		0.
DIRECTOR		x						0.	0	•		0.
(24) JONAH ORLOFSKY	3.00	x						0.	0			0.
EX OFFICIO MEMBER (25) JARAN R MOTEN	3.00	^						0.	0	-		0.
EX OFFICIO MEMBER	5.00	х		4	Ŭ/			0.	0	•		0.
1b Subtotal								108,999.	0	+	1,5	39.
1b Subtotal c Total from continuation sheets to Part V	II Section A							0.	0		_,,	0.
d Total (add lines 1b and 1c)								108,999.	0		1,5	
2 Total number of individuals (including but r		_							-	<u>-</u>	_,-	1
compensation from the organization				-							Yes	
3 Did the organization list any <b>former</b> officer			key e	mpl	loye	e, o	r hig	phest compensated emp	oloyee on			
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the s								her compensation from			3	X
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	ə J f	for such individual			4	Х
5 Did any person listed on line 1a receive or	accrue comper	nsat	ion fi	rom	any	/ unr	elat	ted organization or indivi	idual for services			
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ich j	pers	son .					5 X	
Section B. Independent Contractors												
1 Complete this table for your five highest co the organization. Report compensation for	-	-								าsati	on from	
(A)	y			0				(B)			(C)	
Name and business	address	NC	ONE	2			_	Description of s	ervices	Con	npensatio	'n
							-					
2 Total number of independent contractors (		ot lii	nited	d to		se li: 0	stec	d above) who received m	nore than			
\$100,000 of compensation from the organ	ization 🕨					0						

132008 12-09-21

Form **990** (2021)

