OMB No. 1545-0047

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.
Information about Form 990 and its instructions is atwww.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For t	he 2016 calen	dar year, or tax	year beginni	ng 7/01		, 2016, a	and ending	6/3	30		2017	
В	Check	if applicable:	C	····	oppuniyang undurum allabar sasal amma anu ga bibisha alimbi	TO SERVICE STREET, STR				D Employ	er identi	fication number	
	A	ddress change	The Confl	ict Cent	er					84-	1080	552	
	N:	ame change	4140 Tejo:							E Telepho	ne numl	oer	
	In	itial return	Denver, C	0 80211						303	-433	-4983	
		nal return/terminated									-		***************************************
		mended return	-							G Gross r	eceipts (\$ 592	2,204.
		pplication pending	F Name and addi	ess of principal o	fficer:			H	(a) Isthisa	group return			1331
	L.,	r F	Same As C					н	(b) Are all	subordinates attach a list.	included	1? Ye	F1
	Tay-	exempt status	X 501(c)(3)	501(c) () ◀ (insert n	in) [4	947(a)(1) or	527	If 'No,	attach a list.	(see ins	tructions)	
J	~~~~	~	w.conflict			I .	· // (4// 1/) 0/		(c) Group	exemption no	mber ▶		
K		n of organization:	X Corporation		······································	ner 🏲	I Ye	ear of formation	<u> </u>			egal domicile: C	0
	irt I	Summar		1		W - 1 W W		7			************	×	-
Rex	1		be the organiza	tion's missior	n or most signif	icant activ	ities:Many	z people	e hand	dle an	ger	and conf	lict
		in ways	that keep	them fro	om accompl	ishing	produc	tive li	fe ac	als ar	id ha	iving	
20		satisfvi	ng lives.	The Cor	iflict Cen	ter te	aches p	ractica	ıl ski	īīs so	tha	it anger	and
E		conflict	s can beco	ome oppos	tunities	to sol	ve prob	lems ar	id bui	.ld rel	atio	onships.	
Governance	2	Check this bo	ox ▶ if the	organization	discontinued its	s operation	ns or dispo	sed of more	e than 2	5% of its	net as:	sets.	
Ű	l		oting members o								3		10
ŝ	4		dependent votir								4		9
Activities &	5		of individuals	, ,	-						5		20
:5	6		r of volunteers (ed business rev								- 6 7а		135 0.
<1,			d business taxal								7b		0.
	,,,	1400 GITTORAGO	1 DOSHIOSS TONOR	770 111001110 111	3111 0111 330 1	, 1110 0 1				rior Year		Current	
	8	Contributions	and grants (Pa	rt VIII. line 1	h)					219,6	96		6,973.
e	9		vice revenue (Pa							349,5			$\frac{5,5}{1,110}$.
Revenue	10		ncome (Part VIII								82.		9,050.
e o	11		e (Part VIII, col							65,6			5,488.
	12		e – add lines 8							634,8			2,621.
	13		imilar amounts			 		~				***	
	14		l to or for memb	•						,			· ······ · ·
	15	•	er compensation	•						439,3	48.	35	4,469.
Ses	16 a	•	fundraising fees							3,5			2,985.
Expenses	,,,,		sing expenses (•	7 7			5,764.)		-,,,,,,,,,
益	4-10		5 ,				 			210 0	47	20	4 100
	17		ses (Part IX, col							219,0			4,180.
	18	•	es. Add lines 13	•	•					661,9			1,634.
. 10	19	Revenue less	s expenses. Sub	tract line 18	from line 12					-27,0		End of Y	0,987.
ts of	20	Total agests	(Dort V. Fina 16)							ng of Curren			
Bala	20 21		(Part X, line 16) es (Part X, line 2		,	,			<u>_</u>	,380,9 26,0	70		9,312. 3,423.
Not Assets Fund Balanc	21		,	,	. 01 6 5 0								
			fund balances.	Subtract line	e ZT from line Z	:u ,			<u>_</u>	,354,9	UZ.]	1,36	5,889.
	irt II	Signatur											
Unde	r penalt plete. D	ies of perjury, I decl eclaration of prepa	lare that I have examir arer (other than office	ed this return, incl r) is based on all	uding accompanying : information of which	schedules and 1 preparer ha	statements, an s any knowledo	id to the best of ge.	my knowled	ige and belief	it is true	, correct, and	
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Pa	id epare			jan & La	lli T.T.C a	ha Rog	er Nitt	ler & C	<u>'</u> 0				
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J.J	- VII	Firm's addre				TIC TO	(Phone no.		3218111	
N4~:	, the e	IDS discuss #	Denve) nis return with th	c, CO 802	hown above? 6	see instru	ctions)				2032	X Yes	No
ivia	y uie i	irso discuss th	ne temu mim m	ie biebarei z	HOMILADOAC: (soo manu	ouomaj					. 77 163	

