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PUBLIC DISCLOSURE COPY	

### Form **8453-EO**

#### **Exempt Organization Declaration and Signature for Electronic Filing**

20 18 , 2017, and ending MAY 31 For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

OMB No. 1545-1879

Department of the Treasury Internal Revenue Service

Name of exempt organization  CENTER FOR CONFLICT RESOLUTION	Employer identif	
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, fror line <b>1a, 2a, 3a, 4a,</b> or <b>5a</b> below and the amount on that line of the return being filed with this form was blank, th whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable	en leave line <b>1b, 2</b> l	b, 3b, 4b, or 5b,
than one line in Part I.		·
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	911,910.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ► b Balance due (Form 8868, line 3c)	5b	
Part II Declaration of Officer  6	uno (ACH) cloatror	sio fundo withdrawal
(direct debit) entry to the financial institution account indicated in the tax preparation software for pay taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settle institutions involved in the processing of the electronic payment of taxes to receive confidential informand resolve issues related to the payment.	yment of the organ payment, I must co ement) date. I also	nization's federal ontact the U.S. authorize the financia
If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fector executed the electronic disclosure consent contained within this return allowing disclosure by the IRS (as specifically identified in Part I above) to the selected state agency(ies).		
Under penalties of perjury, I declare that I am an officer of the above named organization and that I have exami electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, the further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in prothe date of any refund.	hey are true, correct c return. I consent to the IRS and to	ct, and complete. I to allow my receive from the IRS
Sign PRESI	DENT	
Here Signature of officer Date Title		
Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see in	nstructions)	

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	ERO's signature		also prep	paid if self-	P00573131
Use	Firm's name (or yours if self-employed),	MANN. WEITZ & ASSO	CIATES L.L.C.		EIN 36-3963131
Only	address, and ZIP code	111 DEER LAKE ROAD	, SUITE 125		Phone no.
		DEERFIELD, IL 6001	5		(847)267-3400

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self- employed	PTIN
Preparer Use Only	Firm's name	Firm's EIN ▶			
	Firm's address			Phone no.	

723061 11-09-17 LHA For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2017)

990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047 Open to Public Inspection

Α	For the	$\pm 2017$ calendar year, or tax year beginning $$ JUN $1$ , $$ $2017$ $$ and ending	<u>M</u> AY 31, 2018	3
В	Check if applicable	C Name of organization	D Employer identif	ication number
	Addres	CENTER FOR CONFLICT RESOLUTION		
Ē	Name change Initial	Doing business as	<del>-  </del>	2997680
	return Final return/	Number and street (or P.0. box if mail is not delivered to street address)  Room/s  11 EAST ADAMS STREET  500		922-6464
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	931,783.
	Ameno	CHICAGO, IL 00005	H(a) Is this a group r	
	Applic tion pendir	F Name and address of principal officer: CASSANDRA LIVELY SAME AS C ABOVE	for subordinate	
_	Toy ove		H(b) Are all subordinates  If "No." attach a	a list. (see instructions)
		e: ► CCRCHICAGO • ORG	H(c) Group exemption	,
				M State of legal domicile: IL
	art I	Summary	car or formation.	VI Otate of legal dofficile. ==
		Briefly describe the organization's mission or most significant activities: TO WORK	WITH INDIVIDU	JALS,
Governance	'	COMMUNITIES, COURTS, AND INSTITUTIONS TO MAN	AGE AND RESOL	VE CONFLICT
rna		Check this box  if the organization discontinued its operations or disposed of r		
Se.		Number of voting members of the governing body (Part VI, line 1a)		27
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		27
Activities &		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		16
ξ		Total number of volunteers (estimate if necessary)		180
Ę		Total unrelated business revenue from Part VIII, column (C), line 12		0.
_		Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	641,481.	
enc	9	Program service revenue (Part VIII, line 2g)	241,740.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45.	59.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-21,171.	4,846.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	862,095.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	643,330.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25)  72,828.	206.060	200 025
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	306,068.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	949,398.	
	19	Revenue less expenses. Subtract line 18 from line 12	-87,303.	
tso		T - 1 - 7 - 1 / 2 - 1	Beginning of Current Year 382,144.	End of Year 370,752.
Net Assets or Find Balances	20	Total assets (Part X, line 16)	98,050.	70,607.
let /	21	Total liabilities (Part X, line 26)	284,094.	
_	22 art II	Net assets or fund balances. Subtract line 21 from line 20	201,071	300,143.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the hest of m	ny knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	•	iy kilowloago alla bollol, it lo
	,, 001100	A somplete Bookington of property (outer than onloon) to become of an information of which prop	laror nas any knowledge.	
Sig	ın	Signature of officer	Date	
He		GENE CAHILL, PRESIDENT		
		Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	MARCY STEINDLER	if self-emplo	P00573131
	parer	Firm's name MANN. WEITZ & ASSOCIATES L.L.C.	Firm's EIN	36-3963131
	Only	Firm's address 111 DEER LAKE ROAD, SUITE 125		<del>-</del>
	-	DEERFIELD, IL 60015	Phone no. (8	347)267-3400
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Pai	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 AND
	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?
	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 \$274,956. including grants of \$) (Revenue \$)
	CCR PROVIDES FREE MEDIATION SERVICES IN OVER 1,700 CASES FOR ISSUES OF
	COMMUNITY CONCERN, HELPING OVER 5,000 PEOPLE ANNUALLY. MEDIATION
	SERVICES ARE PROVIDED IN THE FOLLOWING AREAS: GUARDIANSHIP,
	LANDLORD-TENANT, NEIGHBORHOOD, PUBLIC HEALTH, HOUSING, FORECLOSURE,
	CONSUMER, EDUCATION, EMPLOYMENT, JUVENILE AND ADULT MISDEMEANOR AND
	DISCRIMINATION. CCR MEDIATES CASES IN COURTHOUSES THROUGHOUT COOK
	COUNTY EVERY WEEK. CCR RESPONDS TO OVER 2,000 TELEPHONE INQUIRIES PER
	YEAR TO ASSIST PEOPLE IN CONFLICT.
4b	(Code: ) (Expenses \$ 250,682. including grants of \$ ) (Revenue \$ 192,616.)
710	CCR OFFERS PERFORMANCE-BASED MEDIATION SKILLS TRAINING AND CONFLICT
	MANAGEMENT TRAINING TO HUNDREDS OF PEOPLE EACH YEAR. CCR FACILITATES
	MEETINGS AND PLANNING SESSIONS FOR ORGANIZATIONS. IN FY18, CCR TRAINED
	APPROXIMATELY 84 INDIVIDUALS IN THE MEDIATION SKILLS TRAINING AND
	CONDUCTED 25 WORKSHOPS.
_	(Code: ) (Expenses \$ 88,158 • including grants of \$ ) (Revenue \$ )
4c	(Code:) (Expenses \$ 88,158. including grants of \$) (Revenue \$)  CCR AND THE JUVENILE JUSTICE DIVISION OF THE CIRCUIT COURT OF COOK
	COUNTY HAVE PARTNERED TO PROVIDE MEDIATION SERVICES TO YOUTH CHARGED
	WITH COMMITTING CRIMES, THEIR FAMILIES AND THE VICTIMS OF THOSE CRIMES.
	FUNDING FOR THIS PROGRAM IS PROVIDED THROUGH THE JUSTICE ADVISORY
	COUNCIL OF COOK COUNTY.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 110,174 • including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 723,970.
	Form <b>990</b> (2017)

# Form 990 (2017) 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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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		X
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	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
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		Х
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		Х
	complete Schedule G, Part III	19		Λ

Form **990** (2017)

## Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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		Х
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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V											
					Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	35									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r											
	(gambling) winnings to prize winners?	;	 I	1c	X							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.6									
	filed for the calendar year ending with or within the year covered by this return		16	2b	х							
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?											
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O											
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			37						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X						
b	If "Yes," enter the name of the foreign country: ▶											
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					v						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction to the party of the party			5b								
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					Х						
	any contributions that were not tax deductible as charitable contributions?			6a								
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-									
_	were not tax deductible?			6b								
7	Organizations that may receive deductible contributions under section 170(c).	ruiooo i	royidad to the naver			Х						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			70		Х						
٨	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year		 [	7c		21						
u e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		-+2	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		J.:	7 <del>f</del>		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7								
_	sponsoring organization have excess business holdings at any time during the year?	, u.		8								
9	Sponsoring organizations maintaining donor advised funds.											
	Did the sponsoring organization make any taxable distributions under section 4966?			9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b								
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12	10a										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders	11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?			13a								
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1									
	organization is licensed to issue qualified health plans	13b										
	Enter the amount of reserves on hand	13c				77						
				14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b	000	(00.17)						
				⊢∩rm	990	つロ17年						

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X							
Sec	tion A. Governing Body and Management											
				Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	a 27										
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 27											
2												
	officer, director, trustee, or key employee?											
3												
	of officers, directors, or trustees, or key employees to a management company or other person?											
4												
5												
6	Did the organization have members or stockholders?		6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo											
	more members of the governing body?		7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoc											
	persons other than the governing body?		7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by											
а	The governing body?		8a	Х								
b	Each committee with authority to act on behalf of the governing body?		8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached											
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Code.)										
				Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapitals.											
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be		11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to disclose annually disclose annu	onflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	describe										
	in Schedule O how this was done		12c	Х								
13	Did the organization have a written whistleblower policy?		13	Х								
14	Did the organization have a written document retention and destruction policy?		14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official		15a	Х								
b	Other officers or key employees of the organization		15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	t with a										
	taxable entity during the year?		16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	s participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza	tion's										
	exempt status with respect to such arrangements?		16b									
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ▶IL											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Se	ection 501(c)(3)s only) a	vailab	le								
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website X Upon request Other (explain in S	Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflic	t of interest policy, and	l finan	cial								
	statements available to the public during the tax year.	• • •										
20	State the name, address, and telephone number of the person who possesses the organization's books	and records: ▶										
	MS. WHITNEY TRUMBLE - 312-922-6464	·										
	11 EAST ADAMS STREET, NO. 500, CHICAGO, IL 60603											