general decimation         Total inverse         Perimite decimation         Decimation <thdecimation< th=""></thdecimation<>				Check if Schedule O contains a resp	onse	or note to any li	ne in this Part VIII			
Business Code         Busines							(A)	<b>(B)</b> Related or exempt	<b>(C)</b> Unrelated	from tax under
Business Code         Busines	ts t	1	а	Federated campaigns 1a						
Business Code         Busines	un						1			
Business Code         Busines	٥Ĕ					183 229	4			
Business Code         Busines	rAs			· · · · · · · · · · · · · · · · · · ·		105,225.	4			
Business Code         Busines	ia a			· · · · · · · · · · · · · · · · · · ·		121 067	-			
Business Code         Busines	Sins					131,00/.	4			
Business Code         Busines	er is		f			~ ~ ~ ~ ~				
Business Code         Busines	ġŧ			similar amounts not included above 1f	1,	310,027.				
Business Code         Busines	d d		g	Noncash contributions included in lines 1a-1f	\$					
Solution         Participation         Participatio	a C		h	Total. Add lines 1a-1f		►	1,625,123.			
Section         b         FACILIATION SERVICES         900099         57,175.         57,175.           e         c <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
Section         b         FACILIATION SERVICES         900099         57,175.         57,175.           e         c <td>ø</td> <td>2</td> <td>а</td> <td>TRAINING FEES</td> <td></td> <td>900099</td> <td>196,035.</td> <td>196,035.</td> <td></td> <td></td>	ø	2	а	TRAINING FEES		900099	196,035.	196,035.		
90       1 a Orden Softwart Softwa	ž,	_				900099				
90       1 a Orden Softwart Softwa	Ser									
90       1 a Orden Softwart Softwa	Ē									
90       1 a Orden Softwart Softwa	Be									
90       1 a Orden Softwart Softwa	2 C									
3       Investment income (including dividends, interest, and other similar amounts)       58.         4       Income from investment of tax exempt bond proceeds       58.         5       Royatties       60         6       Gross rents       6a       25,522.         b       Less: rental expenses.       6b       0.         6       Gross rents       6a       25,522.         7       Gross amount from sales of assets other than invertory       25,522.       25,522.         7       Gross amount from sales of assets other than invertory       7b       7c         9       Gain or (loss)       7c       7c       7c         8       Gross income from fundraising events (not including \$	-						252 210			
other similar amounts).       58.       58.       58.         4       income from investment of tax-exempt bond proceeds       5         6       Gross rents       6a       25,522.         b       Less: rental expenses       6b       0.         c       Rental income or (loss)       6c       25,522.         d       Net rental income or (loss)       6c       25,522.         d       Net rental income or (loss)       0.       25,522.         d       Sa forss income from fundralsing events (not including \$       18.3,229.o       0         d       Net gain or (loss) from fundralsing events (not including \$       18.3,229.o       -12,791.         9       Gross income from gaming activities. See Part IV, line 18       0.       34,836.         9       Gross income from gaming activities. See Part IV, line 18       0.       0.         9       Gross income from gaming activities. See Part IV, line 18       0.       0.         10       Gross alse of inventory, less returns       0. <t< td=""><td>_</td><td></td><td>g</td><td></td><td></td><td></td><td>255,210.</td><td></td><td></td><td></td></t<>	_		g				255,210.			
4       Income from Investment of tax exempt bond proceeds         5       Royatties         6 a       Gross rents         6 a       C         7 a       Gross rents         6 a       25,522.         7 a       Gross anount from sales of         7 a       Gross income from fundraising events (not including \$\sum_1163, 229. of contributions reported on line 10. See Part IV, line 18         8 a       Gross income from gaming activities. See Part IV, line 18         9 a       Gross income from gaming activities. See Part IV, line 19         9 a       Gross income from gaming activities. See Part IV, line 19         9 a       Gross income from gaming activities. See Part IV, line 19         9 a       Gross income from gaming activities. See Part IV, line 19         9 a       Gross income from gaming activities. See Part IV, line 19         9 a       Gross income from gaming activities. See Part IV, line 19         9 a       Gross income from gaming activities <td></td> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		3								
5       Royatties       (i) Real       (ii) Personal         6 a       Gross rents       6a       25, 522.         b       Less: rental expenses       6b       0.         c       Rental income or (loss)       6c       25, 522.       25, 522.         7       Gross amount from sales of assets other than inventory       7a       7a       7a         b       Less: cost or other basis and sales expenses       7b       7b       7b       7c         c       Gain or (loss)       7b       7c       7c       7c       7c         d       Net gain or (loss)       7b       7c       7c       7c       7c         d       Net gain or (loss)       7b       7c       7c       7c       7c         d       Net gain or (loss)       Tc       7c       7c       7c       7c         d       Net gain or (loss)       Ta       7c       7c       7c       7c       7c         g       Gross income from fundraising events       -12,791.       -12,791.       9c       7c				other similar amounts)		►	58.			58.
6 a Gross rents       Ga 25,522.         b Less: rental expenses       Gb 0.         c Rental income or (loss)       Gc 25,522.         d Net rental income or (loss)       C 25,522.         d Net rental income or (loss)       0. Securities         a Gross amount from sales of assets other than inventory       Image: Cost or other basis         b Less: cost or other basis       Image: Cost or other basis         c Gain or (loss)       To         c Gain or (loss)       To         d Net gain or (loss)       To         d Net gain or (loss)       To         g Gross income from fundraising events (not including \$ 183, 229. or contributions reported on line 1c). See Part IV, line 18       Sale 22, 065.         b Less: direct expenses       Ba 34, 256.         c Net income or (loss) from fundraising events       -12, 791.         g Gross income from gaming activities.       Sale         p Less: cirect expenses       Ba         g Gross income or (loss) from gaming activities.       Sale         g Gross income or (loss) from gaming activities.       Image: Sale         g a dross income or (loss) from gaming activities.       Image: Sale         g a dross income or (loss) from gaming activities.       Image: Sale         g a dross anco or (inventory).       Image: Sale       Sale		4		Income from investment of tax-exempt b	ond p	oroceeds 🕨 🕨				
6 a Gross rents       6a 25,522.         b Less: rental expenses.       6b 0.         c Rental income or (loss)       c 25,522.         7 a Gross anount from sales of assets other than inventory       c 25,522.         b Less: cost or other basis and sales expenses       7a         7a Gross income from fundralsing events (not including \$ 183,229. of contributions reported on line 1c). See       7a         8 a Gross income from fundralsing events       7a         9a Gross income from fundralsing events (not including \$ 183,229. of contributions reported on line 1c). See       8a 22,065.         9 Less: direct expenses       8a 34,856.         c Net income or (loss) from fundralsing events       -12,791.         9 a Gross income from gaming activities.       9a         9 b Less: direct expenses       9a         9 c Gross income from gaming activities.       10a         9 a Gross sales of inventory, less returns and allowances       10a         9 Less: cost of goods sold       10a         9 thince or (loss) from gaming activities direct expenses       9a         9 Less: cost of goods sold       10a         9 a Gross sales of inventory, less returns and allowances       10a         9 a Cross sales of inventory       10a         9 a Cross sales of inventory       10a         1 a VOLUNTEER ACTIVITIE		5		Royalties		►				
b Less: rental expenses       6b       0.						(ii) Personal				
Bulkes: rental expenses		6	а	Gross rents 6a 25,5	22.		1			
c       Rental income or (loss)       Gc       25,522.       25,522.         7 a       Gross amount from sales of assets other than inventory       0) Securities       0) Other       25,522.       25,522.         7 a       Gross amount from sales of assets other than inventory       b       Less: cost or other basis and sales expenses       7b       7a       7a       7a         a       Gross income from fundraising events (not including \$ 183,229. of contributions reported on line t0. See Part IV, line 18       8a       22,065.       8b       34,8566         b       Less: colification (loss)       Ba       34,8566       -12,791.       -12,791.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9b       -12,791.       -12,791.         9 a       Gross sales of inventory, less returns and allowances       10a       Gross sales of inventory, less returns and allowances       10a       10a       Gross for oss of loss of montal activities       0a         0 a       Cost of goods sold       10b       13,900.       13,900.       12,789.         0 a       Cost of codds sold       10a       13,900.       12,789.					0.					
d Net rental income or (loss)       25,522.       25,522.         7 a Gross amount from sales of assets other than inventory       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					22.		1			
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses				· · ·			25,522.			25.522.