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

4 e Total program service expenses

459,018. TEEA0102L 11/16/16

Form 990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?// '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		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	23-06-07-0 tunn 111
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10 <i>% 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ŀ	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11b		Х
(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	11 c		Х
Ć	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	11 d	Х	
•	Did the organization report an amount for other liabilities in Part X, line 25?If 'Yes,' complete Schedule D, Part X	11 e	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)?/f 'Yes,' complete Schedule D, Part X	11f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
	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
	Is the organization a school described in section 170(b)(1)(A)(ii)?If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), tines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a¾f 'Yes,' complete Schedule G, Part III.	19		Х

Form 990 (2016) The Conflict Center

Part IV Checklist of Required Schedules (continued)

I 64	Granded Schedules (Commisco)		Yes	No
20 <i>a</i>	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	103	X
ŀ	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
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 Ill.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	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
ı	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		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizationsDid the organization engage in an excess benefit transaction with a disqualified person during the year?If 'Yes,' complete Schedule L, Part I	25a		Х
ı	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-EZ¾ '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		Χ
	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):			· ·
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	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		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		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f '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	and Part V, line 1	34		X
35	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	Х
ı	old '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 (2016)

Pa	TV Statements Regarding Other IRS Filings and Tax Compliance			······································
	Check if Schedule O contains a response or note to any line in this Part V.			<u>, . []</u>
			Yes	No
	a Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable			
ł	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			250,000,060
(Did the organization compfy with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Χ	
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 20			
l	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required tœ-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	o If 'Yes,' has it filed a Form 990-T for this year?If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ŀ	of If 'Yes,' enter the name of the foreign country:			
p	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			V
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ŀ	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
â	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
ŀ	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		Х
(If 'Yes,' indicate the number of Forms 8282 filed during the year			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ć	glf the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained by the sponsoring	34,000,00		46065
	organization have excess business holdings at any time during the year?	8		10800000000
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		David Californ
	Section 501(c)(7) organizations Enter:			400
	Initiation fees and capital contributions included on Part VIII, line 12			
	<u> </u>			
	Section 501(c)(12) organizationsEnter: Gross income from members or shareholders	2 00127		00.00
_	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts the organization filing Form 990 in lieu of Form 1041?	12 a		
	of f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			SEC.
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
â	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.			
t	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			
•	Enter the amount of reserves on hand.			
	Did the organization receive any payments for indoor tanning services during the tay year?	1/1 2		Ϋ́

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.....

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...... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 10 1 a 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ officer, director, trustee, or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person?...... Did the organization make any significant changes to its governing documents Χ since the prior Form 990 was filed?..... 4 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body?... X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Q...... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12 a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule 0 12 c Χ X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy?..... 14 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? X 15 a X **b** Other officers or key employees of the organization..... 15b 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 X 16 a taxable entity during the year?...... b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website |X| Upon request Other (explain in Schedule 0) Own website Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records> 20

Denver CO 80211 303-433-4983

Brendalee Connors 4140 Tejon Street, Denver CO

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more (F) (E) (A) (B) than one box, unless person is both an officer and a director/trustee) (D) Name and Title Reportable compensation from related organizations Estimated Reportable compensation from Average hours amount of other compensation from the per the organization (W-2/1099-MISC) week (list any (W-2/1099-MISC) employee ndividua Highest compensated nstitutional organization and related employee hours fo related organizations organiza tions trustee (trustee below dotted line) (1) Ron Ludwig 45 0 X 0. 0. Executive Direc Χ 91,904 10 (2) Chris Armijo 0. 0. 0 X 33,125 Director 0 (3) Ericka Banuelos Director 0 X 0. 0 0. 0 (4) Julia Emko 0. 0 X 0. 0. Director 0 (5) Alex Gano 0._ 0 X 0 0 Director (6) Brian Price 0 0 Х X 0. 0. 0. President 0 (7) Brendalee Connors 0. X Χ 0. 0 0 Treasurer 0 (8) Dennis Kennedy Vice President 0 X X 0. 0. 0. 0 (9) David Morgan Χ 0. 0. 0 0. Director (10) Jenna Schnepel 0 0 X Χ 0. 0. 0. Secretary (11)(12)(13)(14)