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# 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<b>(A)</b> Name and Title	(B) Average	(do		Pos heck	ition		one	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	box	, unle	ss pe	rson i	is bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	individual trustee or director		Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBERT PERKOVICH PRESIDENT	3.00	x		x				0.	0.	0.
(2) GENE CAHILL	3.00	^		Λ				0.	0.	0.
PRESIDENT-ELECT	3.00	X		Х				0.	0.	0.
(3) CEYLAN AYASLI EATHERTON	3.00	122						•	0.	0.
VICE PRESIDENT	3.00	x		х	١.,			0.	0.	0.
(4) CHRISTA COTTRELL	3.00	Ë								
SECRETARY	0.00	x		Х				0.	0.	0.
(5) MELISSA HIRST	3.00	<del>                                     </del>						-		-
TREASURER		Х		х				0.	0.	0.
(6) RICHARD AARONSON	3.00									
DIRECTOR		Х						0.	0.	0.
(7) PATRICE BALL-REED	3.00									
DIRECTOR		Х						0.	0.	0.
(8) JENNIFER BALLARD CROFT	3.00									
DIRECTOR		Х						0.	0.	0.
(9) MARK BERGNER	3.00									
DIRECTOR		Х						0.	0.	0.
(10) RICK BERMAN	3.00									
DIRECTOR		Х						0.	0.	0.
(11) JACK BLOCK	3.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) CAMILLE GRANT	3.00	۱								
DIRECTOR	1 2 00	Х						0.	0.	0.
(13) MARISEL HERNANDEZ	3.00	١,,								•
DIRECTOR	2 00	Х						0.	0.	0.
(14) MATTHEW JENKINS	3.00	Į.,						0.	0.	0
DIRECTOR	3.00	Х						0.	0.	0.
(15) MARVEL JOHNSON-HINES	3.00	X						0.	0.	0.
(16) ERIN KARTHEISER	3.00	┢	-		_			· ·	· ·	<b>U</b> •
DIRECTOR	3.00	X						0.	0.	0.
(17) DEBRA MARCUS	3.00	122							· ·	<b>.</b> .
DIRECTOR	3.00	x						0.	0.	0.
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per box, unless person is both an officer and a director/trustee)					than		( <b>D</b> ) Reportable compensation	(E) Reportable	1	<b>(F)</b> stimat nount	
	week (list any hours for related organizations below line)	tee or director		d a dir	ecto		stee)	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fi org an	other other other rom the ganizated related anizat	ation ne tion ted
(18) SARAH REYNOLDS	3.00		Ë	JO	Ke	宝岩	요					
DIRECTOR		Х						0.	0.			0.
(19) MICHELE JOCHNER	3.00							_	_			_
EX OFFICIO MEMBER		Х						0.	0.			0.
(20) ALLISON MARGOLIES	3.00	l							_			_
EX OFFICIO MEMBER		Х						0.	0.	Ļ		0.
(21) KATHRYN L. STEVENS	3.00	l							•			•
DIRECTOR		Х						0.	0.	Ļ		0.
(22) ELIZABETH M. CHIARELLO	3.00	l							•			•
DIRECTOR		Х						0.	0.	Ļ		0.
(23) FRANK DERY	3.00	l							•			•
DIRECTOR		Х				L		0.	0.	<u> </u>		0.
(24) BRIAN J. GOLD	3.00	l							•			•
DIRECTOR		Х						0.	0.	Ļ		0.
(25) STEVEN R. GILFORD	3.00	l										•
DIRECTOR		Х				$\mathbb{N}$		0.	0.	Ļ		0.
(26) KATHRYN LISS	3.00								•			^
EX OFFICIO MEMBER		Х						0.	0.	<u> </u>		0.
1b Sub-total								0.	0.	<u> </u>	1 0	0.
c Total from continuation sheets to Part V								87,161.	0.	<u> </u>		98.
d Total (add lines 1b and 1c)								87,161.	0.	<u></u>	1,2	98.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed ab	OVE	e) wł	no r	eceived more than \$100	,000 of reportable			^
compensation from the organization		_									l v/	0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-	•	•	•	-	•		3	Yes	No X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$15	•							=	-	4		Х
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," com					•			•		5	Х	
Section B. Independent Contractors												
Complete this table for your five highest co	mpensated inc	depe	ende	nt co	ontr	racto	ors t	that received more than	\$100,000 of compens	sation	from	
the organization. Report compensation for	the calendar y	ear (	endi	ng w	ith	or w	ithir	n the organization's tax	year.			
(A)								(B)		(0	C)	
Name and business	address	NO	INC	3				Description of s	ervices (	Compe	nsatio	on
							J					
2 Total number of independent contractors (	•	ot li	mite	d to t	tho	se li:	stec	d above) who received m	nore than			
\$100,000 of compensation from the organi		<del></del>	<del></del> -	· — –	(	U T	~				00-	
SEE PART VII, SECTION	N A CONT	Ľľ	٧UZ	ΊΤ	10	N S	SH.	EETS		Form	990	(2017)

	OR CONFI				<u> </u>	711	<u>, , , , , , , , , , , , , , , , , , , </u>	1011	36-299	7000
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	mple	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl	neck		ition		lv)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organization
27) JARAN R. MOTEN X OFFICIO MEMBER	3.00	X						0.	0.	(
28) ERIC YEAGER	3.00									
X OFFICIO MEMBER		Х						0.	0.	
29) CASSANDRA LIVELY XECUTIVE DIRECTOR	40.00	-		х				87,161.	0.	1,29
								,	-	<u> </u>
						4				
				4			7			
		1						1		

Pa	rt V	III Statement of	Revenue					
		Check if Schedule	O contains a response	or note to any lin	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 :	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues						
S, C		c Fundraising events		157,132.				
Gift lar		d Related organizations						
ini,		e Government grants (co	ontributions) 1e	175,583.				
rior S	1	f All other contributions, gi	ifts, grants, and					
ğ Ç		similar amounts not inclu	ıded above <b>1f</b>	381,674.				
d d	,	g Noncash contributions include	ed in lines 1a-1f: \$	775.				
<u>8 0</u>		h Total. Add lines 1a-1f		<b></b>	714,389.			
				Business Code	100 616	100 616		
<u>ic</u>	2	a TRAINING FE	ES	900099	192,616.	192,616.		
e Z	I	b						
n S	•	С						
grai Re	'	d			_			
Program Service Revenue		e						
_			ice revenue		192,616.			
	3		aluding dividends inter		192,010.			
	3	•	cluding dividends, inter		59.			59.
	4		ent of tax-exempt bond i		33.			
	5							
		rioyanioo	(i) Real	(ii) Personal				
	6	a Gross rents	22 201	(.,, : 5:55:14.				
		<b>b</b> Less: rental expenses						
		c Rental income or (loss	00 004					
		d Net rental income or (le	oss)		22,394.			22,394.
	7 :	a Gross amount from sa		(ii) Other				
		assets other than inve	entory					
	ı	<b>b</b> Less: cost or other bas	sis					
		and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)		· <u>·····</u>				
en	8	a Gross income from fur	ndraising events (not					
en.			57,132. of					
Other Revenue		contributions reported		2 225				
Je		Part IV, line 18		4 4 4 4 4				
₹		b Less: direct expenses			-17,548.			-17,548.
		<ul><li>c Net income or (loss) from</li><li>a Gross income from ga</li></ul>		<b>&gt;</b>	11,540.			17,540.
	9		activities. See					
		<b>b</b> Less: direct expenses						
		c Net income or (loss) from						
		a Gross sales of invento						
			a					
		<b>b</b> Less: cost of goods so						
		c Net income or (loss) from						
		Miscellaneous		Business Code				
	11 :							
	ı	h						
		d All other revenue						
	,	e Total. Add lines 11a-1		<b>&gt;</b>	011	100 615		
	12	Total revenue. See instru	uctions.		911,910.	192,616.	0.	4,905.

### Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp		ner organizations must co	molete column (A)	
20011	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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	56,376.	31,007.	16,913.	8,456.
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	418,272.	362,597.	28,339.	27,336.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			_	
9	Other employee benefits	80,992.	69,519.	6,464.	5,009.
10	Payroll taxes	39,984.	33,292.	3,802.	2,890.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	16,318.	3,741.	12,311.	266.
d	Lobbying				
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.)	14,271.	6,182.	4,900.	3,189.
12	Advertising and promotion	1,679.	25.	1,654.	
13	Office expenses	48,662.	27,438.	4,460.	16,764.
14	Information technology				
15	Royalties				
16	Occupancy	126,895.	110,301.	13,631.	2,963.
17	Travel	15,870.	15,152.	223.	495.
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	2 121			
22	Depreciation, depletion, and amortization	2,430.		2,430.	100
23	Insurance	8,313.	7,633.	260.	420.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TRAINING	34,316.	34,316.		
a b	GENERAL PROGRAM EXPENSE	11,805.	11,805.		
C	VOLUNTEER ACTIVITIES	7,538.	6,656.		882.
d	DUES AND SUBSCRIPTIONS	5,006.	3,930.	1,076.	
-	All other expenses	7,132.	376.	2,598.	4,158.
25	Total functional expenses. Add lines 1 through 24e	895,859.	723,970.	99,061.	72,828.
26	Joint costs. Complete this line only if the organization	.,	-,-	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here   if following SOP 98-2 (ASC 958-720)				
	, , , , , , , , , , , , , , , , , , , ,				- 000

Form 990 (2017)
Part X | Balance Sheet

art X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any line i	n this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			29,444.	1	257,357
2	Savings and temporary cash investments			71,626.	2	17,359
3	Pledges and grants receivable, net			255,393.	3	74,742
4	Accounts receivable, net			15,294.	4	9,502
5	Loans and other receivables from current and f					
	trustees, key employees, and highest compens	ated employee	es. Complete			
	Part II of Schedule L		· .		5	
6	Loans and other receivables from other disqual					
	section 4958(f)(1)), persons described in section	. ,				
	employers and sponsoring organizations of sec					
,	employees' beneficiary organizations (see instr)				6	
7	Notes and loans receivable, net				7	
8 8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
	Land, buildings, and equipment: cost or other	I			9	
104	basis. Complete Part VI of Schedule D	100	81,743.			
			76,703.	3,635.	10c	5,040
l b				3,033.	11	3,040
11	Investments - publicly traded securities				12	
12	Investments - other securities. See Part IV, line					
13	Investments - program-related. See Part IV, line			*	13	
14	Intangible assets			6,752.	14	6,752
15	Other assets. See Part IV, line 11			382,144.	15	370,752
16	Total assets. Add lines 1 through 15 (must equ			27,918.	16	32,753
17	Accounts payable and accrued expenses			21,910.	17	34,733
18	Grants payable			22 102	18	11 000
19	Deferred revenue			23,182.	19	14,088
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to current and forme					
	key employees, highest compensated employe					
22	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrel				23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on line	s 17-24). Com	olete Part X of	46.050		00 76
	Schedule D			46,950.	25	23,766
26	Total liabilities. Add lines 17 through 25			98,050.	26	70,607
	Organizations that follow SFAS 117 (ASC 95		• ► X and			
:	complete lines 27 through 29, and lines 33 ar					
27 28 29 30 31 32	Unrestricted net assets			258,594.	27	209,145
28	Temporarily restricted net assets			25,500.	28	91,000
29					29	
	Organizations that do not follow SFAS 117 (A	ASC 958), che	ck here 🕨 📖			
	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds	3			30	
31	Paid-in or capital surplus, or land, building, or e				31	
32	Retained earnings, endowment, accumulated in				32	
33	Total net assets or fund balances		_	284,094.	33	300,145
34	Total liabilities and net assets/fund balances .			382,144.	34	370,752

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					Ш
				<b>^1</b>	1 0	1 0
1	Total revenue (must equal Part VIII, column (A), line 12)	1				10.
2	Total expenses (must equal Part IX, column (A), line 25)	2				59.
3	Revenue less expenses. Subtract line 2 from line 1	3				51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		284	<del>1</del> ,0	94.
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 in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		<u> 30</u> (	),1	45.
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
			_		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 in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u></u> :	2a		Х
	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					
b	Were the organization's financial statements audited by an independent accountant?		L <i>:</i>	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	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	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit	$\neg$		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

Open to Public Inspection

**Employer identification number** 

CENTER FOR CONFLICT RESOLUTION 36-2997680 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

functionally integrated, or Type III non-functionally integrated supporting organization.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	958,540.	628,053.	764,709.	641,481.	714,389.	3707172.
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.	
4	Total. Add lines 1 through 3	1058914.	730,782.	870,499.	752,234.	828,366.	4240795.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						4240795.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1058914.	730,782.	870,499.	752,234.	828,366.	4240795.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2.42			4-		500
	and income from similar sources	343.	71.	62.	45.	59.	580.
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			F 0 0			F00
	assets (Explain in Part VI.)			500.	98.		598.
11	<b>Total support.</b> Add lines 7 through 10						4241973.
12	Gross receipts from related activities,	•	,				,112,255.
13	First five years. If the Form 990 is for	-			•		
800	organization, check this box and stop tion C. Computation of Publ	here	rcentage				<u></u>
				- L (A)			99.97 %
	Public support percentage for 2017 (I					14	000
	Public support percentage from 2016					15	
ioa	33 1/3% support test - 2017. If the c						
h	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2016.</b> If the o						
b	and <b>stop here.</b> The organization qual						
170	10% -facts-and-circumstances tes						
17 a	and if the organization meets the "fac	ū					•
	meets the "facts-and-circumstances"			-		-	
h	10% -facts-and-circumstances tes						
b	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization						

## 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.)

50/	qualify under the tests listed be ction A. Public Support	low, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(a) 2015	(4) 2016	(a) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,,	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(0,) 20:0	(,, = 5 )	(0, 20.0	(4,20.0	(0) = 0 11	(1)
	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 in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	zation,
	check this box and <b>stop here</b>						
Sec	ction C. Computation of Publi						
15	Public support percentage for 2017 (lin	ne 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2017. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

T ..

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	NO
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
00		
6		
7		
8		
9a		
9b		
9с		
10a		
 10b		
 00 or 00	00-E7	2017

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	tion of Type I capper and organizations		Yes	No
4	Did the divertors twisters as membership of one or more supported exeminations have the newester		163	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI 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 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	tion 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	tion 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 in (2), 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		
Sec	tion 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 during the yea(see instructions)			
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below</i> .			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction:	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	u		
~	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
а	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? <i>Provide details in Part VI</i> .	3a		
h		od		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		
	or no supported organizations in 100, december in a larger for played by the organization in this regard.	<u> </u>		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must com-	nplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continued)</sub>			
Secti	ection D - Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is responsive	е			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reason-					
	able cause required- explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2017					
а						
b	From 2013					
С	From 2014					
d	From 2015					
е	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2017 distributable amount					
i	Carryover from 2012 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from Section D, line 7:					
а	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2013					
	Excess from 2014					
С	Excess from 2015					
d	Excess from 2016					
е	Excess from 2017					

Schedule A (Form 990 or 990-EZ) 2017

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

C	ENTER FOR CONFLICT RESOLUTION	36-2997680
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{X}$ 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	
• •	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
General Rule		
For an organizati	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total ny one contributor. Complete Parts I and II. See instructions for determining a contribut	
Special Rules		
sections 509(a)(1 any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 10 ator, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the are EZ, line 1. Complete Parts I and II.	6a, or 16b, and that received from
year, total contrib	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or expected for the children or animals. Complete Parts I, II, and III.	
year, contribution is checked, enter purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled refer the total contributions that were received during the year for an exclusively religion complete any of the parts unless the <b>General Rule</b> applies to this organization because ble, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box bus, charitable, etc., it received <i>nonexclusively</i>
but it <b>must</b> answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	, , , , , , , , , , , , , , , , , , , ,

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number

CENTER FOR CONFLICT RESOLUTION 36-2997680

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000 <b>.</b>	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$6,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll

Name of organization Employer identification number

CENTER FOR CONFLICT RESOLUTION 36-2997680

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Trume, dudiced, and Ell 1	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions  \$ 175,583.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ruine, audi 655, and £ir T T	\$	Person Payroll Complete Part II for noncash contributions.)

### CENTER FOR CONFLICT RESOLUTION

36-2997680

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
$-\Big $		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	

Name of orga	anization		Employer identification number
CENTED	FOR CONFLICT RESOLUTI	OM	36-2997680
Part III	Exclusively religious, charitable, etc., con	ributions to organizations describe	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	columns <b>(a)</b> through <b>(e) and</b> the follows, charitable, etc., contributions of \$1,000 o	OWING line entry. For organizations or less for the year, (Enterthis info once)
	Use duplicate copies of Part III if addition		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1 4111			
		(e) Transfer of gi	ft
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Deparintion of how gift is hold
Part I	(b) Ful pose of glit	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	- Tanoro o Tamo, ada coo, a		riolationship of transfer to transfer to
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ft
-	Transferee's name, address, a	nd 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 gi	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOR CONFLICT RESOLUTION

**Employer identification number** 36-2997680

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(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	_	
	are the organization's property, subject to the organization's $ \\$		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	, , , , ,	
Day			
Pai		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	`	
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
р	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year  Number of states where reports on his at the consequent is a	and the language of the	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,		
6	Starr and volunteer rours devoted to monitoring, inspecting,	Trail dilling of violations, and emorcing cor	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•	S	aming of violations, and officioning contact vi	ation casements daring the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		9
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

732051 10-09-17

Schedule D (Form 990) 2017

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

Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Othe	r Similar <i>A</i>	sset	<b>S</b> (continu	ıed)
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following tha	t are a sig	nificant use	of its c	ollection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizati	on's exen	npt purpose i	n Part	XIII.	
5	During the year, did the organization solicit o				•					
_	to be sold to raise funds rather than to be ma								Yes	└── No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodi		liary for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	Amount									
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year						1e			
f	Ending balance				,		1f			
<b>2</b> a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for (	escrow or c	ustodial acco	unt liabilit	y?	Ш	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.									
Pa	rt V Endowment Funds. Complete it	the organization an	swered	"Yes" on Fo						
		(a) Current year	(b) P	rior year	(c) Two year	s back (	<b>d)</b> Three years	back	<b>(e)</b> Four y	ears 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 curr	ent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	and administe	red for th	e organizatio	n	_	
	by:								\	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule R?	) 				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pa	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	), Part I\	/, line 11a. S	See Form 990			_		
	Description of property	(a) Cost or o basis (investr			t or other (other)	` '	cumulated reciation		(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements								_	
d	Equipment			8	31,743.		76,703	•	5	,040.
	Other									
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c.)		<u></u>		5	,040.

