OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A	For t	he 2015 calend	dar year, or tax year beginning $7/01$, 2015, and ending	3 6/	′30	, 2	2016	
В	Check	if applicable:	C	i			ition number	
	[]A	ddress change	The Conflict Center		84-	108055	2	
	N	ame change	4140 Tejon Street			one number		······
		itial return	Denver, CO 80211	7	303	-433-4	083	
	 	nal return/terminated		f	203	433 4	903	
	}{	mended return	the last the		0 -	ć		200
			F Name and address of principal officer:	14.5 1. R.S.	G Gross			289.
	[] A	oplication pending			a group return			X
_			Same As C Above	real נישאיי If No,	ll subordinate ' attach a list	s included? . (see instruc	tions) Yes	No
<u></u>		exempt status	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527					
<u></u>				H(c) Group	exemption n	umber 🏲		
K	~~~~	n of organization;	X Corporation Trust Association Other L Year of formation	n: 198	8 M	State of legal	I domicile: CO	
P	art I	Summar	У					
	1	Briefly descri	be the organization's mission or most significant activities: Many peop	ole ha	andle a	inger a	and conf.	lict
φ		<u>ln ways</u>	that keep them from accomplishing productive l	ife q	oals a	nd hav	ing	
Activities & Governance		<u>satisfyi</u>	ng lives. The Conflict Center teaches practic	al sk	ills s	o that	anger a	nd
Ě		conflict	s can become opportunities to solve problems a	nd bu	ild re	lation	ships.	
ě	2	Check this bo	if the organization discontinued its operations or disposed of more	re than ?	25% of its	net asset	is.	
Ö	3	Number of vo	ting members of the governing body (Part VI, line 1a)			3		11
ŝ	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)			4		10
æ	5	Total number	of individuals employed in calendar year 2015 (Part V, line 2a)			5		18
₹	6	l otal number	of volunteers (estimate if necessary)			6		152
ĕ		lotal unrelate	ed business revenue from Part VIII, column (C), line 12			7a		0.
	b	Net unrelated	business taxable income from Form 990-T, line 34			7b		0.
		_			Prior Year		Current Ye	ar
Ф	8		and grants (Part VIII, line 1h)		214,8	396.	219,	696.
Ž	9	Program serv	ice revenue (Part VIII, line 2g)		332,2	206.	349,	585.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		12,0)97.		-82.
Œ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		74,5	573.	65,	672.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		633,	772.		871.
	13		milar amounts paid (Part IX, column (A), lines 1-3)				· · · · · · · · · · · · · · · · · · ·	
	14	Benefits paid	to or for members (Part IX, column (A), line 4)					
	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)		456,3	362	439	348.
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)	£	10,0			
ě					10,0))).	ر د	554.
×	D		sing expenses (Part IX, column (D), line 25)► 54,786.				1 1 1	
	17	•	es (Part IX, column (A), lines 11a-11d, 11f-24e)	L	216,8	351.	219,	047.
	t .		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		683,2	264.	661,	949.
	19	Revenue less	expenses. Subtract line 18 from line 12		-49,4	192.	-27,	078.
Net Assets or Fund Balances				Beginnl	ng of Curre	nt Year	End of Ye	ar
32 a	20	Total assets (Part X, line 16)		1,412,0	080.	1,380,	981.
4 2	21	Total liabilitie	s (Part X, line 26)		30,1			079.
z.2	22	Net assets or	fund balances. Subtract line 21 from line 20		1,381,9	180	1,354,	
	ert II			J:	.,	,,,,	1,001,	JUL .
				Franci knowle	doe and ballet	i it is tour		
com	plete. D	eclaration of prepa	are that I have examined this return, including accompanying schedules and statements, and to the best of rer (other than officer) is based on all information of which preparer has any knowledge.	ing Knowie	ruge and bener	, a is pue, co	srect, and	
		L	Ale Sales		10/2	8/2011	4	
Sic	าห	Signatu	e of officer	<u>(</u> D	ate	0 / 4-7-1	<u> </u>	
Sig He	re	B Pon	Ludwig	Evoc	ntimo 1	Diroat	A.T.	
		Type or	print name and title.	EXEC	utive	DITECT	OT.	
			reparer's name Preparer's signature, 111, Date		Check	if PTII	N	
_	7_8		10 10 10 10 10	my his	_	⊸' ' [
Pa		(mouranteense, martine, martin	7/200		self-employ	ea PU	0345194	
rre	epare e On	tar i		<u> </u>	4_			
Ų5	v VII	Firm's addre		~~~~~	Firm's EIN		<u>685297</u>	
			Denver, CO 80224		Phone no.	(303)	321-811	1
May	v the I	RS discuss the	is return with the preparer shown above? (see instructions)	, , , , , , ,			X Yes	No