Part VII Section A. Officers, Directors, T	rustees,	Key	Em	ıplo	oye	es,	and	d Highest Con	pensated Em	ployees	(con	tinued
	(B)			((.) sition			**************************************				
(A) Name and title	Average hours per	Бох.	unle	heck ss pe	more erson	e than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	amou	(F) timated int of oth	her
	week (list any hours for related organiza - tions below dotted line)	ar director	Institution	Officer	Key employee		Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr org an	pensatio om the anization d related anization	on n i
(15)		 										
(16)												
(17)										 	• • • •	
(18)		1								-		
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(20)						ļ				-		
(21)		-										
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(24)												
(25)		-										
1 b Sub-total		 _					 	91,904.	0	. L		0.
c Total from continuation sheets to Part VII, Sec							>	0.	0			0.
d Total (add lines 1b and 1c)							• ore	91,904.	\$100,000 of repo		npens	0 . ation
from the organization ► 0			w			*						
Did the organization list anyformer officer, dire on line 1a? If 'Yes,' complete Schedule J for st	ctor, or tru	stee,	key	em	ploy	yee,	or h	ighest compensat	ted employee		Yes	No X
For any individual listed on line 1a, is the sum the organization and related organizations greaters.	of reportat	ole co	mne	ensa	afior	n and	Loth	er compensation				21
such individual									individual	4		X
for services rendered to the organization? If 'Yo Section B. Independent Contractors	es,' comple	te So	hed	ule	J fo	r suc	ch p	erson		. 5		<u> </u>
Complete this table for your five highest compe compensation from the organization. Report co	ensated inc mpensatio	lepen n for	den the	t co cale	ntra enda	ctors ar ye	s tha ar e	at received more t nding with or with	han \$100,000 of in the organizatio			
(A) Name and business ac	Idress	···						Description	of services	Compe	>) nsatio	'n
2 Total number of independent contractors (inclu		ot lim	ited	to t	hos	e lis	ted :	above) who receiv	ved more than			
\$100,000 of compensation from the organization	on = 0	TEEA	0108L	. 11/	16/16	5				Form	990 ((2016

:	eresa:	Check if Schedule O	contains	a respo	onse or note to ar	<u></u>		 	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1 a	Federated campaigns		1 a	1,727.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1 b				5.290 6.00 6.00	
s, G	c	: Fundraising events		1 c					
1 E	d	Related organizations .		1 d					distribution of the co
is,	е	Government grants (contributi	ons)	1 e					100000000000000000000000000000000000000
# S S	f	All other contributions, gifts, g	grants, and						
교美		similar amounts not included		11	195,246.		34 A B 6 - 5 L		
onth od (g	Noncash contributions include		· -	19,583.				
THE STORM	n	Total. Add lines 1a-1f	المسام والمعان المالية والمالية المالية	· · · · · ·	Business Code	196,973.			
Program Service Revenue	2 a	Conflict Resolu	ution		Duameas Couc	251,110.	251,110.		
3eV	b					231,110.	231,110.		
es	c								
ervi	d								
E	e	·			******				
gra	f	All other program service	e revenu	e					
Ď.	g	Total. Add fines 2a-2f				251,110.			
	3	Investment income (inc	luding div	idends,	interest and	***************************************			
	А	other similar amounts). Income from investmen				58,989.	58,989.		
	4 5	Royalties			•				
	J	Troyanies	(i) R		(ii) Personal				
	6 a	Gross rents		896.	 				
		Less: rental expenses		050.	<u> </u>				
	С	Rental income or (loss)	60.	896.					
	d	Net rental income or (lo				60,896.		Daving the Control of	60,896.
	7 a	Gross amount from sales of	(i) Secu	rities	(ii) Other				
		assets other than inventory	19,	644.		********			
	b	Less: cost or other basis							
		and sales expenses	19,	<u>583.</u>					
		Gain or (loss) Net gain or (loss)		61.	<u> </u>	5.25 20.00.00.00.00			
					[61.	61.		
Жe	8 a	Gross income from fund (not including \$	traising e	vents					
		of contributions reported	d on line	1c).					
Other Reve		See Part IV, fine 18		., a	4,040.				
ler	b	Less: direct expenses.	<i></i>	b					
₹	c	Net income or (loss) fro	m fundra	ising ev	/ents ▶	4,040.			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
	9 a	Gross income from gam	ing activi	ties,					
		See Part IV, line 19							
		Less: direct expenses . Net income or (loss) fro			ioc				
			~		I				
	10 a	Gross sales of inventory and allowances							
	b	Less: cost of goods sold							
		Net income or (loss) fro			tory≻	The water of the second		energen/seesse energe Peters (1967) (1967) (1967)	
		Miscellaneous Revenu			Business Code				
		Merchandise		€	11600	399.	399.		
	b	<u>Miscellaneous</u>		9	00099	153.	153.		
	C								
		All other revenue		L	-				
		Total. Add lines 11a-11c Total revenue. See instr				332.	210 712		60.006
	12	TOTAL LEAGURE OGG NORTH	uctiOHS			572,621.	310,712.	0.	60,896.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX. (A) Total expenses (D) Do not include amounts reported on lines Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22...... Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees..... 18,381 0. 91,904 73,523 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0._ 0 15,797 40.651. Other salaries and wages..... 212,994 156,546 Pension plan accruals and contributions (include section 401(k) and 403(b) 4,437. employer contributions)...... 3,550 887 15,941 Other employee benefits 19,440. 3,499 10 Payroll taxes..... 3.128. 25,694 19,724. 2,842 11 Fees for services (non-employees): **b** Legal...... c Accounting..... 1,736 1,424 312 d Lobbying..... e Professional fundraising services. See Part IV, line 17. . . 2,985. 2,985 f Investment management fees..... Other, (If line 11g amount exceeds 10% of line 25, column 319 319 (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion..... 13 Office expenses 16,518 15,129. 1,389 Information technology..... 15 Royalties 16 Occupancy..... 34,402. 34,550. -1482,207. 17 2,149. 58. Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings. . . . 20 Interest..... Payments to affiliates..... 22 Depreciation, depletion, and amortization . . . 44,950 36,859 8,091 23 Insurance..... 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 O.)..... 69,603. 69,603. Special projects expense b Contract labor 17,063 15,081 1,982 5,140 4,215 c Audit fees 925 3,239 2,733 506 d Printing and Publications_ 7,672. 1,331. 9,003. e All other expenses...... 46,764. 25 Total functional expenses. Add lines 1 through 24e. . . . 561,634. 459,018. 55,852. 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).....