Schedule D (Form 990) 2017 CENTER FOR	CONFLICT RE	SOLUTION		36-2997680 Page
Part VII Investments - Other Securities.				<u> </u>
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or	r 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. I	Part X line 13	
(a) Description of investment	(b) Book value			r end-of-year market value
(1)	. ,	· · ·		•
(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.				
		" 44 L O E 000 L	D 17 " 45	
Complete if the organization answered "Yes"		line 11d. See Form 990, I	Part X, line 15.	(h) Deek velve
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		<u>,</u>	. ▶
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See Form	ı 990, Part X, lin	ne 25.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DEFERRED RENT		20,600.		
(3) DEPOSITS		3,166.		
• •				

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	20,600.
(3)	DEPOSITS	3,166.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	23,766.

Schedule D (Form 990) 2017

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

1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements	1	1,030,448
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1,030,440
a b	110	538.	
	Recoveries of prior year grants 2c	3301	
d			
e	,	2e	118,538
3	Subtract line <b>2e</b> from line <b>1</b>		911,910
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, , , , , ,
a			
b			
c		4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line</i> 12.)		911,910
Pa	irt XII Reconciliation of Expenses per Audited Financial Statements With Expense		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total expenses and losses per audited financial statements	1	1,014,397
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а		538.	
b			
c			
d			
е		2e	118,538
3	Subtract line <b>2e</b> from line <b>1</b>		895,859
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		, , , , , , , , , , , , , , , , , , , ,
а			
b			
	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)		005 050
_	Total or other interest and the control of the cont		1 895,859
Prov	art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2		•
Prov			•
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part		•
rov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part		•
rov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part		•
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part		•
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part		•
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part		•
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part		•
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part		895,859 at X, line 2; Part XI,

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CENTER FOR CONFLICT RESOLUTION

Employer identification number

	FOR CONFLICT RESUL				30-2997	
Fundraising Activities. required to complete this part	Complete if the organization answet.	ered "Ye	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
1 Indicate whether the organization rais	ed funds through any of the followi	ng activ	ities.	Check all that apply		
a Mail solicitations				overnment grants		
<b>b</b> Internet and email solicitations				nment grants		
c Phone solicitations	g Special					
d In-person solicitations	<b>9</b> Opeoid	ranara	ionig .	Overtio		
2 a Did the organization have a written of	or oral agreement with any individual	(includ	lina o	fficers directors true	stees or	
key employees listed in Form 990, Pa						□ No
<b>b</b> If "Yes," list the 10 highest paid indiv						
compensated at least \$5,000 by the		Jani 10	ayıcc	ments under which	the fullulaiser is to t	) <del>C</del>
Compensated at least \$0,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) I fundra have cu or cont contribu	Did aiser stody rol of tions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			▶			
		$\vdash$				
Total			•			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

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

Schedule G (Form 990 or 990-EZ) 2017 CENTER FOR CONFLICT RESOLUTION 36-2997680 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through ANNUAL EVENT col. (c)) (event type) (total number) (event type) 1 Gross receipts 159,457 159,457. 157,132 157,132. 2 Less: Contributions 2,325 2,325. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes ..... Direct Expenses 6 Rent/facility costs 10,899. 10,899. 7 Food and beverages 2,225. 2,225 8 Entertainment 6,749. 6,749. 9 Other direct expenses 19,873. 10 Direct expense summary. Add lines 4 through 9 in column (d) -17,548. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

Schedule G (Form 990 or 990-EZ) 2017

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

**b** If "No," explain:

**b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2017 CENTER FOR CONFLICT RESOLUTION 36 -	2997680	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	. Yes	O No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
	E If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	, lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990 or 990-EZ) CENTER FOR CONFLICT RESOLUTION	36-299/680 Page 4
Part IV Supplemental Information (continued)	

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

CENTER FOR CONFLICT RESOLUTION

**Employer identification number** 36-2997680

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a ⊩	The organization?	5a		X
b	Any related organization?	5b		Λ
c	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of: The organization?	60		Х
a h		6a 6b		X
U	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	UD		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>		
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	Ť		
•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensa		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) CASSANDRA LIVELY	(i)	87,161.	0.	0.	500.	798.	88,459.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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 \$33,314 OF COMPENSATION
TO CASSANDRA LIVELY, EXECUTIVE DIRECTOR, FOR THE CALENDAR YEAR ENDED
DECEMBER 31, 2017. THIS AMOUNT, WHICH IS IN ADDITION THE COMPENSATION
PAID TO HER BY OUR ORGANIZATION, IS INCLUDED IN THE COMPENSATION SHOWN
IN THIS SCHEDULE.

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CENTER FOR CONFLICT RESOLUTION

**Employer identification number** 36-2997680

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION DISCONTINUED THE FORECLOSURE MEDIATION PROGRAM DUE TO

FUNDING BEING CUT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PHIMC/CARE:

CCR OPERATES A HOTLINE FOR CLIENTS WITH HIV/AIDS WHO ARE ENCOUNTERING

DIFFICULTIES WITH THEIR SERVICES OR SERVICE PROVIDERS.

EXPENSES \$ 34,658. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ALL OTHER PROGRAMS:

PARENTING, FEE, RESIDENTIAL, NON-COURT REFERRED CASES AND BETTER

BUSINESS BUREAU REFERRALS. THESE MEDIATIONS SERVE PARENTS, ATTORNEYS,

AND THEIR FORMER CLIENTS, LANDLORDS AND TENANTS, NEIGHBORS, FAMILIES

AND CONSUMERS AND MERCHANTS.

INCLUDING GRANTS OF \$ 0. EXPENSES \$ 75,516. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT AND FINANCE COMMITTEES REVIEW FORM 990 AND PROVIDE COMMENTS OR

QUESTIONS TO MANAGEMENT AND THE PREPARER PRIOR TO ITS FILING

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ANNUALLY INDICATED THAT THEY ARE IN COMPLIANCE WITH THE CCR

CONFLICT OF INTEREST POLICY. SIGNED FORMS ARE KEPT ON FILE.

FORM 990, PART VI, SECTION B, LINE 15:

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization  CENTER FOR CONFLICT RESOLUTION	Employer identification number 36-2997680
THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR AN	D OTHER KEY
EMPLOYEE SALARIES USING A COMPENSATION STUDY PREPARED FOR	CCR BY AN
INDEPENDENT CONSULTANT AND BY USING COMPARABILITY DATA.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVIALABLE UPON REQUEST OR AT THE ILLINOIS ATTORNEY GENERA	L'S WEBSITE.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.



Form AG990-IL

	fice Use Only	Atternation Constal LICA MADICAN State			Revised 3/0
PMT	#	Attorney General LISA MADIGAN State o Charitable Trust Bureau, 100 West Ran		<b>0</b> # 01	-010195
		11th Floor, Chicago, Illinois 60601			Ill items attached:
AMT		Report for the Fiscal Period:		Copy of	
AIVII		neport for the riscarr eriod.	T-	_	Financial Statements
		Beginning 06/01/2017	Make Checks 2 Payable to		Form IFC
INIT		20gg <u>007 017 2017</u>	the Illinois	_	Annual Report Filing Fee
11411		<b>&amp; Ending</b> 05/31/2018	Charity Bureau Fund	= '	) Late Report Filing Fee
Feder	al ID# 36-2997680	MO DAY YR	Duicau i una		MO DAY YR
	ontributions to the organization t	ax deductible? X Yes No Date	e Organization was crea		11/09/1978
	LEGAL		Year-end		
		R CONFLICT RESOLUTION	amounts		
	MAIL		A) ASSETS	A) \$	370,752
Αſ	DDRESS 11 EAST AI	DAMS STREET, NO. 500	B) LIABILITIES	B) \$	70,607
	, STATE CHICAGO,	[L	C) NET ASSETS	C) \$	300,145
ZI	P CODE 60603				
I.		REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	,	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	78.747%		733,747
	E) GOVERNMENT GRANTS &	MEMBERSHIP DUES	18.844%		175,583
	F) OTHER REVENUES		2.410%	( F) \$	22,453
					021 702
١	•	AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	931,783
II.		EXPENDITURES DURING THE YEAR:	51.684%	6 H) \$	473,288
	H) OPERATING CHARITABLE	PRUGRAM EXPENSE	31.0049	∘ H)\$	4/3,200
	I) EDUCATION PROGRAM SI	ERVICE EXPENSE	27.375%	6 I) \$	250,682
	i) EDOOM FOR FROM SI	LITVIOL EXI ENOL	27,007	υ 1) ψ	230,002
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	79.059%	( J) \$	723,970
	-,		<u> </u>	-/ +	<u>,                                      </u>
	J1) JOINT COSTS ALLOCATED	TO PROGRAM SERVICES (INCLUDED IN J): \$			
	K) GRANTS TO OTHER CHAR	ITABLE ORGANIZATIONS	9/	6 K) \$	
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	79.059%	6 L) \$	723,970
			10 010.		00 061
	M) MANAGEMENT AND GENE	:RAL EXPENSE	10.818%	6 M)\$	99,061
	N) FUNDRAISING EXPENSE		10.123%	6 N) \$	92,701
	II) FUNDAAISING EAPENSE		10.1257	ο IN) Φ	72,701
	0) TOTAL EXPENDITURES TI	HIS PERIOD (ADD L. M. & N)	100 %	6 0)\$	915,732
l	•	, , , ,		σσσ	220,702
1111.		PAID FUNDRAISER AND CONSULTANT ACTIVITIE rt of Individual Fundraising Campaign- Form IFC. One for each PFR.)	=S:		
	PROFESSIONAL FUNDRAISER				
	P) TOTAL AMOUNT RAISED I	 BY PAID PROFESSIONAL FUNDRAISERS	100 %	( P) \$	0 .
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES	9/	(a) \$	
	R) NET RECEIVED BY THE CH	HARITY (P MINUS Q=R)	9/	6 R) \$	
	PROFESSIONAL FUNDRAISING			S) \$	^
<sub>N</sub> ,		PROFESSIONAL FUNDRAISING CONSULTANTS  THE (3) HIGHEST PAID PERSONS DURING THE	VEAD:	3) \$	0.
'".		VINE (3) HIGHEST PAID PERSONS DURING THE NORAL LIVELY, EXECUTIVE DIRECTOR	I EAN.	T) \$	87,881
		ARIM, TRAINING DIRECTOR		U) \$	63,351
		RITSI, PROGRAMS DIRECTOR		V) \$	62,151
v.		RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPL	ENDED)		back side of instructions
1	OHANHADLE PROU	CODE CATEGORIES	•	2.50 511	CODE
4-01-	W) DESCRIPTION: LEGAL	SERVICES AND LEGAL AID		W)#	090
798091 04-01-17	X) DESCRIPTION: SEMIN	NARS AND CONFERENCES		X) #	011
798(	Y) DESCRIPTION:			Y) #	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
4	WAS THE ODGANIZATION THE CUDIEGT OF ANY COURT ACTION FINE DENALTY OR HIDOMENTO	4		Х
ı.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		
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.		Х
		٥.		
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	5.		Х
	OR ORGANIZATION?	υ.		_ <u></u>
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.		Х
7h	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
70.	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.		X
0	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
9.	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
	TIEVORED BY AITY GOVERNMENTAL AGENCY.	٥.		
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:			
	TIMEL LANGEST ACCOUNTS.			
	CIBC, 120 SOUTH LASALLE STREET, CHICAGO, ILLINOIS 60603			
	TIRRIN RIBENTER COLLEGE COLLEG	_		0.61.0
	URBAN PARTNERSHIP BANK, 7936 SOUTH COTTAGE GROVE AVE, CHICAGO	<u>, 1</u>	ь 6	0619
	NORTHERN TRUST, 50 SOUTH LASALLE STREET, CHICAGO, IL 60603			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: MS. WHITNEY TRUMBLE - 312-922-6464			
A1 1	ATTACHMENTS MILET ACCOMDANY THIS DEDOCT. SEE INSTRUCTIONS			
ALI	L 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:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