	1990 (2015) The Conflict Center LIII Statement of Program Service Accomplishments	84-10805		Page 2
	Check if Schedule O contains a response or note to any line in this Part III			П
				· · · · · L_
i	Briefly describe the organization's mission:			
	The Conflict Center's mission is to prevent physical, verbal, and			
	by partnering with individuals and communities to shift perception	s, attitu	<u>ides,</u>	<u>and</u>
	behaviors through education and skill-building.			PATE 2017 AND 000
~	Did the association and the first term of the second secon	h		
2	Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-FZ?	-	[
			Yes	X No
_	If 'Yes,' describe these new services on Schedule O.		f	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ces?	Yes	X No
	If 'Yes,' describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported.	es, as measur to others, the	ed by ex total exp	penses. ienses,
4 a	(Code:) (Expenses \$ 266,586. including grants of \$) (Rev	renue \$	202	,641.)
	Multi-session Programs include both youth and adult anger and conf			*****************
	classes. TCC works with youth who have been identified by juveni			
	schools as being at risk of delinquency due to high-risk behaviors			hing
	Emotional Intelligence and Critical Decision Making (EICDM) skills			
	and including parents in half of the sessions. A total of 570 you			
	participated in EICDM. A total of 221 consumers participated in I			iger
	and Conflict into Allies (TACA) or parenting classes, receiving sk			
	designed to strengthen conflict management and communication skill			ully
	significant positive results were documented for both youth and ac	ult clas	3	
	participants on pre/post survey measures.			
				~
		· ···· · · · · · · · · · · · · · · · ·		
Δh	(Code:) (Expenses \$ 183,485. including grants of \$) (Rev	renue \$	1 6 5	107 \
-T N				<u>,197.</u>)
	School Programs educate students, the adults who work with them ar			
	conflict and anger management to prevent physical, verbal and emot			
	to build sustainable school cultures of peace and nonviolence. Or			staff
	training, teacher support and coaching, Playground Conflict Manage	rs or Pe	er	
	Mediators, Reading for Peace, Restorative Justice training and imp	lementat	ion. I	CICDM
	classses as alternatives to suspension, and Peace Days. A total of			
	were served in school programs.			
		renue \$		<u>,675.</u>)
4 c	Scientific surveys show that most students engage in positive, hea			
4 c	However, the same surveys show that these same students incorrectly			
4 c	nowever, the same surveys show that these same students incorrect	y nerrev	e that	
4 c				
4 c	their peers engage in negative, unhealthy behaviors. Social normi	ng campa	igns	
4 c	their peers engage in negative, unhealthy behaviors. Social norming educate students to correct this misperception to reinforce actual	ng campa positiv	igns _ e	
4 c	their peers engage in negative, unhealthy behaviors. Social norming educate students to correct this misperception to reinforce actual behavioral norms and create positive peer pressure. The Social Normal	ng campa positive ming Pro	igns e gram v	orked
4 c	their peers engage in negative, unhealthy behaviors. Social norming educate students to correct this misperception to reinforce actual behavioral norms and create positive peer pressure. The Social Norwith two Denver high schools serving 1,509 students to reduce and	ng campa positive ming Pro prevent	igns _ e gram y teen-c	orked
40	their peers engage in negative, unhealthy behaviors. Social norming educate students to correct this misperception to reinforce actual behavioral norms and create positive peer pressure. The Social Normal	ng campa positive ming Pro prevent	igns _ gram y teen-c	orked
40	their peers engage in negative, unhealthy behaviors. Social norming educate students to correct this misperception to reinforce actual behavioral norms and create positive peer pressure. The Social Norwith two Denver high schools serving 1,509 students to reduce and	ng campa positive ming Pro prevent	igns _ gram y teen-c	orked
4c	their peers engage in negative, unhealthy behaviors. Social norming educate students to correct this misperception to reinforce actual behavioral norms and create positive peer pressure. The Social Norwith two Denver high schools serving 1,509 students to reduce and	ng campa positive ming Pro prevent	igns _ gram y teen-c	orked
40	their peers engage in negative, unhealthy behaviors. Social norming educate students to correct this misperception to reinforce actual behavioral norms and create positive peer pressure. The Social Norwith two Denver high schools serving 1,509 students to reduce and	ng campa positive ming Pro prevent	igns _ gram y teen-c	orked
40	their peers engage in negative, unhealthy behaviors. Social norming educate students to correct this misperception to reinforce actual behavioral norms and create positive peer pressure. The Social Norwith two Denver high schools serving 1,509 students to reduce and	ng campa positive ming Pro prevent	igns _ gram y teen-c	orked
	their peers engage in negative, unhealthy behaviors. Social norming educate students to correct this misperception to reinforce actual behavioral norms and create positive peer pressure. The Social Norwith two Denver high schools serving 1,509 students to reduce and violence and sexual assault while creating school communities that	ng campa positive ming Pro prevent	igns _ gram y teen-c	orked
	their peers engage in negative, unhealthy behaviors. Social norming educate students to correct this misperception to reinforce actual behavioral norms and create positive peer pressure. The Social Norwith two Denver high schools serving 1,509 students to reduce and	ng campa positive ming Pro prevent	igns _ gram y teen-c	orked