9904 b       Less: cost or other basis and sales expenses c       7a       7b         7b       7c       7c         7c       7c       7c         8 a       Gross income from fundraising events (not including \$183, 229, of contributions reported on line 1c). See Part IV, line 18       22, 065.         b       Less: direct expenses       8b       34, 856.         c       Net income or (loss) from fundraising events       -12, 791.         9 a       Gross income from gaming activities. See Part IV, line 19       9a         9 b       Less: direct expenses       9b         10 a       Gross income or (loss) from gaming activities       10a         10 a       Gross alse of inventory, less returns and allowances       10a         10 a       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       Business Code         900099       13, 900.       13, 900.         11 a       VOLUNTEER ACTIVITIES M       Business Code         900099       13, 900.       13, 900.         12       Total revenue       13, 900.         12       Total revenue. See instructions       1, 905, 022.       267, 110.       0.       12, 789. <td></td> <td></td> <td></td> <td>` '<u></u></td> <td>ities</td> <td>(ii) Other</td> <td></td> <td></td> <td></td> <td></td>				` ' <u></u>	ities	(ii) Other				
B       Less: cost or other basis and sales expenses       Image: cost of the basis and sales expenses       Image: cost of the basis and sales expenses       Image: cost of the basis and sales expenses         C       Gain or (loss)       Image: cost of the basis and sales expenses       Image: cost of the basis and sales expenses       Image: cost of the basis and sales expenses         B       Gross income from fundraising events b       Image: cost of the basis contributions reported on line 1c). See Part IV, line 18       Image: cost of contributions reported on line 1c). See Part IV, line 18       Image: cost of contributions reported on line 1c). See Part IV, line 19       Image: cost of contributions reported on line 1c). See Part IV, line 19       Image: cost of contributions reported on line 1c). See Part IV, line 19       Image: cost of cost of cost of contributions reported on line 1c). See Part IV, line 19       Image: cost of		'	a		1000		-			
and sales expenses       7b         c       Gain or (loss)       7c         d       Net gain or (loss)       7c         d       Net gain or (loss)       7c         d       Net gain or (loss)       7c         d       Net gain or (loss)       7c         d       Net gain or (loss)       7c         d       Net gain or (loss)       8         g Gross income from fundraising events       8         part IV, line 18       8a       32 2, 065.         b       Less: direct expenses       8a         g Gross income from gaming activities. See Part IV, line 19       9a         ga       Gross sales of inventory, less returns and allowances       9b         l       a Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       900099         g 000099       13,900.       13,900.         g all other revenue       13,900.       12,789.							4			
Solution of the second sec	ø		b							
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Solution of the second sec	eve			( /						
Solution of the second sec	Ř					<u></u>				
Solution of the second sec	hei	8	а	Gross income from fundraising events (not						
contributions reported on line 1c). See Part IV, line 18       Ba       22,065.         b       Less: direct expenses       Bb       34,856.         c       Net income or (loss) from fundraising events <ul> <li>-12,791.</li> <li>-12,791.</li> <li>-12,791.</li> <li>-12,791.</li> <li>-12,791.</li> </ul> <ul> <li>-12,791.</li> <li>-12,791.</li> <li>-12,791.</li> <li>-12,791.</li> </ul> <ul> <li>-12,791.</li> </ul> 9 a         Gross income from gaming activities. <ul> <li>-12,791.</li> <li>-12,791.</li> <li>-12,791.</li> <li>-12,791.</li> </ul> 9 a	Ð			including \$ 183,229. of						
b Less: direct expenses 8b 34,856. c Net income or (loss) from fundraising events -12,79112,791. 9 a Gross income from gaming activities. See 9a 9b c -12,791. 9 a Gross income from gaming activities 9b c -12,791. 9 a Gross cales of inventory, less returns and allowances 10a c Net income or (loss) from sales of inventory less returns and allowances 10a c Net income or (loss) from sales of inventory b c Net income or (l										
b       Less: direct expenses       8b       34,856.         c       Net income or (loss) from fundraising events       -12,791.         9 a       Gross income from gaming activities. See Part IV, line 19       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       >         10 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       Business Code         900099       13,900.       13,900.         c       All other revenue       13,900.         e       Total revenue. See instructions       1,905,022.       267,110.       0.				Part IV, line 18	8a	22,065.				
c       Net income or (loss) from fundraising events <ul> <li>-12,791.</li> <li>-12,791.</li> <li>-12,791.</li> </ul> 9 a       Gross income from gaming activities. See Part IV, line 19       9a       9a         b       Less: direct expenses       9b       -12,791.         c       Net income or (loss) from gaming activities             10 a       Gross sales of inventory, less returns and allowances             b       Less: cost of goods sold               c       Net income or (loss) from sales of inventory               b       Less: cost of goods sold               c       Net income or (loss) from sales of inventory               c                 c                 c                   c <td></td> <td></td> <td>b</td> <td></td> <td></td> <td>34,856.</td> <td>1</td> <td></td> <td></td> <td></td>			b			34,856.	1			
9 a Gross income from gaming activities. See Part IV, line 19       9a       9a         b Less: direct expenses       9b       9b         c Net income or (loss) from gaming activities       >          10 a Gross sales of inventory, less returns and allowances       10a          b Less: cost of goods sold       10b           c Net income or (loss) from sales of inventory       >          b Less: cost of goods sold       10b           c Net income or (loss) from sales of inventory       >           b Less: cost of goods sold       10b            c Net income or (loss) from sales of inventory       >            b Less: cost of goods sold       10b             c dall other revenue       900099       13,900.             c dall other revenue       13,900.							-12,791.			-12,791.
Part IV, line 19       9a         b       Less: direct expenses         c       Net income or (loss) from gaming activities         10 a       Gross sales of inventory, less returns and allowances         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         b       Business Code         9000099       13,900.         11 a       VOLUNTEER ACTIVITIES M         b       Business Code         c       Image: Code         d       All other revenue         e       Total. Add lines 11a-11d         13,900.       13,900.         12       Total revenue. See instructions							,			
b Less: direct expenses 9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code   900099 13,900.   11 a VOLUNTEER ACTIVITIES M   b Business Code   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions   1,905,022. 267,110.		Ŭ	-							
c       Net income or (loss) from gaming activities         10 a       Gross sales of inventory, less returns and allowances         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         v       10b         c       Net income or (loss) from sales of inventory         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         b       Business Code         b       900099         c       11 a         d       All other revenue         e       Total Add lines 11a-11d         12       Total revenue. See instructions			h							
10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Net income or (loss) from sales of inventory   In a VOLUNTEER ACTIVITIES M   Business Code   900099   11 a VOLUNTEER ACTIVITIES M   b c   c   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions     10 a     10 a   10 b   12 Total revenue. See instructions										
and allowances 10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Net income or (loss) from sales of inventory   b   c   b   c   c   d   All other revenue   e   total. Add lines 11a-11d   12   Total revenue. See instructions     10a   10a   10b   10b     10a   10b     10a   10b     10a   10b     10a     10b     10a     10b     10b     10b     10b     10b     10c     10c     10c     10c     10c     10c     10c     10c     10c     11 a     VOLUNTEER ACTIVITIES M     Business Code     900099     13,900.     11 a     10 a     10 a     10 a     10 a     10 a     10 a     10 a     10 a     10 a     10 a					es	····· <b>P</b>				
b Less: cost of goods sold 10b ► − ► −		10	а							
c Net income or (loss) from sales of inventory         Solution       Business Code         11 a       VOLUNTEER ACTIVITIES M         b       900099         c       11 a         d       All other revenue         e       Total Add lines 11a-11d         12       Total revenue. See instructions							4			
Business Code       Image: Code <td></td> <td></td> <td>b</td> <td>Less: cost of goods sold</td> <td>10b</td> <td></td> <td></td> <td></td> <td></td> <td></td>			b	Less: cost of goods sold	10b					
11 a       VOLUNTEER ACTIVITIES M       900099       13,900.       13,900.         b			с	Net income or (loss) from sales of invent	ory	🕨				
e Total. Add lines 11a-11d       ►       13,900.         12 Total revenue. See instructions       ►       1,905,022.       267,110.       0.       12,789.	s									
e Total. Add lines 11a-11d       ►       13,900.         12 Total revenue. See instructions       ►       1,905,022.       267,110.       0.       12,789.	e jo	11	а	VOLUNTEER ACTIVITIES	М	900099	13,900.	13,900.		
e Total. Add lines 11a-11d       ►       13,900.         12 Total revenue. See instructions       ►       1,905,022.       267,110.       0.       12,789.	ane		b							
e Total. Add lines 11a-11d       ►       13,900.         12 Total revenue. See instructions       ►       1,905,022.       267,110.       0.       12,789.	eve eve									
e Total. Add lines 11a-11d       ►       13,900.         12 Total revenue. See instructions       ►       1,905,022.       267,110.       0.       12,789.	lis B			All other revenue						
12 Total revenue. See instructions 1,905,022. 267,110. 0. 12,789.	≥					· · · · · · · · · · · · · · · · · · ·	13,900.			
			-					267.110.	0.	12.789.
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Form 990 (2021) Part VIII