#### GENE CAHILL

PRESIDENT OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

#### MARCY STEINDLER

798101 04-01-17

PREPARER (PRINT NAME)

SIGNATURE

DATE

990

#### Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public

Form **990** (2017)

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection JUN 1, 2017 A For the 2017 calendar year, or tax year beginning and ending MAY 31, C Name of organization D Employer identification number Check if applicable: Address change CENTER FOR CONFLICT RESOLUTION Name change 36-2997680 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 312-922-6464 11 EAST ADAMS STREET 500 termin-ated 931,783. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return CHICAGO, IL 60603 H(a) Is this a group return Applica-F Name and address of principal officer: CASSANDRA LIVELY for subordinates? ..... pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) ( 4947(a)(1) or ) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► CCRCHICAGO.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 1978 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: TO WORK WITH INDIVIDUALS Governance COMMUNITIES, COURTS, AND INSTITUTIONS TO MANAGE AND RESOLVE CONFLICT Check this box  $\blacktriangleright$  if the organization discontinued its operations or disposed of more than 25% of its net assets. 27 Number of voting members of the governing body (Part VI, line 1a) 27 Number of independent voting members of the governing body (Part VI, line 1b) Activities & <u>16</u> Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 180 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 ...... 7b **Prior Year Current Year** 641,481. 714,389. Contributions and grants (Part VIII, line 1h) Revenue 241,740. 192,616. Program service revenue (Part VIII, line 2g) 45. 59. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -21.171.4,846. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 862,095 911,910. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 643,330. 595,624. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 306,068. 300,235. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 949,398. 895,859. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -87,303 16,051. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 370,752. 382,144. 20 Total assets (Part X, line 16) 70,607. 98,050. 21 Total liabilities (Part X, line 26) 284,094. 300,145. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign GENE CAHILL, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature MARCY STEINDLER P00573131 Paid Firm's name MANN. WEITZ & ASSOCIATES L.L.C. 36-3963131 Preparer Firm's EIN Firm's address  $\downarrow$  111 DEER LAKE ROAD, SUITE 125 Use Only Phone no. (847)267-3400 DEERFIELD, IL 60015

May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE ORGANIZATION (CCR) SHALL BE TO WORK WITH
	INDIVIDUALS, COMMUNITIES, COURTS, AND OTHER INSTITUTIONS TO MANAGE AND
	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? No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 274,956. including grants of \$ ) (Revenue \$ )
	CCR PROVIDES FREE MEDIATION SERVICES IN OVER 1,700 CASES FOR ISSUES OF
	COMMUNITY CONCERN, HELPING OVER 5,000 PEOPLE ANNUALLY. MEDIATION SERVICES ARE PROVIDED IN THE FOLLOWING AREAS: GUARDIANSHIP,
	LANDLORD-TENANT, NEIGHBORHOOD, PUBLIC HEALTH, HOUSING, FORECLOSURE,
	CONSUMER, EDUCATION, EMPLOYMENT, JUVENILE AND ADULT MISDEMEANOR AND
	DISCRIMINATION. CCR MEDIATES CASES IN COURTHOUSES THROUGHOUT COOK
	COUNTY EVERY WEEK. CCR RESPONDS TO OVER 2,000 TELEPHONE INQUIRIES PER
	YEAR TO ASSIST PEOPLE IN CONFLICT.
	TEAR TO ASSIST PEOPLE IN CONFLICT.
41-	(Code: ) (Expenses \$ 250,682 • including grants of \$ ) (Revenue \$ 192,616 • )
4b	(Code:) (Expenses \$ 250,682. including grants of \$) (Revenue \$ 192,616.)  CCR OFFERS PERFORMANCE-BASED MEDIATION SKILLS TRAINING AND CONFLICT
	MANAGEMENT TRAINING TO HUNDREDS OF PEOPLE EACH YEAR. CCR FACILITATES
	MEETINGS AND PLANNING SESSIONS FOR ORGANIZATIONS. IN FY18, CCR TRAINED
	APPROXIMATELY 84 INDIVIDUALS IN THE MEDIATION SKILLS TRAINING AND
	CONDUCTED 25 WORKSHOPS.
	CONDUCTED 25 WORKDHOLD:
4c	(Code: ) (Expenses \$ 88,158 • including grants of \$ ) (Revenue \$ )
	CCR AND THE JUVENILE JUSTICE DIVISION OF THE CIRCUIT COURT OF COOK
	COUNTY HAVE PARTNERED TO PROVIDE MEDIATION SERVICES TO YOUTH CHARGED
	WITH COMMITTING CRIMES, THEIR FAMILIES AND THE VICTIMS OF THOSE CRIMES.
	FUNDING FOR THIS PROGRAM IS PROVIDED THROUGH THE JUSTICE ADVISORY
	COUNCIL OF COOK COUNTY.
4d	
	(Expenses \$ 110,174 • including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 723,970.
	Form <b>990</b> (2017)

#### 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)?	_	х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		22
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del>ا</del>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
_	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
الم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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
	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	-110		
	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	<u> </u>		
	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			
	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		x
	complete Schedule G, Part III	19		(2247)

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#### Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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		Х
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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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## Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				Ш
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v	
_	(gambling) winnings to prize winners?	I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 16			
	filed for the calendar year ending with or within the year covered by this return			Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return the little of the control of the		2b	Λ	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-		Х
3a			3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other and the organization have an interest in the calendar year.		30		
44	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
h	If "Yes," enter the name of the foreign country:	account)?	44		- 11
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (ERAD)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
ou	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
_	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
10 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	40-			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Gross income from members or shareholders	11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
b	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	- Lu		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
			Form	990	(2017

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (	vailab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MS. WHITNEY TRUMBLE - 312-922-6464			
	11 EAST ADAMS STREET, NO. 500, CHICAGO, IL 60603			

Form **990** (2017)