		Check if Schedule O contains a response or note to any	ting in this Part Y			
-		Check it Schedule O contains a response or note to any	THE IT THIS PART X	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		14,719.	1-1-	28,416.
	2	Sayings and temporary cash investments	+	108,588.	2	85,966.
	3	Pledges and grants receivable, net	i	100,000.	3	00/0001
	4	Accounts receivable, net.	i i	45,332.	4	34,413.
		•		10,002.		
	5	Loans and other receivables from current and former office trustees, key employees, and highest compensated emplo Part II of Schedule L	ers, directors, yees. Complete		5	
	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c)) beneficiary organizations (see instructions). Complete Part	'9) voluntarv emploveest		6	
2	7	Notes and loans receivable, net	, , , , , , , , , , , , , , , , , , , ,		7	
Assets	8	Inventories for sale or use	, ,		8	
Ą.	9	Prepaid expenses and deferred charges	, ,	2,383.	9	2,265.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,413,129.			
	b	Less: accumulated depreciation		766,355.	10 с	766,655.
	11	Investments – publicly traded securities,			11	
	12	Investments – other securities. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	<u></u>	12	
	13	Investments – program-related. See Part IV, line 11	\$		13	
	14	Intangible assets	1		14	······································
	15	Other assets. See Part IV, line 11	.	443,604.	15	471,597.
	16	Total assets. Add lines 1 through 15 (must equal line 34).	i,	1,380,981.	16	1,389,312.
	17	Accounts payable and accrued expenses		18,994.	17	19,173.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	, . <i></i>		20	
ဖ	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, of key employees, highest compensated employees, and discomplete Part II of Schedule L.	qualified persons.		22	
	23	Secured mortgages and notes payable to unrelated third p		····	23	
	24	Unsecured notes and loans payable to unrelated third part	L		24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24). Complete	L	7,085.	25	4,250.
.	26	Total liabilities. Add lines 17 through 25		26,079.	26	23,423.
r)		Organizations that follow SFAS 117 (ASC 958), check her				
8		lines 27 through 29, and lines 33 and 34.			-	
an	27	Unrestricted net assets		932,493.		903,144.
Ba	28	Temporarily restricted net assets	ŀ		28	
ğ	29	Permanently restricted net assets	,	422,409.	29	462,745.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	eck here [
ģ	30	Capital stock or trust principal, or current funds		······································	30	
8	31	Paid-in or capital surplus, or tand, building, or equipment	fund		31	
As	32	Retained earnings, endowment, accumulated income, or o	ther funds [32	
ė	33	Total net assets or fund balances		1,354,902.	33	1,365,889.
<i>-</i>	34	Total liabilities and net assets/fund balances		1,380,981.	34	1,389,312.
BA	4					Form 990 (2016)