Form 990 (2015) The Conflict Center Part IV Checklist of Required Schedules

1			Yes	No
2	Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidates			
4	for public office? If 'Yes,' complete Schedule C, Part I. Section 501(c)(3) organizations.Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	3		X
5		4		X
J	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		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	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 103f 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11b		Х
	c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25?If 'Yes,' complete Schedule D, Part X	11e	Χ	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Χ	
	b Was the organization included in consolidated, independent audited financial statements for the tax year If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)?If 'Yes,' complete Schedule E	13		Χ
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		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), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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 9a7f 'Yes,' complete Schedule G, Part III.	19		Х

Form 990 (2015)

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Part IV Checklist of Required Schedules (continued)

Yes No Х 20a 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H..... 20b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?....... 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............. Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. 22 Х 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 23 Χ Х 242 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?........... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... Х 25a 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-EZ3f 'Yes,' complete X 25b Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. 27 Х 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): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28b c 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..... Х 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If 'Yes,' complete Schedule M..... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N, Part IL 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х and Part V, line 1..... 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2...... 35b 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...... Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI...... 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O..... 38 Х

Form 990 (2015) The Conflict Center 84-10805	52 Page !
Part V Statements Regarding Other IRS Filings and Tax Compliance	
Check if Schedule O contains a response or note to any line in this Part V	
Cotable anniharmantalia San 2 a San 2000 San A Santandia bila	Yes No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u> </u>
h _{em} eratura de la companya della companya della companya de la companya della co	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X
2a 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 2a 1	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file (see instructions)	321
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	
b 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
4a 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)?	4a X
b if 'Yes,' enter the name of the foreign country:▶	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b X
c 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?	6a X
b If '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).	
a 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?	7a X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g
h 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 organization have excess business holdings at any time during the year?	
	8
Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?	. 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	
10 Section 501(c)(7) organizations. E⊓ter:	
a Initiation fees and capital contributions included on Part VIII, line 12	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	
11 Section 501(cX12) organizations Enter:	
a Gross income from members or shareholders	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	
12a Section 4947(a)(1) non-exempt charitable trusts the organization filing Form 990 in lieu of Form 1041?	. 12a
b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	
a Is the organization licensed to issue qualified health plans in more than one state?	. 13a
Note. See the instructions for additional information the organization must report on Schedule O.	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	
c Enter the amount of reserves on hand	
14a Did the organization receive any payments for indoor tanning services during the tax year?	
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	
BAA TEEA0105L 10/12/15	Form 990 (2015

84-1080552 Page 6 Form 990 (2015) The Conflict Center 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 11 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 10 2 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 Χ 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 Х since the prior Form 990 was filed?..... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 5 X Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a members of the governing body?.... b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8 a a The governing body?..... Χ 8ь b Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No X 10 a 10 a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 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...... 12a X 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 of 'Yes,' describe in Schedule O how this was done. See Schedule .0. X 12c X 13 13 Did the organization have a written whistleblower policy?..... 14 Did the organization have a written document retention and destruction policy?..... X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . See. Schedule. O...... Х 15 a X b Other officers or key employees of the organization..... 15_b 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 taxable entity during the year?..... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 O) Own website

the public during the tax year.

Denver CO 80211 303-433-4983

State the name, address, and telephone number of the person who possesses the organization's books and records>

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

See Schedule O

) The Conflict Center	84-1080552 Page 7
Part VII Col	mpensation of Officers, Directors, Trustees, Key Employees, H lependent Contractors	ighest Compensated Employees, and
Che	ck 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.