## 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Ĭ			C)			(D)	(E)	(F)
Name and Title	Average hours per week	box,	not c	heck ss pe d a d	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBERT PERKOVICH	3.00	,,		37.				0	0	0
PRESIDENT	2 00	Х		X				0.	0.	0.
(2) GENE CAHILL	3.00	,,		37					0	0
PRESIDENT-ELECT	2 00	Х		Х				0.	0.	0.
(3) CEYLAN AYASLI EATHERTON VICE PRESIDENT	3.00	х		x				0.	0.	0.
(4) CHRISTA COTTRELL	3.00									
SECRETARY		X		Х				0.	0.	0.
(5) MELISSA HIRST	3.00									
TREASURER		Х	4	Х				0.	0.	0.
(6) RICHARD AARONSON	3.00									
DIRECTOR		Х						0.	0.	0.
(7) PATRICE BALL-REED	3.00									
DIRECTOR		Х						0.	0.	0.
(8) JENNIFER BALLARD CROFT	3.00									
DIRECTOR		Х						0.	0.	0.
(9) MARK BERGNER	3.00									
DIRECTOR		Х						0.	0.	0.
(10) RICK BERMAN	3.00									
DIRECTOR		Х						0.	0.	0.
(11) JACK BLOCK	3.00									
DIRECTOR		Х						0.	0.	0.
(12) CAMILLE GRANT	3.00								_	
DIRECTOR		Х						0.	0.	0.
(13) MARISEL HERNANDEZ	3.00									•
DIRECTOR		Х						0.	0.	0.
(14) MATTHEW JENKINS	3.00									•
DIRECTOR		Х						0.	0.	0.
(15) MARVEL JOHNSON-HINES	3.00	, ,							_	•
DIRECTOR	2 00	Х		_			<u> </u>	0.	0.	0.
(16) ERIN KARTHEISER	3.00	٦,								•
DIRECTOR	2 00	Х		<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
(17) DEBRA MARCUS	3.00	<sub>v</sub>							_	0
DIRECTOR 732007 11-28-17		Х						0.	0.	0 <b>.</b> Form <b>990</b> (2017)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			((				(D)	(E)			(F)	
Name and title	Average	١		Posi	ition			Reportable	Reportable	ا	l Es	stimate	ed
	hours per			heck ss pe				compensation	compensatio			nount	
	week			nd a d				from	from related			other	
	(list any	ctor						the	organization	ıS	com	pensa	ition
	hours for	r dire				pe		organization	(W-2/1099-MIS	SC)	f	rom th	е
	related	stee c	rustee			ensa		(W-2/1099-MISC)			ı ~	anizat	
	organizations	al tru:	nal t		loyee	o mb						d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	ons
(10) GADAN DEWNOLDS	3.00	i i	ln S	#0	Ş.	ijî li	호						
(18) SARAH REYNOLDS DIRECTOR	3.00	x						0.		0.			0.
(19) MICHELE JOCHNER	3.00	^				$\vdash$		0.		<u> </u>			<u> </u>
EX OFFICIO MEMBER	3.00	x						0.		0.			0.
(20) ALLISON MARGOLIES	3.00					$\vdash$							<del>••</del>
EX OFFICIO MEMBER		x						0.		0.			0.
(21) KATHRYN L. STEVENS	3.00					t							<u> </u>
DIRECTOR		х						0.		0.			0.
(22) ELIZABETH M. CHIARELLO	3.00					t		-					
DIRECTOR		Х						0.		0.			0.
(23) FRANK DERY	3.00												
DIRECTOR		Х						0.		0.			0.
(24) BRIAN J. GOLD	3.00												
DIRECTOR		Х						0.		0.			0.
(25) STEVEN R. GILFORD	3.00												
DIRECTOR		Х						0.	0. 0				0.
(26) KATHRYN LISS	3.00												
EX OFFICIO MEMBER		Х						0.		0.			0.
The Guid Collain						0.			0.				
c Total from continuation sheets to Part VI	II, Section A							87,161.		0.		1,2	
d Total (add lines 1b and 1c)		$\overline{}$	_				<u> </u>	87,161.		0.		1,2	98.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	no r	eceived more than \$100	0,000 of reportab	le			_
compensation from the organization													0
												Yes	No
3 Did the organization list any <b>former</b> officer,										ļ			Х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										ļ			Х
5 Did any person listed on line 1a receive or a											4		21
rendered to the organization? If "Yes," com					•			•			5	х	
Section B. Independent Contractors	piete deriedai	C 0 1	01 30	JOH J	pers	3011							
Complete this table for your five highest co	mpensated in	dene	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation	from	
the organization. Report compensation for	•	•							•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(A)								(B)	,		((	C)	
Name and business	address	NO	INC	3				Description of s	ervices	С		nsatio	n
										1			
										ı			
							$\dashv$						
										ı			
2 Total number of independent contractors (i		ot li	mite	d to		se li:	stec	d above) who received n	nore than				
\$100,000 of compensation from the organic	zation 📂				,	U							

732008 11-28-17

Form **990** (2017)

SEE PART VII, SECTION A CONTINUATION SHEETS

(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(A) Name and title  (B) Average hours per week (list any hours for related organizations) below line)  (A)  (B) Average hours per week (list any hours for related organizations) below line)  (C) Reportable compensation from the organization (W-2/1099-MISC)  (W-	Form 990 CENTER F	OR CONFI	LI(	CT_	R.	ESC	JLC	JT.	ION	36-299	7680
Name and title    Average   Position   Poportable   Compensation	Name and title    Name and title   Naverage   Position   Reportable compensation (organization of the compensation of the comp	Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	mple	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)	
Nour   Por week (list any hours for related organizations week (list any hours for related organizations)   Nour for related organizations   Nour for rela	hours per week (list any hours for related organizations below line)  27) JARAM R. MOTEN  COPPICIO MEMBER  3.00  XX  0.10  XX  0.10		T .									(F)
per week (list any) hours for related organization (w.2/1099-MISC) with the organization (w.2/1099-MISC) with the organization organization (w.2/1099-MISC) with the organization organization (w.2/1099-MISC) with the organization organization organization (w.2/1099-MISC) with the organization organization and related organization with the organization organization with the organization organization with the organization organization organization (w.2/1099-MISC) with the organization	Per week (ist any hours for related organizations below line)  27) JARAN R. MOTEN  3.00  COFFICIO MEMBER  3.00  COFICIO MEMBER  3.00  COFFICIO MEMBER  3.00  COF	Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
week (list any hours for related organizations will be will be left and the list of the li	Week (list any hours for related organizations below line)  77) JARAN R. MOTEN  C OFFICIO MEMBER  3.00  X  X  0.00  0.10  X  X  0.00  0.10			(с	hecl	k all	that	app	ly)			
Cliest arry   End   Companies from the plane   End	(list any   hours for related organization   W.2/1099-MISC)   (W.2/1099-MISC)   from the organization   w.2/1099-MISC)   (W.2/1099-MISC)   from the organization   w.2/1099-MISC)   w.2/1099-MI		1							1		
3.00   X   OFFICIO MEMBER   X   O.   O.   O.   O.   O.   O.   O.	3.00   X			  -				oloyee				
3.00   X   OFFICIO MEMBER   X   O.   O.   O.   O.   O.   O.   O.	3.00   X			lirecto				d em b			(W-2/1099-MISC)	
3.00   X   OFFICIO MEMBER   X   O.   O.   O.   O.   O.   O.   O.	3.00   X			96 Or (	stee			sate		(***-2/ 1099-101100)		
3.00   X   OFFICIO MEMBER   X   O.   O.   O.   O.   O.   O.   O.	3.00   X			truste	al fru		yee	n bei				organizations
3.00   X   OFFICIO MEMBER   X   O.   O.   O.   O.   O.   O.   O.	3.00   X		_	idual	tution	e e	oldme	est cc	le le			Ŭ
X OFFICIO MEMBER  28) BRIC YEAGER X OFFICIO MEMBER 29) CASSANDRA LIVELY 40.00 X X 87,161.  0. 1,294	COPICIO MEMBER		line)	Indi	Insti	O##	Key	High	Form			
28) ERIC YEAGER X OFFICIO MEMBER 3.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	18   BRIC YEAGER   3.00   X   0.   0.	(27) JARAN R. MOTEN	3.00									
X OFFICIO MEMBER  X 0. 0. 0. (0. 20)  40.00  XECUTIVE DIRECTOR  X 87,161. 0. 1,298	X 0. 0.  19) CASSANDRA LIVELY  40.00  X 87,161.  0. 1,29	EX OFFICIO MEMBER		Х						0.	0.	0
29) CASSANDRA LIVELY XECUTIVE DIRECTOR X 87,161. 0. 1,290	PS) CASSANDRA LIVELY 40.00 X 87,161. 0. 1,29	(28) ERIC YEAGER	3.00									
X 87,161. 0. 1,296	X 87,161. 0. 1,29	EX OFFICIO MEMBER		Х						0.	0.	0
		(29) CASSANDRA LIVELY	40.00									
	stal to Part VII, Section A, line 1c 87,161. 1,29	EXECUTIVE DIRECTOR				X				87,161.	0.	1,298
	stal to Part VII, Section A, line 1c 87,161. 1,29			1		1						
	stal to Part VII, Section A, line 1c 87,161. 1,29		1	<u> </u>	<u> </u>	_	<u> </u>		_			
	stal to Part VII, Section A, line 1c 87,161. 1,29			-								
	stal to Part VII, Section A, line 1c 87,161. 1,29											
	stal to Part VII, Section A, line 1c 87,161. 1,29			1				4				
	stal to Part VII, Section A, line 1c 87,161. 1,29											
	stal to Part VII, Section A, line 1c 87,161. 1,29			1								
	stal to Part VII, Section A, line 1c									,		
	stal to Part VII, Section A, line 1c			1								
	stal to Part VII, Section A, line 1c 87,161. 1,29											
	stal to Part VII, Section A, line 1c											
	otal to Part VII, Section A, line 1c 87,161. 1,29											
	stal to Part VII, Section A, line 1c											
	otal to Part VII, Section A, line 1c 87,161. 1,29			]								
	otal to Part VII, Section A, line 1c											
	otal to Part VII, Section A, line 1c 87,161. 1,29											
	otal to Part VII, Section A, line 1c 87,161. 1,29						<u> </u>					
	otal to Part VII, Section A, line 1c 87,161. 1,29			4								
	otal to Part VII, Section A, line 1c 87,161. 1,29				$\vdash$		<u> </u>					
	otal to Part VII, Section A, line 1c			-								
	otal to Part VII, Section A, line 1c 87,161. 1,29											
	otal to Part VII, Section A, line 1c 87,161. 1,29			ł								
	otal to Part VII, Section A, line 1c											
	otal to Part VII, Section A, line 1c			1								
	otal to Part VII, Section A, line 1c											
	otal to Part VII, Section A, line 1c			1								
	otal to Part VII, Section A, line 1c 87,161. 1,29											
	otal to Part VII, Section A, line 1c			1		1						
	otal to Part VII, Section A, line 1c											
	otal to Part VII, Section A, line 1c 87,161. 1,29			1								
	otal to Part VII, Section A, line 1c 87,161. 1,29											
	otal to Part VII, Section A, line 1c											
1 1	otal to Part VII, Section A, line 1c 87,161. 1,29											