Pa	rt XI Reconciliation of Net Assets			, and a second second	
1-000000	Check if Schedule O contains a response or note to any line in this Part XI				
7	Total revenue (must equal Part VIII, column (A), line 12)	1	C	572,6	521.
2	Total expenses (must equal Part IX, column (A), line 25)	2		561,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			987.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1.3	354,5	
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	1,3	365,8	389.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				., П
			********	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 O.			13.5	
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
ı	b Were the organization's financial statements audited by an independent accountant?		2 b	X	ĺ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te			
	X Separate basis Consolidated basis Both consolidated and separate basis		2000		
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	he audit,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				175 SS
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3 a	- A - A - A - A - A - A - A - A - A - A	Х
ŀ	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form	990 (2016)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number The Conflict Center 84-1080552 Part | 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.) A church, convention of churches, or association of churches described insection 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 insection 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described insection 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described insection 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.) 9 An agricultural research organization described insection 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. Semection 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 insection 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, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization you must complete Part IV, Sections A and B. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (ii) EIN (iv) is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) 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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ⊳	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	212,554.	216,846.	214,896.	219,695.	196,973.	1,060,964.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	212,554.	216,846.	214,896.	219,695.	196,973.	1,060,964.
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)						367,764.
6	Public support. Subtract line 5 from line 4						693,200.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ⊳	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	212,554.	216,846.	214,896.	219,695.	196,973.	1,060,964.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,130.	74,510.	70,487.	59,017.	119,885.	374,029.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Fart VI.	12,329.	9,213.	7,641.	5,642.	4,040.	38,865.
11	Total support. Add lines 7 through 10	goden se pe					1,473,858.
12	Gross receipts from related activ	rities, etc. (see ins	tructions)				0.
13	First five years. If the Form 990 organization, check this box and			d, third, fourth, or	fifth tax year as	a section 501(c)(3	³⁾ ▶ []
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	116 (line 6, column	n (f) divided by lin	e 11, column (f).).		14	47.03%
	Public support percentage from	-				L1	50.03%
16a	33-1/3% support test-2016. If the and stop here. The organization	ie organization did qualifies as a pub	f not check the bo licly supported or	ox on line 13, and ganization	line 14 is 33-1/39	% or more, check	this box ► X
b	33-1/3% support test-2015. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of dicly supported or	on line 13 or 16a, ganization	and line 15 is 33	-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	est-2016. If the org meets the 'facts-a s-and-circumstanc	panization did not and-circumstances es' test. The orga	check a box on li ' test, check this nization qualifies	ne 13, 16a, or 16 box and stop here as a publicly supp	b, and line 14 is 1 .Explain in Part \ ported organizatio	0% /I how :n▶ ☐
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d∙circumstances' t	ind-circumstances lest. The organiza	s' test, check this ition qualifies as a	box and stop here a publicly support	Explain in Part \ ed organization	/I how the
18	Private foundation.If the organiz	zation did not ched	ck a box on line 1	з, 16a, 16b, 17a,			11
BAA				•	Sch	nedule A (Form 99	0 or 990-EZ) 2016

TEEA0402L 09/28/16

Page 3 The Conflict Center 84-1080552 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in)▶ (c) 2014 (d) 2015 (e) 2016 (f) Total (a) 2012 **(b)** 2013 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge... 6 Total. Add lines 1 through 5... 7a 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..... c Add lines 7a and 7b...... Public support. (Subtract line Section B. Total Support **(b)** 2013 (a) 2012 (c) 2014 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in)► 9 Amounts from line 6 10a Gross income from interest, dividends.

payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . 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 . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Total support, (Add lines 9, 10c, 11, and 12.).....

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

śε	C	t	ic	n	1	C.	. (Co	m	рu	ta	tic	n	0	f	P	ut	oli	C	S	u	pp	0	rt	P	er	ce	n	tag	јe	
		•		_	_		~~					_~								••••			_		_						

ıs	rubile support percentage for 2010 (line 8, column (i) divided by fine 15, column (i))	12	О
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	clo

Section D. Computation of Investment Income Percentage

BAA

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2015 Schedule A, Part III, line 17.	18	%

- 19a 33-1/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization..........
 - b 33-1/3% support tests-2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.....

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

			162	140
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.	1		
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).	2	(1992) (1941)	
3	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)3f 'Yes,' answer (b) and (c) below.	3a		
İ	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.	3b	200	
•	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.	Зс		
4:	• Was any supported organization not organized in the United States ('foreign supported organization')∄f 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
I	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.	4b		
(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.	4 c	100	
5	a Did the organization add, substitute, or remove any supported organizations during the tax year?!f '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).	5a		
ļ	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?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с	efferwarden	
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 filling organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
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% contributed entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 71f 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
92	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 .	9a		-185 (S) -185 (S)
ŀ	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 .	9b		22
(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 .	9c		
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.	10a		
ł	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.)	10b		
3 A A	TECANONI POPOLIC Schodula A /Farm 00	~		***

Pa	rt IV Supporting Organizations (continued)			1
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a 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	35-16	
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above?// 'Yes' to a, b, or c, provide detail in Part VI.	11c		
-	tion 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 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 taxyear.	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		,	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	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?			
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 yeafsee instruction	ions).		
i	The organization satisfied the Activities Test. Complete line 2 below.			
ı	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structi	ions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
i	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		
ļ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain inPart 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.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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 Part VI the role played by the organization in this regard.	3b		
BAA	TEEA0405L 09/28/16 Schedule A (Form 99	0 or 9:	90-EZ	2016 (