(A) Name and Title (1) Ron Ludwig Executive Direc (2) Chris Armijo	(B) Average hours per week (list any hours for related organizations below dotted line)	15	both dir	(do no box, or ector) Officer	ot che unles fficer buste		e	(D) Reportable	(E)	(F)
Executive Direc	week (list any hours for related organiza- tions below dotted	Individual tr or director	Institut	엵	~		1	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
Executive Direc	, ine,	easr	nstitutional trustee	cer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1039-MISC)	from the organization and related organizations
	45									
(2) Chris Armijo	0	Х		X				86,844.	0.	0.
	0									
Director	0	X						0.	0.	0.
(3) Larry Botnick	0									
Director	0	Х						0.	0.	0.
(4) Alex Gano	0									
Director	0	X						0.	0.	0.
(5) Michael Hoops	0									
Director	0	X						0.	0.	0.
(6) Brian Price	0									
President	0	Х		Х				0.	0.	0.
(7) Brendalee Connors	0									
Treasurer	0	Х		Χ				0.	0.	0.
(8) Dennis Kennedy	0									
Vice President	0	Х		Χ				0.	0.	0.
(9) David Morgan	0									
Director	0	Х						0.	0.	0.
(10) Guy Pasquino	0									
Director	0	Х					l	0.	0.	0.
(11) Jenna Schnepel	0									***************************************
Secretary	0	X		Χ			İ	0.	0.	0.
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tru	istees, l	Key	En	plq	oye	es,	anc	d Highest Con	pensated Em	ployees (continued)
	(B)			((•					
(A)	Average	(do	Posi (do not check n			ition more than or		(D)	(E)	(F)
Name and title	hours per week	offic	er ar	ss pe nd a c	erson direct	is bot or/trus	tee)	Reportable compensation from	Reportable compensation from	Estimated amount of other
	(list any	or d	130	Officer	<u>₹</u>	eng E	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	for related	individual or director	t to	EQ.	3	Highest co	ner			and related organizations
	tions	individual trustce or director	nstitutional trustee		Key employed	Highest compensated employee				
	below dotted line)	stee	uste		6	ensa		L. C.		
	,,,,,		0			ed				
(15)					ļ	 	<u> </u>			
		1					Ì			
(16)										
	ļ	<u> </u>		ļ	ļ	ļ	<u> </u>	<u> </u>		
(17)	 	-			ŀ					
(18)	ļ	<u> </u>	<u> </u>	ļ		<u> </u>	-			
(10)		1								
(19)			 		 		 	<u> </u>		
······································			ļ						naan naan naan naan naan naan naan naa	
(20)										
-		<u> </u>	<u> </u>	ļ	<u> </u>	ļ	<u> </u>	<u> </u>	*	
(21)	 	***************************************								
(22)	 	 	├	\vdash	\vdash	\vdash	-			
		1								
(23)		 	┢		1	 	\vdash			
(24)										
/SP3		-	-	<u> </u>	┼	-	╀-			
(25)		}							The second secon	THE PARTY OF THE P
1 b Sub-total	1	.l	J	<u> </u>		<u> </u>	<u> </u>	86,844.	0	. 0.
c Total from continuation sheets to Part VII, Secti								0.	0	······ ·