		(2017) CENTER FOR CO	NFLICT R	ESOLUTION		36-2997	680 Page <b>9</b>
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
λ, G		Fundraising events 1c	157,132.				
ifts ar /		Related organizations 1d	<u> </u>				
s, G mila			175,583.				
Sil		All other contributions, gifts, grants, and					
her			381,674.				
OF.	4	Noncash contributions included in lines 1a-1f: \$	775.				
Sor	_	Total. Add lines 1a-1f		714,389.			
<u> </u>			Business Code				
o l	2 a	MD 3 TATTAG	900099	192,616.	192,616.		
vic	z a b		300033	132,0101	132,0101		
Ser							
n S	c d						
Program Service Revenue	e						
Pro		All other program service revenue					
		Total. Add lines 2a-2f		192,616.			
	3	Investment income (including dividends, intere		2,020			
	•	other similar amounts)		59.			59.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	•				
	3	(i) Real	(ii) Personal				
	6 a	Gross rents 22,394.	(ii) i cisoriai				
		Less: rental expenses 0.					
		Rental income or (loss) 22,394.					
		Net rental income or (loss)		22,394.			22,394.
		Gross amount from sales of (i) Securities	(ii) Other	22/3310			22/3310
	, a	assets other than inventory	(ii) Other				
	h	Less: cost or other basis					
	b	and sales expenses					
	•	Gain or (loss)					
		Net gain or (loss)					
_		Gross income from fundraising events (not					
οnu	o a	including \$ 157,132. of					
, Ve		contributions reported on line 1c). See					
Ä		Part IV, line 18 a	2.325.				
Other Revenue	h	Less: direct expenses b	19,873.				
ō				-17,548.			-17,548.
		Gross income from gaming activities. See					
	Ja	Part IV, line 19 a					
	h	Less: direct expenses b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 4	and allowances a					
	h	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory					
			Business Code				
	11 a						
	b						
	С						
		All other revenue					
		Total Add lines 112.11d					

911,910.

#### Part IX | Statement of Functional Expenses

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

			er organizations must co		
	Check if Schedule O contains a respon	se or note to any line in  (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	56,376.	31,007.	16,913.	8,456
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	418,272.	362,597.	28,339.	27,336
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	80,992.	69,519.	6,464.	5,009
10	Payroll taxes	39,984.	33,292.	3,802.	2,890
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	16,318.	3,741.	12,311.	266
d					
е	5 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )				
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.)	14,271.	6,182. 25.	4,900.	3,189
12	Advertising and promotion	1,679.		1,654.	
13	Office expenses	48,662.	27,438.	4,460.	16,764
14	Information technology				
15	Royalties				
16	Occupancy	126,895.	110,301.	13,631.	2,963
17	Travel	15,870.	15,152.	223.	495
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	0 400		0.420	
22	Depreciation, depletion, and amortization	2,430.	7 (22	2,430.	400
23	Insurance	8,313.	7,633.	260.	420
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TRAÍNING	34,316.	34,316.		
b	GENERAL PROGRAM EXPENSE	11,805.	11,805.		
С	VOLUNTEER ACTIVITIES	7,538.	6,656.		882
d	DUES AND SUBSCRIPTIONS	5,006.	3,930.	1,076.	
е	All other expenses	7,132.	376.	2,598.	4,158
25	Total functional expenses. Add lines 1 through 24e	895,859.	723,970.	99,061.	72,828
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2017

Form **990** (2017)

# Form 990 (2017) Part X Balance Sheet

<u>Par</u>	τχ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	29,444.	1	257,357
	2	Savings and temporary cash investments		2	17,359
	3	Pledges and grants receivable, net		3	74,742
	4	Accounts receivable, net		4	9,502
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	_	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribution			
		employers and sponsoring organizations of section 501(c)(9) voluntary	19		
ا م		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
AS	8			8	
	9	Inventories for sale or use		9	
		Prepaid expenses and deferred charges		9	
	IUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 81,74	3		
	<b>L</b>		3,635.	10c	5,040
				11	3,040
	11	Investments - publicly traded securities			
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	6,752
	15	Other assets. See Part IV, line 11	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	15	370,752
$\dashv$	16	Total assets. Add lines 1 through 15 (must equal line 34)	05 040	16	32,753
	17	Accounts payable and accrued expenses	···	17	34,733
	18	Grants payable		18	11 000
	19	Deferred revenue		19	14,088
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
les	22	Loans and other payables to current and former officers, directors, trustees,			
Ĭ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		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 of	46.050		22 766
		Schedule D	46,950.	25	23,766
	26	Total liabilities. Add lines 17 through 25	98,050.	26	70,607
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
se		complete lines 27 through 29, and lines 33 and 34.	050 504		000 115
{	27	Unrestricted net assets		27	209,145
<u> </u>	28	Temporarily restricted net assets	25,500.	28	91,000
rund Balances	29	Permanently restricted net assets	···	29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
2	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets of	32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>z</b>	33	Total net assets or fund balances	284,094.	33	300,145
	34	Total liabilities and net assets/fund balances		34	370,752

Form **990** (2017)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Both consolidated and separate basis

1

2 3

4

5

6

8

10

Part XI Reconciliation of Net Assets

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

consolidated basis, or both: X Separate basis

rm	1 990 (2017) CENTER FOR CONFLICT RESOLUTION	36-299	7680	Paç	ge <b>12</b>
aı	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
l	Total revenue (must equal Part VIII, column (A), line 12)	1		1,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		6,0	
ŀ	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28	4,0	94.
,	Net unrealized gains (losses) on investments	5			
)	Donated services and use of facilities	6			
•	Investment expenses	7			
3	Prior period adjustments	8			
)	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	30	0,1	45.
aı	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	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 in Schedul	e O.			
a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa				
	consolidated basis or both:	•			

Form 990 (2017)

Х

Х

2c

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization CENTER FOR CONFLICT RESOLUTION 36-2997680 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Section A. Public Support	<u> </u>		•						
Calendar year (or fiscal year beginni		<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
<b>1</b> Gifts, grants, contributions, a	· '   · ' '	, ,	, ,	, ,	` ,	.,			
membership fees received. (I	Do not								
include any "unusual grants."	958,540.	628,053.	764,709.	641,481.	714,389.	3707172.			
2 Tax revenues levied for the o	organ-								
ization's benefit and either pa	aid to								
or expended on its behalf									
3 The value of services or facili	ties								
furnished by a governmental	400 0-4	400 500	405 500	440 550	440 000				
the organization without cha				110,753.					
4 Total. Add lines 1 through 3	1058914.	730,782.	870,499.	752,234.	828,366.	4240795.			
5 The portion of total contribut	ions								
by each person (other than a	l e								
governmental unit or publicly									
supported organization) inclu	ıded								
on line 1 that exceeds 2% of	the								
amount shown on line 11,									
column (f)									
6 Public support. Subtract line 5 fr	rom line 4.					4240795.			
Section B. Total Support					·				
Calendar year (or fiscal year beginni	100014	(b) 2014 730, 782.	(c) 2015	(d) 2016 752,234.	(e) 2017 828, 366.	(f) Total			
7 Amounts from line 4	1058914.	/30,/82.	870,499.	152,234.	828,366.	4240795.			
<b>8</b> Gross income from interest,									
dividends, payments receive									
securities loans, rents, royalt	242	F.1	60	4.5	F.0	F 0 0			
and income from similar sour		71.	62.	45.	59.	580.			
Net income from unrelated by									
activities, whether or not the									
business is regularly carried									
10 Other income. Do not include	<u> </u>								
or loss from the sale of capita	al		E00	0.0		F00			
assets (Explain in Part VI.)			500.	98.		598. 4241973.			
11 Total support. Add lines 7 thro		,			1	,112,255.			
12 Gross receipts from related a	, ,	,				,112,233.			
13 First five years. If the Form 9				•		. □			
organization, check this box  Section C. Computation of		rcentage				<b>P</b>			
14 Public support percentage for	• • • • • • • • • • • • • • • • • • • •		column (f))		14	99.97 %			
15 Public support percentage fr					15	99.96 %			
16a 33 1/3% support test - 2017					<u> </u>	,,,			
stop here. The organization	•		•		•				
b 33 1/3% support test - 2016									
	and <b>stop here.</b> The organization qualifies as a publicly supported organization								
	<b>7a 10%</b> -facts-and-circumstances test - 2017. 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-circums									
b 10% -facts-and-circumstar									
	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the								
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2017

### 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.)

qualify under the tests listed be Section A. Public Support	elow, please com	iplete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(a) 2015	(4) 2016	(a) 2017	(f) Total
1 Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
						<del> </del>
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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						<del> </del>
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6			, ,	, ,	, ,	1 '
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	ization,
						<b>_</b>
Section C. Computation of Publi						
15 Public support percentage for 2017 (li					15	%
16 Public support percentage from 2016					16	<u>%</u>
Section D. Computation of Inves						
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
<b>19a 33 1/3% support tests - 2017.</b> If the						
more than 33 1/3%, check this box ar						
<b>b 33 1/3% support tests - 2016.</b> If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u>

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	SD		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	461		
_	10b	00 E7	