Statement of Revenue

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Part IX Statement of Functional Expenses

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	•	e or note to any line in			(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	72,986.	42,160.	12,559.	18,267
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,059,704.	1,002,184.	30,320.	27,200
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	8,147.	7,598.	239.	310 5,713
9	Other employee benefits	150,284.	140,161.	4,410.	5,713
10	Payroll taxes	95,595.	89,024.	3,075.	3,496
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	26,553.		26,553.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)	62,055.	19,665.	41,776.	614
12	Advertising and promotion				
13	Office expenses	37,112.	18,304.	7,863.	10,945
14	Information technology	28,707.	27,722.	602.	383
15	Royalties				
16	Occupancy	172,045.	141,174.	29,287.	1,584
17	Travel	2,165.	965.	795.	405
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,171.	28,171.		
23	Insurance	14,773.	13,880.	452.	441
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 0.)				
а	TRAINING	24,842.	24,842.		
b	DUES AND SUBSCRIPTIONS	8,420.	8,196.	75.	149
с	VOLUNTEER ACTIVITIES	6,553.	6,228.		325
d	GENERAL FUNDRAISING EXP	4,713.	9.		4,704
е	All other expenses	7,347.	4,572.	2,775.	
25	Total functional expenses. Add lines 1 through 24e	1,810,172.	1,574,855.	160,781.	74,536
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

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Check here

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if following SOP 98-2 (ASC 958-720)

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Form **990** (2021)

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36-2997680 Page 11

	1 990 (i		101	50	2997000 Page 11
Ра	πχ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	188,264		324,831.
	2	Savings and temporary cash investments	112,796	• 2	119,357.
	3	Pledges and grants receivable, net	300,677	• 3	236,138.
	4	Accounts receivable, net		• 4	29,650.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 221,8	19.		
	b	Less: accumulated depreciation 10b 107,6	75. 93,316	• 10c	114,144.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,752		6,752.
	16	Total assets. Add lines 1 through 15 (must equal line 33)			830,872.
	17	Accounts payable and accrued expenses	35,881	• 17	46,345.
	18	Grants payable		18	
	19	Deferred revenue	6,085	• 19	8,725.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ē		trustee, key employee, creator or founder, substantial contributor, or $35\%$			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	100.004		100 500
		of Schedule D	108,884		106,502.
	26	Total liabilities. Add lines 17 through 25	150,850	• 26	161,572.
s		Organizations that follow FASB ASC 958, check here $\blacktriangleright$ $X$			
nce		and complete lines 27, 28, 32, and 33.	F 4 0 0 C 7		C22 7C0
ala	27	Net assets without donor restrictions		• 27	633,769. 35,531.
dВ	28	Net assets with donor restrictions	25,583	• 28	35,531.
'n		Organizations that do not follow FASB ASC 958, check here 🕨 🛄			
οF		and complete lines 29 through 33.			
its (	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž	32	Total net assets or fund balances			669,300.
	33	Total liabilities and net assets/fund balances	725,300	• 33	830,872.

Form 990 (2021)

#### Form 990 (2021)

Form	1990 (2021) CENTER FOR CONFLICT RESOLUTION	36-299	7680	Pag	ge <b>12</b>
Ра	rt 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	1,905		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,810		
3	Revenue less expenses. Subtract line 2 from line 1	3			50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	574	1,4	50.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				~ ~
_	column (B))	10	665	9,3	00.
Ра	rt 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: Cash X Accrual Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	<b>5 7 1 </b>		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?		. <b>2</b> c	X	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			v
	Act and OMB Circular A-133?		<b>3a</b>		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			
			Form	<b>990</b> (	2021)

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Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization	
	ORNER

Employer identification number

				FLICT RESOLU				- 3	6-2997680
Pa	art I	Reason for Public	Charity Status.	All organizations must c	omplete ti	nis part.) S	ee instructions.		
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)( <sup>.</sup>	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative				)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii).	. Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit o	describ	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	<b>č</b>	•	, ,			
6		A federal, state, or local go		nental unit described in a	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					eneral	public described in
		section 170(b)(1)(A)(vi). (C		1 11	5		5	,	I.
8		A community trust describe		1)(A)(vi), (Complete Par	t II.)				
9		An agricultural research org				ed in conii	unction with a land	d-arant	college
-		or university or a non-land-							
		university:					,,		
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership f	fees, ar	nd aross receipts from
		activities related to its exen							
		income and unrelated busin							
		See section 509(a)(2). (Con				0000 4040	and by the organ	Zation	
11		An organization organized a	•	ively to test for public sa	fetv See	section 50	)9(a)(4)		
12		An organization organized a						out the	purposes of one or
		more publicly supported or							
		lines 12a through 12d that	-				-		
а		<b>Type I.</b> A supporting orga							r aivina
		the supported organization							
		organization. You must c			amajoney				apporting .
b		<b>Type II.</b> A supporting org	-		tion with it	s sunnort	ed organization(s)	hv ha	vina
~		control or management o							
		organization(s). You mus					introl of manage t		portod
с		Type III functionally inte	•		in connec	tion with	and functionally in	ntearate	ed with
	·	its supported organizatio					-	negrat	sa with,
d		<b>Type III non-functionally</b>						oraani	zation(c)
U		that is not functionally int							
		requirement (see instruct	•	<b>e</b> ,	•		•	alleni	IVEIIESS
е		Check this box if the orga							
e							а турет, турет, т	уре ш	
f	Ento	functionally integrated, or er the number of supported of			ing organi	zation.			
		vide the following information							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of mor	netary	(vi) Amount of other
	-	organization		(described on lines 1-10	in your governi Yes	No	support (see instruc	ctions)	support (see instructions)
				above (see instructions))					
Tota	al								