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	ation	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N	lov. 20, 1970 (explain in st complete Sections A t	Part VI See hrough E,
Sec	tion 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		
Sec	tion B — Minimum Asset Amount		(A) Prìor 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		
Ŀ	Average monthly cash balances	1b		
C	: Fair market value of other non-exempt-use assets	1c		
c	i Total (add lines 1a, 1b, and 1c)	1d		
E	Discount claimed for blockage or other factors (explain in detail inPart VI):			
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		
	Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8	Minimum Asset Amount(add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2		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 inte (see instructions).	grated	Type III supporting org	anization
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2016

TEEA0406L 09/28/16

Current Year

Section D - Distributions

1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpoin excess of income from activity	izations,		
3	Administrative expenses paid to accomplish exempt purposes of su			
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 organic Part VI). See instructions.	nization is responsive (p	provide details	
9	Distributable amount for 2016 from Section C, line 6		·····	
10	Line 8 amount divided by Line 9 amount			
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions,			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
	l From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
į	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017 Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014	\$2,000 per (\$2.00 per (\$5.00 per		
d	Excess from 2015			
	Excess from 2016	uspuses paragraphic mode.		result entre contra

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Schedule A (Form 990 or 990-EZ) 2016

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

Part II, Line 10 - Other Income

Nature and Source		201	.6	 2015	2	2014	2	013	 2012
Special events	Total	\$ 4 \$ 4	,040. ,040.	\$ 5,642. 5,642.	\$ \$	7,641. 7,641.	\$	9,213. 9,213.	\$ 12,329. 12,329.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is abww.irs.gov/form990. OMB No. 1545-0047

2016

Name of the organization		Employer identification number				
The Conflict Center		84-1080552				
Organization type (check one):	томинический в потром кому по на продости на постоя на продости на продуссии на продуссии на продуссии на прод При при при на					
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{\mathrm{X}}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trustnot treated as a p	orivate foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation				
	501(c)(3) taxable private foundation					
Check if your organization is covered by the Ge	eneral Rule or a Special Rule.					
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	pecial Rule. See instructions.				
General Rule For an organization filing Form 990, 990-Eaproperty) from any one contributor. Complete	General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp vi), that checked Schedule A (Form 990 or 990-EZ), Part II, I he year, total contributions of the greater of () \$5,000 or (2) 2 0-EZ, line 1. Complete Parts I and II.	ine 13, 16a, or 16b, and that				
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lite o children or animals. Complete Parts I, II, and III.	rom any one contributor, erary, or educational				
during the year, contributions exclusively fo \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete a	O1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contributione total contributions that were received during the year for any of the parts unless the General Rule applies to this organizate, contributions totaling \$5,000 or more during the year	ns totaled more than re <i>xclusively</i> religious, tation becau <u>s</u> e				
990-PF), but it must answer 'No' on Part IV. Jin	the General Rule and/or the Special Rules doesn't file Sched le 2, of its Form 990; or check the box on line H of its Form 9 filing requirements of Schedule B (Form 990, 990-EZ, or 990	990-EZ or on its Form 990-PF.				

BAA 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) (2016)

Page

2 of Part I

Name of organization

Employer identification number

84-1080552 The Conflict Center Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d)
Type of contribution (b) Name, address, and ZIP + 4 (a) Number (c) Total contributions X Person AV Hunter Trust Payroll 650 S Cherry Street Suite 535 20,000 Noncash (Complete Part II for Denver, CO 80222 noncash contributions.) (b) Name, address, and ZIP + 4 (d)
Type of contribution (a) Number (c) Total contributions X Person Hill Foundation Payroll 10,000. PO Box 5825 Noncash (Complete Part II for Denver, CO 80217 noncash contributions.) (a) Number (c) Total (d)
Type of contribution (b) Name, address, and ZIP + 4 contributions Person 3___ K. Norris Children's Fund Payroll 53 Madison Street, 8th Floor 25,000. Noncash (Complete Part II for Denver, CO 80206 noncash contributions.)

	158 W 27th Street, 6th Floor New York, NY 10001-3202	\$30,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Mary Zinn 380 Milwaukee St Denver, CO 80206-4357	\$20,083.	Person X Payroli Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Anschutz Foundation 1727 Tremont Place Denver, CO 80202	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name, address, and ZIP + 4

May-Bonfils-Stanton Trust

(a) Number

4

(d) Type of contribution

X

Person

(c) Total

contributions

Page

2 of

2 of Part I

Name of organization
The Conflict Center

Employer identification number

nter	84-1080552

raiti	Contributors (see instructions). Use duplicate copies of Part 1 if additional s	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	George & Susan Arnold Mitchell		Person X Payroll
	1832 Mt Zion Dr	\$ <u>5,300</u> .	Noncash
	Golden, CO 80401		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Anschutz Family Foundation		Person X
	555 17th Street	\$7,000.	Noncash
	Denver, CO 80202		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