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
	,		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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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		
	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		
	ion C. Type II Supporting Organizations			
	ion of Type it capperaing organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	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		
	ion D. All Type III Supporting Organizations			
	ion 217th Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
	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		
	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		
	By reason of the relationship described in (2), 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.	2		
	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	-1		
' a	The organization satisfied the Activities Test. Complete line 2 below.	٠,٠		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see in	structions	2)	
	Activities Test. Answer (a) and (b) below.	oti dotioni	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Zu		
	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			
		2b		
	activities but for the organization's involvement.  Parent of Supported Organizations, Answer (a) and (h) helpw	20		
	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
	on the dapperture organization of the root, december in a late of the role played by the organization in this regard.	1 00		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must com-	nplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	е	
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2017, if			
	-	Subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2018. Add lines 3j			
	and 4				
8		down of line 7:			
		s from 2013			
		s from 2014			
		s from 2015			
		s from 2016			
_	EVCAS	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOR CONFLICT RESOLUTION

**Employer identification number** 36-2997680

Schedule D (Form 990) 2017

Pai	t I Organizations Maintaining Donor Advise		S Or Accounts Complete if the
ı uı			3 of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised funds	(b) i unus 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 advi	sed funds
	are the organization's property, subject to the organization's $ \\$	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic str		
4	Number of conservation easements included in (c) acquired a		
u			I I
3	listed in the National Register		
3		leased, extiliguished, or terminated by tr	ie organization during the tax
4	year  Number of states where property subject to concernation as	agment is legated	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conserv	ation easements during the year
_	<b>\</b> \$		0/1 \/ 4\/\P\/"\
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements.	f Art Historical Transumas or (	Othor Cimilar Acasta
Pai	t III Organizations Maintaining Collections o		other Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1 $$	•	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

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

Pai	t III Organizations Maintaining C	ollections of Art,	Historical Tr	easures, o	or Other S	Similar As	sets(continued)	
3	Using the organization's acquisition, accession	on, and other records, o	check any of the	following tha	at are a signi	ficant use of	its collection items	
	(check all that apply):	_						
а	Public exhibition	d	Loan or exc	hange progra	ams			
b	Scholarly research	e [	Other					
С	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets							
	to be sold to raise funds rather than to be ma	aintained as part of the	organization's co	ollection?		[	Yes No	
Pai	t IV Escrow and Custodial Arrang	gements. Complete i	if the organizatio	n answered	"Yes" on Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermediary	y for contribution	s or other as	sets not inc	luded		
	on Form 990, Part X?					l	Yes No	
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table:		1			
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21,	, for escrow or c	ustodial acco	ount liability?	?l	Yes         No	
	If "Yes," explain the arrangement in Part XIII.						<u></u>	
Pai	t V Endowment Funds. Complete if							
	-	(a) Current year	(b) Prior year	(c) Two yea	rs back (d)	Three years ba	ck (e) Four years back	
1a	Beginning of year balance							
b	Contributions							
	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 curr	ent year end balance (li	ine 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c show							
3а	Are there endowment funds not in the posse	ssion of the organizatio	n that are held a	nd administe	ered for the	organization		
	by:						Yes No	
	(i) unrelated organizations							
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the		nent funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered		i		· · ·			
	Description of property	(a) Cost or othe	1 ' '	or other	(c) Accu	I	(d) Book value	
		basis (investmen	Dasis	(other)	depred	JIATION		
	Land							
	Buildings							
	Leasehold improvements		0	1,743.	7	6,703.	5,040.	
	Equipment		<u> </u>	1,143.	1	0,103.	3,040.	
	Other			/O- \			5,040.	
ıota	I. Add lines 1a through 1e. (Column (d) must ed	quai Form 990, Part X, c	coiumn (B), line 1	UC.)			3,040.	

Schedule D (Form 990) 2017	CENTER	FOR	CONFLICT	RESOL	LUTION	3
Part VII Investments - O	ther Securit	ies.				
Complete if the organ	nization answere	ed "Yes	" on Form 990, Par	rt IV, line 1	1b. See Form 990, Part X	(, line 12.
(a) Description of security or catego	ry (including name of	security)	(b) Book va	lue	(c) Method of valuation	on: Cost or er
(4) Figure stall standard the same						

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(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, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(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, Part X, line 15.

(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.)	<b>&gt;</b>

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DEFERRED RENT	20,600.	
(3)	DEPOSITS	3,166.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	23,766.	

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

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CENTER FOR CONFLICT RESOLUTION

Empi	oyer	iaenti	ncation	numbe
36_	200	976	QΛ	

	FOR CONFLICT RESUL				30-2997				
Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not			
1 Indicate whether the organization rais	ed funds through any of the following	ng acti	vities.	Check all that apply					
a Mail solicitations				overnment grants					
	b Internet and email solicitations f Solicitation of government grants								
d In-person solicitations		<i>c</i> .		···					
2 a Did the organization have a written o									
key employees listed in Form 990, Pa									
<b>b</b> If "Yes," list the 10 highest paid indiv		ıant to	agree	ements under which	the fundraiser is to b	be			
compensated at least \$5,000 by the	organization.								
		/:::\			(v) Amount paid				
(i) Name and address of individual	(22) A salinda	fundr have co or con contribu	Did aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid			
or entity (fundraiser)	(ii) Activity	or con	ustody trol of	from activity	fundraiser	to (or retained by) organization			
		contribu	utions?		listed in col. (i)	organization			
		Yes	No						
Total			<u> </u>						
3 List all states in which the organization	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration			
or licensing.									

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

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

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

(a) Event #1 (b) Event #2 (c) Other events

		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			ANNUAL EVENT			col. <b>(c)</b> )
æ			(event type)	(event type)	(total number)	. "
Revenue	1	Gross receipts	159,457.			159,457.
	2	Less: Contributions	157,132.			157,132.
	3	Gross income (line 1 minus line 2)	2,325.			2,325.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	10,899.			10,899.
	8	Entertainment	2,225.			2,225.
	9	Other direct expenses	6,749.			6,749.
	10		n 9 in column (d)		<b>&gt;</b>	19,873.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		<b>&gt;</b>	-17,548.
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		( ) Dull toba (instant		( n =
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	٣	Curior direct experiess	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>	<b>&gt;</b>	
					·	
		ter the state(s) in which the organization condu	-			
		the organization licensed to conduct gaming a				Yes No
b	lf "	No," explain:				
10-	\//-	ere any of the organization's gaming licenses re	wokod suspended ext	orminated during the tax	voar?	Yes No
		ere any or the organization's gaming licenses re Yes," explain:			year :	. LITES LINO

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 CENTER FOR CONFLICT RESOLUTION 36 -	2997680	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	. Yes	O No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
	E If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	, lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990 or 990-EZ) CENTER FOR CONFLICT RESOLUTION	36-299/680 Page 4
Part IV Supplemental Information (continued)	

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CENTER FOR CONFLICT RESOLUTION

**Employer identification number** 36-2997680

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a ı-	The organization?	5a		X
a	Any related organization?	5b		Λ
c	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	60		Х
d	The organization?	6a 6b		X
D	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	Ť		
•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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 compensation			(C) Retirement and other deferred benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(5)(1)-(5)	reported as deferred on prior Form 990
(1) CASSANDRA LIVELY (i)	87,161.	0.	0.	500.	798.	88,459.	0.
EXECUTIVE DIRECTOR (iii		0.	0.	0.	0.	0.	0.
(i)							
(ii							
(i)							
(ii							
(i)				·			
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
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(ii							
(i)							
(ii							
(1)  (ii							
(i)							
(ii							
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(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							

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 \$33,314 OF COMPENSATION
TO CASSANDRA LIVELY, EXECUTIVE DIRECTOR, FOR THE CALENDAR YEAR ENDED
DECEMBER 31, 2017. THIS AMOUNT, WHICH IS IN ADDITION THE COMPENSATION
PAID TO HER BY OUR ORGANIZATION, IS INCLUDED IN THE COMPENSATION SHOWN
IN THIS SCHEDULE.

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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

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

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

2017
Open to Public Inspection

Name of the organization

CENTER FOR CONFLICT RESOLUTION

Employer identification number 36-2997680

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANZATION DISCONTINUED THE FORECLOSURE MEDIATION PROGRAM DUE TO

FUNDING BEING CUT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DIFFICULTIES WITH THEIR SERVICES OR SERVICE PROVIDERS.

PHIMC/CARE:

CCR OPERATES A HOTLINE FOR CLIENTS WITH HIV/AIDS WHO ARE ENCOUNTERING

EXPENSES \$ 34,658. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ALL OTHER PROGRAMS:

PARENTING, FEE, RESIDENTIAL, NON-COURT REFERRED CASES AND BETTER

BUSINESS BUREAU REFERRALS. THESE MEDIATIONS SERVE PARENTS, ATTORNEYS,

AND THEIR FORMER CLIENTS, LANDLORDS AND TENANTS, NEIGHBORS, FAMILIES

AND CONSUMERS AND MERCHANTS.

EXPENSES \$ 75,516. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT AND FINANCE COMMITTEES REVIEW FORM 990 AND PROVIDE COMMENTS OR

QUESTIONS TO MANAGEMENT AND THE PREPARER PRIOR TO ITS FILING

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ANNUALLY INDICATED THAT THEY ARE IN COMPLIANCE WITH THE CCR

CONFLICT OF INTEREST POLICY. SIGNED FORMS ARE KEPT ON FILE.

FORM 990, PART VI, SECTION B, LINE 15:

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization  CENTER FOR CONFLICT RESOLUTION	Employer identification number 36-2997680
THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR AN	D OTHER KEY
EMPLOYEE SALARIES USING A COMPENSATION STUDY PREPARED FOR	CCR BY AN
INDEPENDENT CONSULTANT AND BY USING COMPARABILITY DATA.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVIALABLE UPON REQUEST OR AT THE ILLINOIS ATTORNEY GENERA	L'S WEBSITE.