#### Schedule A (Form 990) 2021

Part II

CENTER FOR CONFLICT RESOLUTION

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.)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	714,389.	742,407.	696,907.	1406363.	1625123.	5185189.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
•	furnished by a governmental unit to								
	the organization without charge	113.977.	124,626.	121.074.	125,965.	139,640.	625,282.		
4	Total. Add lines 1 through 3	828,366.			1532328.		5810471.		
	The portion of total contributions								
5	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,								
~	*** ••••••••••••••••••••••••••••						5810471.		
	Public support. Subtract line 5 from line 4. ction B. Total Support						<u> </u>		
	endar year (or fiscal year beginning in)	(-) 0017	(1-) 0010	(-) 0010	(4) 0000	(-) 0001			
		(a) 2017 828,366.	(b) 2018 867,033.	(c) 2019 817,981.	(d) 2020 1532328.	(e) 2021 1764763.	(f) Total 5810471.		
	Amounts from line 4	020,300.	007,055.	017,501.	1332320.	1/04/03.	30104/10		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	59.	49.	25,053.	25,053.	25,580.	75,794.		
-	and income from similar sources	59.	49.	25,055.	25,055.	25,500.	/5,/94.		
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					12 000	12 000		
	assets (Explain in Part VI.)					13,900.			
	Total support. Add lines 7 through 10					1	5900165. ,152,445.		
	Gross receipts from related activities,			· · · · · · · · ·			,152,445.		
13	First 5 years. If the Form 990 is for th								
50	organization, check this box and stor ction C. Computation of Publ								
-	•			a a lu usa (f))		14	98.48 %		
	Public support percentage for 2021 (					15	<u>98.48 %</u> 98.93 %		
	Public support percentage from 2020 33 1/3% support test - 2021. If the c						, -		
100	stop here. The organization qualifies	•							
F	<b>33 1/3% support test - 2020.</b> If the c								
	and stop here. The organization qual	0		,		,			
17:									
170	17a 10% -facts-and-circumstances test - 2021. 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 te			-		viriow the organiz			
۲	10% -facts-and-circumstances tes	•	•		•				
	more, and if the organization meets the						1070 01		
	organization meets the facts-and-circ								
18	Private foundation. If the organization								
		and not oncor a		a, 100, 17a, 01 171			(Form 990) 2021		
						Schedule A	(1 0111 990) 2021		

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### CENTER FOR CONFLICT RESOLUTION

### 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.)

Sec	cion A. Public Support					_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge $\dots$						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second. third	fourth. or fifth tax	vear as a section	501(c)(3) oraz	anization.
		0					
Sec	tion C. Computation of Publ						······································
	Public support percentage for 2021 (			column (f))		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Invest						/0
	Investment income percentage for 20		•			17	%
	Investment income percentage for 2					18	% %
	33 1/3% support tests - 2021. If the						
134	more than 33 1/3%, check this box a						
F							/2% and
	<b>33 1/3% support tests - 2020.</b> If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, Check th	nis box and see in		
13202	3 01-04-22			15		Sched	lule A (Form 990) 2021

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? *If "Yes," provide detail in* Part VI.
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **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? *If* "*Yes*," *provide detail in* **Part VI.**
- 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? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

#### Schedule A (Form 990) 2021 CENTER FOR CONFLICT RESOLUTION

Ра	Int IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

#### Section E. Type III Functionally Integrated Supporting Organizations

	1	Check the box next to the method that the	organization used to satisfy	the Integral Part Test du	ring the yea <b>(see instructions).</b>
--	---	---	------------------------------	---------------------------	---

a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent (	of each of it	s supported	organizations.	Complete line 3 below.
---	--	------------------	-----------------	---------------	-------------	----------------	------------------------

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental	entity (see instructions).
--	----------------------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
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Schedule A (Form 990) 2021

2a

2b

За

3b

No

Yes

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Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> N	let short-term capital gain	1		
<b>2</b> F	Recoveries of prior-year distributions	2		
3 (	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
<b>5</b> [	Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	ollection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7 (	Other expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
ii	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	<b>1</b> a		
b A	verage monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
dΙ	otal (add lines 1a, 1b, and 1c)	1d		
еD	Discount claimed for blockage or other factors			
(	explain in detail in <b>Part VI</b> ):			
<b>2</b> A	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	Subtract line 2 from line 1d.	3		
4 (	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
<b>5</b> N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
<b>6</b> N	Aultiply line 5 by 0.035.	6		
<b>7</b> F	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
<b>2</b> E	inter 0.85 of line 1.	2		
<b>3</b> N	linimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	inter greater of line 2 or line 3.	4		
5 li	ncome tax imposed in prior year	5		
6 C	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2021

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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			RESOLUTI		36-2997680 <sub>Pa</sub>
Part VI Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Pa	, 4b, 4c, 5a, d 3; Part IV,	6, 9a, 9b, 9c, 11 Section E, lines 1	a, 11b, and 11c; Pa c, 2a, 2b, 3a, and 3	rt IV, Section B, line b; Part V, line 1; Pa	s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V
(See instructions.)				-	
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## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

\*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

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36-2997680

<b>C</b>	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is	covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
  - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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Schedule B (Form 990) (2021)	
Name of organization	

Name

Employer identification number

36-2997680

#### CENTER FOR CONFLICT RESOLUTION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 131,867. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 946,066. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 127,666. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

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CENTER	R FOR CONFLICT RESOLUTION		36-2997680
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
123453 11-11	-21 23		Schedule B (Form 990) (202

Name of organization

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	B (Form 990) (2021) Irganization		Page 4
Name or o	rganization		Employer identification number
	R FOR CONFLICT RESOLUT		36-2997680
Part III	Exclusively religious, charitable, etc., contri from any one contributor. Complete columns completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	(a) through (e) and the following line entry. For us, charitable, etc., contributions of <b>\$1,000 or less</b> for	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year r organizations r the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
·		(e) Transfer of gift	
	Transferee's name, address		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gift	
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee
(a) No.		[	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
	Transferee's name, address	(e) Transfer of gift	Relationship of transferor to transferee
123454 11-1	1-21	24	Schedule B (Form 990) (2021
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