BAA

to Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

The Conflict Center

84-1080552

Part II Noncash Property (see instructions), Use duplicate copies of Part II if additional space is needed. (d) Date received (c) FMV (or estimate) (a) No. from (b)
Description of noncash property given Part I (see instructions) 68 shs Facebook Inc common stock, 221 shs Sempra Energy common stock 114 shs Visa Inc common stock 19,583. 11/03/16 (d) Date received (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) Part I (d) Date received (c) FMV (or estimate) (see instructions) (a) No. (b) from Part I Description of noncash property given (c) FMV (or estimate) (d) Date received (a) No. from (b)
Description of noncash property given (see instructions) Part I (a) No. from (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) Part I (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I

Page

1 to

1 of Part III

Name of organization
The Conflict Center

Employer identification number 84-1080552

Part III	Exclusively religious, charitable, etc.	, contributions to organiza	tions descr	ibed in section 501(c)(7), (8),						
	or (10) that total more than \$1,000 for t	the year from any one contri	ibutor. Compl	ete columns (a) through (e) and						
	the following line entry. For organizations co- contributions of \$1,000 or less for the year. (I	empleting Part III, enter the total	l otexclusively	religious, charitable, etc.,)						
	Use duplicate copies of Part III if additional:	.е пописионод У								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	<u></u>	(d) Description of how gift is held						
	N/A									
		(e) Transfer of gift								
	Transferee's name, addres		Relat	tionship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held						
	(e) Transfer of gift									
	Transferee's name, addres	Relationship of transferor to transferee								
	4.	(-)		/17						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held						
		(e) Transfer of gift								
	Transferee's name, addres	ss, and ZIP + 4	Kelat	lionship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held						
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held						
	(e) Transfer of gift									
	Transferee's name, addres	Dalat	ionship of transferor to transferee							
	iransièree's name, addres	os, and Life T 4	neiai	non-ship of transferor to transferee						
		1								

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule D (Form 990) and its instructions is atww.irs.gov/form990.

The Conflict Center 84-1080552 Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year)..... Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... No lYes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?..... Yes Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2bc Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 **≽**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... **>** \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1...... b Assets included in Form 990, Part X..... **>** \$

Part III Organizations Maintair	ning Collection	ns of Art, Histori	cal Tre	easures, or Othe	er Similar Assets (d	contin	uea)		
3 Using the organization's acquisit items (check all that apply):	ion, accession, a	ind other records, cl	neck an	y of the following t	hat are a significant u	se of its	s collec	tion	
a Public exhibition		d ☐ Loan	or exc	nange programs					
b Scholarly research		e Othe	r						
c Preservation for future gener	rations	لسسا							
4 Provide a description of the organic Part XIII.	anization's collec	tions and explain ho	w they	further the organiz	ation's exempt purpos	e in			
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Part V Escrow and Custodial A	Arrangements. amount on Fo	Complete if the corm 990, Part X	rganiz line 2	ation answered ' 21.	'Yes' on Form 990,	Part I	V,		
1 a Is the organization an agent, tru						Yes	آ	No	
b If 'Yes,' explain the arrangement					ι		l	J	
on the state of th					,	Amount	<u> </u>		
c Beginning balance					1 c				
d Additions during the year					1 d		~		
e Distributions during the year					1 e				
f Ending balance					1 f				
2 a Did the organization include an					L	Yes		No	
b If 'Yes,' explain the arrangement							-	- 1	
p if res, explain the arrangemen	t in Fart Ain. Cir	eck nere ii the expia	HAUOH	nas been provided	OIT ARE AUT		L	لــ	
Part Part Control				d Waston Earn	OOO Dart IV line	10	ئى دە رسىسىد <u>ە — ھەرى</u> مە	nerin ernimuuneit	
Part V Endowment Funds. Co	1		1						
	(a) Current year			(c) Two years back	(d) Three years back	(e)	our years		
1 a Beginning of year balance	443,6			246, 989				128.	
b Contributions	3,7	00. 11,	765.	251,464	. 240.	<u> </u>		290.	
c Net investment earnings, gains, and losses	60,8	29. 2,	165.	14,244	. 33,243.		26,	997.	
d Grants or scholarships						ļ			
e Other expenditures for facilities and programs	34,6	18.		78,825		<u></u>		290.	
f Administrative expenses	1,9		778.	2,420		ļ		049.	
g End of year balance	471,5	97. 443,	604.	431,452	. 246,989.	l	216,	076.	
Provide the estimated percentage	e of the current	year end balance (l	ne 1g,	column (a)) held as	5:				
a Board designated or quasi-endo	wment >	왕							
b Permanent endowment ▶	ે								
c Temporarily restricted endowme	nt ▶	%							
The percentages on lines 2a, 2b									
		·							
3a Are there endowment funds not	in the possessio	n of the organization	n that a	re held and admini	stered for the	Г	Yes	No	
organization by: (i) unrelated organizations						3a(i)	X	140	
(ii) related organizations							Λ	V	
						3a(ii)		X	
b If 'Yes' on line 3a(ii), are the rel						3b		Щ.,.	
4 Describe in Part XIII the intende		janization's endown	nent für	ds. See Part	X1II				
Part VI Land, Buildings, and Complete if the organ		red 'Yes' on For	m 990	, Part IV, line 1	1a. See Form 990	, Part	X, line	e 10.	
Description of property	(a)	Cost or other basis (investment)		Cost or other pasis (other)	(c) Accumulated depreciation	(d) [Book va	lue	
1 a Land		9,000.		-			9	,000.	
b Buildings		1,284,650.	T		574,737.			,913.	
c Leasehold improvements		19,853.	1		19,174.			679.	
d Equipment		91,475.	 		44,605.		16	,870.	
e Other	· · · · · ·		 		7,958.		40,	193.	
		8,151.	column	(B) line 10a)			766		
Total. Add lines 1a through 1e. (Colum BAA	nı (u) must equa	r com 990, Part X,	COMMIN	(W), THE (UG.)		ule D (f		<u>, 655 .</u> 90) 2016	