OMB No. 1545-0047 Ĺ Open to Public Inspection

Employer identification number

Name of the organization
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	CENTER FOR CONFLICT RESOLUTION		36-2997680
Par	rt I Organizations Maintaining Donor Advised Funds or Other Sim	ilar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
	(a) Donor advised fur	nds (I	b) Funds and other accounts
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 fun	ds
•	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 f		
-	for charitable purposes and not for the benefit of the donor or donor advisor, or for any ot		
	impermissible private benefit?		
Par	rt II Conservation Easements. Complete if the organization answered "Yes" or		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
•		eservation of a histo	rically important land area
			fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a co	onservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure included in (a)		2c
d			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or term		
•	year >	indica by the ergan	
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	
-			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and en		
-		g concorrant	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforc	ing conservation ea	sements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	f section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue		
	balance sheet, and include, if applicable, the text of the footnote to the organization's fina		
	organization's accounting for conservation easements.		
Par	rt III Organizations Maintaining Collections of Art, Historical Treas	ures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	e statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or r	research in furtherai	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	atement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or res	earch in furtherance	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		<b>N A</b>
2	If the organization received or held works of art, historical treasures, or other similar asset		
	the following amounts required to be reported under FASB ASC 958 relating to these iten	ns:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
-	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021
	1 10-28-21		
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	t III Organizations Maintaining C									nuea)	
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following tha	it make s	ignificant	use of its			
•	collection items (check all that apply):			oon or ovol	hanga progra						
a		C			hange progra						
b											
C A	Preservation for future generations	alloctions and avala	n how the	. further th	aa araanizati	on'o ovo	mot ouro	aaa in Dar	• VIII		
4	Provide a description of the organization's co During the year, did the organization solicit o							use in Fai	L AIII.		
5	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran										
1 a	reported an amount on Form 990, Pa			Jiyanizatio	ii alisweleu	165 011	10111990	J, Faitiv,	iii le 9, 0i		
1a	Is the organization an agent, trustee, custod		diarv for c	ontribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	Ũ						Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pa	Tt V Endowment Funds. Complete i	f the organization ar	nswered "	Yes" on Fo							
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two year	's back	(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	, column (a	ı)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	ered for th	he organiz	zation	г	Veel	N -
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the		owment fu	unds.							
Pa	<b>t VI</b> Land, Buildings, and Equipm			line 11e C			line 10				
	Complete if the organization answere				1				( 1) D		
	Description of property	(a) Cost or o basis (investr		<b>(b)</b> Cost basis (		. ,	ccumulate preciation		( <b>d)</b> Boo	k value	9
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			22	1,819.	1	L07,6	75.	11	4,1	44.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X, colum	n (B), line 1	0c.)				11	4,1	44.

Schedule D (Form 990) 2021

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	36-2997680 Page <b>3</b>
Part VII Investments - Other Securities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990	
	valuation: Cost or end-of-year market value
(1) Financial derivatives	
(2) Closely held equity interests	
(3) Other	
(A) (B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990	
	valuation: Cost or end-of-year market value
(2)	
(3)	
(4) (5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4) (5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See For	
1.     (a) Description of liability	(b) Book value
(1) Federal income taxes	102.226
(2) DEFERRED RENT	103,336.
(3) DEPOSITS	3,166.
(4)	
(5)	
(6)(7)	
(8)	
(8) (9)	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	106,502.

132053 10-28-21

Sche	edule D (Form 990) 2021 CENTER FOR CONFLICT RESOLU	TION		36-	2997680 Page 4
-	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		-		
1	Total revenue, gains, and other support per audited financial statements			1	2,044,662.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		139,640.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	139,640.
3	Subtract line 2e from line 1			3	1,905,022.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,905,022.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem			Retu	
Pa		nents Wit		Retu	irn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	Retu	
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wit	h Expenses per		irn.
1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents Wit	h Expenses per		irn.
1 2	rt XII         Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wit	h Expenses per		irn.
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b	h Expenses per		irn.
1 2 a b	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	h Expenses per		rn.
1 2 b c	Image: Second second	2a 2b 2c 2d	h Expenses per 139,640.		rn. <u>1,949,812.</u> 139,640.
1 2 a b c d	Image: Second state in the second s	2a 2b 2c 2d	h Expenses per 139,640.	1	rn.
1 2 b c d e	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per 139,640.	1 2e	rn. <u>1,949,812.</u> 139,640.
1 2 b c d e 3	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	h Expenses per 139,640.	1 2e	rn. <u>1,949,812.</u> 139,640.
1 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	h Expenses per 139,640.	1 2e	rn. <u>1,949,812.</u> 139,640.
1 2 d c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	h Expenses per 139,640.	1 2e	rn. <u>1,949,812.</u> <u>139,640.</u> <u>1,810,172.</u> 0.
1 2 a b c d e 3 4 a b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b         Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2a 2b 2c 2d 4a 4b	h Expenses per 139,640.	1 2e 3	rn. <u>1,949,812.</u> <u>139,640.</u> <u>1,810,172.</u>
1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	h Expenses per 139,640.	1 2e 3 4c	rn. <u>1,949,812.</u> <u>139,640.</u> <u>1,810,172.</u> 0.

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

132054 10-28-21

SCHEDULE G	Suppleme	ental Information Regardin	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047	
(Form 990)	(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury		Attach to Form 99						Open to Public	
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for inst	tructior	is and	I the latest informat	ion.	Employorida	Inspection Inspection number	
		FOR CONFLICT RESO	LUTI	ON			36-2997		
	complete this par	Complete if the organization ansv t.	vered "\	′es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	s <b>f</b> Solicit <b>g</b> Special or oral agreement with any individu Part VII) or entity in connection with viduals or entities (fundraisers) pure	ation of ation of al fundra al (inclu profess	non-g gover aising ding c	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes		
(i) Name and addres or entity (fund		(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
			Yes	No					
Total				. 🕨					
3 List all states in wh or licensing.	ich the organizatic	on is registered or licensed to solici	t contrik	oution	s or has been notified	d it is	exempt from r	egistration	
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	1 990 or	990-	EZ.		Schedule	e G (Form 990) 2021	

132081 10-21-21

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and grass income on Form 990 FZ lines 1 and 6b. List events with grass receipts graater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
1	1 Gross receipts	205,294.			205,294
2	2 Less: Contributions	183,229.			183,229
3	<b>3</b> Gross income (line 1 minus line 2)	22,065.			22,065
4	4 Cash prizes				
	5 Noncash prizes	5,449.			5,449
6	6 Rent/facility costs	27,904.			27,904
7	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				1,503
1	10 Direct expense summary. Add lines 4 thro			•	34,856
1	11 Net income summary. Subtract line 10 fro				-12,791
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
1	1 Gross revenue				
2	2 Cash prizes				
. 3	3 Noncash prizes				
. 3	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> </ul>				
4					
5	4 Rent/facility costs	Yes%	└── Yes% └── No	└── Yes % └── No	
6	<ul> <li>4 Rent/facility costs</li></ul>	Yes% No	No	No	
6 7	<ul> <li>4 Rent/facility costs</li></ul>	Yes %	No	No No	
6 7 8	<ul> <li>4 Rent/facility costs</li></ul>	Yes% No Sugh 5 in column (d) ne 7 from line 1, column (d)	No	No No	
5 6 7 8	<ul> <li>4 Rent/facility costs</li></ul>	Yes% No No No No No No No No No No No No No	□ No	□ No ►	Yes
5 6 7 8 8	<ul> <li>4 Rent/facility costs</li></ul>	Yes%          No         bugh 5 in column (d)          ne 7 from line 1, column (d)          onducts gaming activities:       g activities in each of these s	No No	□ No ►	YesN
5 6 7 8 8 8 8 8 8 9 1 1 9 1 9 1 9 1 9 1 9 1 9	<ul> <li>4 Rent/facility costs</li></ul>	Yes%          No         bugh 5 in column (d)          ne 7 from line 1, column (d)          onducts gaming activities:       g activities in each of these s	No No	□ No ►	
5 6 7 8 8 8 8 8 8 8 8 8 8 8 8 7 7 7 8	<ul> <li>4 Rent/facility costs</li></ul>	Yes%          No         bugh 5 in column (d)          ne 7 from line 1, column (d)          onducts gaming activities:          g activities in each of these s          es revoked, suspended, or te	No No	□ No ►	

30 20 CEN

Sch	edule G (Form 990) 2021	CENTER	FOR	CONFLICT	RESOLUTION	36-2	2997680	Page 3
11	Does the organization conduct ga	aming activities v	with no	nmembers?			Yes	No
12	Is the organization a grantor, ben	eficiary or truste	e of a t	rust, or a member	of a partnership or other ent	tity formed		
	to administer charitable gaming?						Yes	🗌 No
13	Indicate the percentage of gamin							
a	The organization's facility						13a	%
b	An outside facility						13b	%
14	Enter the name and address of th	ie person who p	repares	s the organization	s gaming/special events boo	oks and records:		
	Name 🕨							
	Address 🕨							
						0		
158	Does the organization have a con	tract with a third	d party	from whom the or	ganization receives gaming r	evenue?		└── No
F	If "Yes," enter the amount of gam	ina revenue rec	aivad h	w the organization	► ¢	and the amount		
~	of gaming revenue retained by th				ΨΨ			
	If "Yes," enter name and address							
		or the third part	.y.					
	Name 🕨							
	Address 🕨							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensation	▶ \$		-				
	<b>D</b> <i>t</i>							
	Description of services provided	▶						
	Director/officer	Employee			endent contractor			
17	Mandatory distributions:							
a	Is the organization required unde	r state law to ma	ake cha	ritable distributior	is from the gaming proceeds	s to		
	retain the state gaming license?						🛄 Yes	└── No
b	Enter the amount of distributions	required under	state la	w to be distribute	d to other exempt organization	ons or spent in the		
	organization's own exempt activit	0						
Ра				· ·	ired by Part I, line 2b, column		art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also	o provio	de any additional i	nformation. See instructions			
								000) 000 /
1320	83 10-21-21				31	Sched	ule G (Form	<del>99</del> 0) 2021
		_			~ -			

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	(Form	
	-	

Part IV Supplemental Information	
	Schedule G (For
32084 11-18-21	32

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	21	
-	-	Compensated Employees		20		1
Dena	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organization		Employer			mber
_		CENTER FOR CONFLICT RESOLUTION	36-2	299768	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ur, chei)			
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
D		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	s			
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant I Compensation survey or study				
		ther organizations X Approval by the board or compensation of	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 re	lated organization:				
а		e payment or change-of-control payment?				X
b		eive payment from a supplemental nonqualified retirement plan?				X
С		eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only postion E01	$\lambda(2) = 501(\alpha)(4)$ and $501(\alpha)(20)$ argumizations must complete lines 5.0				
F		;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
5	contingent on the r		UT			
а	•			5a		x
		ation?				X
		ar 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
-	contingent on the r					
а				6a		Х
b		ation?				X
		r 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forr	n 990)	) 2021

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#### 36-2997680

#### 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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC ( compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CASSANDRA LIVELY	(i)	108,999.	0.	0.	1,500.	39.	110,538.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Page 3

#### Part III Supplemental Information

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

PART I, LINE 3:

THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR SALARY USING A

COMPENSATION STUDY PREPARED FOR CCR BY AN INDEPENDENT CONSULTANT AND BY

#### USING COMPARABILITY DATA.

FORM 990, PART VII, SECTION A

THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS, AN ORGANIZATION UNRELATED

TO THE CENTER FOR CONFLICT RESOLUTION, PROVIDED \$41,185 OF COMPENSATION

TO CASSANDRA LIVELY, EXECUTIVE DIRECTOR, FOR THE CALENDAR YEAR ENDED

DECEMBER 31, 2021. THIS AMOUNT, WHICH IS IN ADDITION TO THE

COMPENSATION PAID TO HER BY OUR ORGANIZATION, IS INCLUDED IN THE

COMPENSATION SHOWN IN THIS SCHEDULE. THOSE SERVICES ARE CONSIDERED

DONATED TO THE ORGANIZATION AND, WHILE INCLUDED IN THE FINANCIAL

STATEMENTS, ARE NOT INCLUDED AS EXPENSES IN THE FORM 990.

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 for the latest information.	-EZ	OMB No. 1545-0047 <b>2021</b> Open to Public Inspection				
Name of the organizatio	CENTER FOR CONFLICT RESOLUTION		identification number 997680				
FORM 990, PA	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:					
OF NEW CLIEN	TS THROUGH BOTH CASE MANAGEMENT AND MEDIATION	SERVI	CES. CCR				
ALSO FOCUSED	RESOURCES ON STALKING NO CONTACT CASES WITH	THE DO	MESTIC				
VIOLENCE DIV	ISION OF THE CIRCUIT COURT OF COOK COUNTY, AN	D IN					
DEVELOPING A	NEW PROGRAM FOR REFERRAL AND MEDIATION OF CO	MMUNIT	Y-POLICE				
DISPUTES.							
FORM 990, PA	RT VI, SECTION B, LINE 11B:						
THE AUDIT AN	D FINANCE COMMITTEES REVIEW FORM 990 AND PROV	IDE CO	MMENTS OR				
QUESTIONS TO	MANAGEMENT AND THE PREPARER PRIOR TO ITS FIL	ING					
FORM 990, PA	RT VI, SECTION B, LINE 12C:						
BOARD MEMBER	S ANNUALLY INDICATED THAT THEY ARE IN COMPLIA	NCE WI	TH THE CCR				
CONFLICT OF	INTEREST POLICY. SIGNED FORMS ARE KEPT ON FI	LE.					
FORM 990, PA	RT VI, SECTION B, LINE 15:						
THE EXECUTIV	E COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR AN	D OTHE	R KEY				
EMPLOYEE SAL	ARIES USING A COMPENSATION STUDY PREPARED FOR	CCR B	Y AN				
INDEPENDENT	CONSULTANT AND BY USING COMPARABILITY DATA.						
FORM 990, PA	RT VI, SECTION C, LINE 19:						
AVIALABLE UPON REQUEST							