TEEA3302L 08/15/16

Part VII Investments - Other Securities.		N/A	. 10
		, Part IV, line 11b. See Form 990, Part X, lin	ie IZ.
(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)	<u></u>		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
			Vocable Constant
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶			
Part VIII Investments - Program Related.	'Voc' on Form 990	, Part IV, line 11c. See Form 990, Part X, lin	ne 13
(a) Description of investment	(b) Book value	(c) Method of valuation; Cost or end-of-year market	value
(1)	(2) 20011 101010		
(1)		······································	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	A STATE OF THE PARTY OF THE PAR		
Complete if the organization answered 'Y	es' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.	
(a) De	scription	(b) Book va	
(1) Endowment Fund			,130.
(2) Endowment Fund- Board designated		2/1	,467.
(3) (4)			
(5)	····		·······
(6)			
(7)			
(8)			
(9)	<u></u>		
(10) Total. (Column (b) must equal Form 990, Part X, column (l	2) ling 15.)	▶ 471	,597.
Part X Other Liabilities.	5) IIIIe 13.7	4/1	, ,,,,,,
Complete if the organization answered 'Yes' on Form	990, Part IV, line 11e or	11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) Security deposits	4,25		
(3)			
(4)			
(6)			
(7)			
(8)		overgoningging to be stored up a pour of the first	
(9)			
(10)			
(11)	4 25		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	. > 4,25		in
Liability for uncertain tax positions. In Part XIII, provide the text of the totax positions under FIN 48 (ASC 740). Check here if the text of the footnote	ounce to the organization's to has been provided in Part XII	нальна завенень настеронь не огданіzaнов з наонну юг ивсета 	[T]
tax positions under the 40 (700 740). Officer note if the too fire too fire	Avon provided at 1 at 1702	0.45.3 (- 8 45 6	00. 001

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	₹eturn.	A CALL TO THE PROPERTY OF THE
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements.	1	572,621.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12;		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities. 2b		
c Recoveries of prior year grants.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	572,621.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	J	572,621.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	561,634.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u></u>
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1.		561,634.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	#C0205.44.65.51	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
b Other (Describe in Part XIII.). 4b c Add lines 4a and 4b.		
b Other (Describe in Part XIII.)		561,634.

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

Part V, Line 4 - Intended Uses Of Endowment Fund

The Conflict Center's endowment includes both donor-restricted endowment funds and funds designated by the Board of Trustess to function as endowments. The Center is entitled to the unrestricted use of an annual withdrawal amounts equal up to 5 percent of the prior three year rolling average of the December 31st endowment fund balance and does not have access to the funds principal balance.

Schedule D (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

2016

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

The Conflict Center

84-1080552

Form 990, Part VI, Line 11b - Form 990 Review Process

The Board of Directors has given the Finance Committee (chaired by the corporation's Treasurer) the authority to review and approve Form 990 before it is signed and submitted to the IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Each year board members sign a conflict of interest policy in which they disclose potential conflicts that might arise. The Executive Director and Board President review these to insure that any such director abstains from voting on such matters and that all other directors are aware of the conflict.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

15a. The board of directors reviews a salary survey conducted by the Colorado Nonprofit Association to determine that compensation for the Executive Director is comparable to other similarly situated nonprofit organizations (looking at items such as budget size, geographic location, etc).

15b. The executive director uses the same salary survey to determine pay ranges for employees within the organization.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization posts IRS Form 990 and the Annual Report on its website. Both of these reports contain financial statements. Governing documents and conflict of interest policy are available upon written request.