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

Schedule O (Form 990) 2021

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### TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

#### FOR THE YEAR ENDING

MAY 31, 2022

Prepared for	
	CENTER FOR CONFLICT RESOLUTION 11 EAST ADAMS STREET 500 CHICAGO, IL 60603
Prepared by	MANN. WEITZ & ASSOCIATES L.L.C. 111 DEER LAKE ROAD, SUITE 125 DEERFIELD, IL 60015
Amount due or refund	BALANCE DUE OF \$15.00
Make check payable to	ILLINOIS CHARITY BUREAU FUND
Mail tax return and check (if applicable) to	OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
Return must be mailed on or before	JANUARY 31, 2023
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY TWO OFFICERS.

For Off	ice Use Only	-		ORGANIZATION AN						AG990-IL /ised 1/19
PMT	#			KWAME RAOUL Sta						
		Char		t Bureau,100 West , Chicago, Illinois 60		lph	co		-010195	
				•	001		V		all items attach	ed:
AMT			Report for	r the Fiscal Period:					IRS Return	
			Reginning	06/01/2021		Make Checks Payable to			Financial Stater Form IFC	ments
INIT			Deginning			the Illinois	T		Annual Report F	Filina Eee
		J	& Ending	05/31/2022		Charity Bureau Fund			) Late Report Fil	
Feder	al ID # 36-2997680		5	MO DAY YR					AO DAY	YR
	ontributions to the organization t	tax deductible?	X Yes	No	Date Or	ganization was (	created		11/09/1	
	LEGAL					Year-end				
	NAME CENTER FOR	R CONFLICT	RESOLU	TION		amounts				
	MAIL					A) ASSETS		A) \$		872.
	DRESS 11 EAST AI		т, 500			B) LIABILITIE		B) \$		572.
	, STATE CHICAGO,	ΙL				C) NET ASSET	S	C) \$	669,	300.
	P CODE 60603					PERCENTA	<u>CE</u>		AMOUNT	
<b>I</b> .	D) PUBLIC SUPPORT, CONTR					91.88		D) \$	1,782,	/31
	E) GOVERNMENT GRANTS &					6.79		E) \$		867.
	F) OTHER REVENUES		)			1.31		F) \$		580.
	r) omennevended						- /0			
	G) TOTAL REVENUE, INCOME	E AND CONTRIBUTION	NS RECEIVED (A	DD D, E, & F)		10	0 %	G) \$	1,939,	878.
П.	SUMMARY OF ALL	EXPENDITURE	S DURING	THE YEAR:						
	H) OPERATING CHARITABLE	PROGRAM EXPENSE				62.92	<b>4</b> %	H) \$	1,160,	969.
							_			
	I) EDUCATION PROGRAM SI	ERVICE EXPENSE				22.43	3%	I) \$	413,	886.
						85.35	7		1,574,	055
	J) TOTAL CHARITABLE PRO			1)		03.33	1 %	J) \$	<u> </u>	.055.
	J1) JOINT COSTS ALLOCATED	D TO PROGRAM SERV	/ICES (INCLUDE	D IN J):	\$					
	.,		(		4					
	K) GRANTS TO OTHER CHAR	RITABLE ORGANIZATI	ONS				%	K) \$		
							_			
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPE	ENDITURE (ADD	J & K)		85.35	7%	L) \$	1,574,	855.
						8.71	1		160	781.
	M) MANAGEMENT AND GENE	ERAL EXPENSE				0./1	4%	M)\$	100,	, /01.
	N) FUNDRAISING EXPENSE					5.92	9%	N) \$	109.	392.
							- /0	Π) Φ		
	0) TOTAL EXPENDITURES TI	HIS PERIOD (ADD L, I	M, & N)			10	0 %	0) \$	1,845,	028.
<b> </b>	SUMMARY OF ALL P				/ITIES:					
	(Attach Attorney General Repor									
	PROFESSIONAL FUNDRAISER							D) ¢		0
	P) TOTAL AMOUNT RAISED I	BY PAID PROFESSION	VAL FUNDRAISE	RS		10	0 %	P) \$		0.
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES					%	Q) \$		
							/0	α, φ		
	R) NET RECEIVED BY THE CH	HARITY (P MINUS Q=I	R)				%	R) \$		
	PROFESSIONAL FUNDRAISING	•	,							
	S) TOTAL AMOUNT PAID TO		DRAISING CONS	SULTANTS				S) \$		0.
IV.	COMPENSATION TO					EAR:				
	T) NAME, TITLE: CASSA				OR			T) \$		632.
	U) NAME, TITLE: PARI							U)\$		363.
1	V) NAME, TITLE: RAE P				<b>.</b>			V) \$	•	427.
<b>V</b> .	CHARITABLE PROG	RAM DESCRIF		TABLE PROGRAM (3 HIGHEST BY CATEGORIES	\$ EXPEND	±D)		List on	h back side of instr CODE	ructions
198091 04-01-21	W) DESCRIPTION: LEGAI							W)#	090	
31 04-	X) DESCRIPTION: SEMIN							X) #	011	
1980	Y) DESCRIPTION:							Y) #		

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	CIBC BANK USA, 120 SOUTH LASALLE STREET, CHICAGO, ILLINOIS	606	03	
	PROVIDENCE BANK AND TRUST, P.O. BOX 706, SOUTH HOLLAND, IL 60	473		
	NORTHERN TRUST, 50 SOUTH LASALLE STREET, CHICAGO, IL 60603			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: MS. WHITNEY TRUMBLE - 312-922-6464			

#### ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:	MELISSA HIRST		
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.	ELIZABETH HERMANN SMITH	H	
<ol> <li>REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.</li> </ol>	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
·	MARCY STEINDLER		
198101 04-01-21	PREPARER (PRINT NAME)	SIGNATURE	DATE