d Total (add lines 1b and 1c)							፟	86,844.	0	. 0.
2 Total number of individuals (including but not lin	nited to th	iose l	iste	d at	oove) wh	o re	eceived more than	\$100,000 of repo	rtable compensation
from the organization 0									***************************************	
										Yes No
3 Did the organization list anyformer officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru th individu	stee, <i>ial</i>	key	em	iploy	/ee,	or h	ighest compensal	ted employee	з х
4 For any individual listed on line 1a, is the sum of										
the organization and related organizations great	er than \$	150,0	00?	lf 'Y	es	comp	olete	e Schedule J for	11 0111	
such individual										4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	ie comper s. ' <i>comple</i>	nsatio te So	on fr chea	rom Iule	any J fo	runre Frsuc	elate ch p	ed organization or person	· individual	1 1
Section B. Independent Contractors										
Complete this table for your five highest comper compensation from the organization. Report con	sated ind	lepen	iden	t co	ntra	ctors	s tha	at received more t	than \$100,000 of	n'e tay year
(A)	iporisatio	11101	1110					(B		(C)
Name and business add	iress							Description	of services	Compensation
White the second										
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				·			
2 Total number of independent contractors (include	ling hut n	at lim	ited	l to	thes	e lis	terl	above) who receiv	ved more than	
\$100,000 of compensation from the organization		-, 1811			(~~	110		2240) MID (000)		
BAA	<del>-</del>	TEEA	0108	L 10	/12/1	5			1000	Form <b>990</b> (2015)

Fan	(VII	Check if Schedule O		onse or note to any	≀ line in this Part VI			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution	1b 1c 1d	1,539.				
Contribution and Other S	g	All other contributions, gifts, g similar amounts not included a Noncash contributions included <b>Total.</b> Add lines 1a-1f	above,	218,157. 43,658.	219,696.			
Program Service Revenue	2a b			Business Code	349,585.	349,585.		
rogram Sen		All other program service	Ļ.	<b>-</b>	240 E0E			
	Investment income (including dividends, other similar amounts).      Income from investment of tax-exempt be			bond proceeds.	349,585. 443.	443.		
		Gross rents	(i) Real 58, 575	(ii) Personal				
	d	Rental income or (loss)  Net rental income or (to Gross amount from sales of assets other than inventory	58,575 (i) Securities 30,893	(ii) Other	58,575.			58,575
		Less: cost or other basis and sales expenses	31,303 -410	. 115.				
venue		Net gain or (loss) Gross income from fund (not including . \$ of contributions reporte	draising events		-525.	-525.		
Other Revenue	Į.	See Part IV, line 18 Less: direct expenses . Net income or (loss) fro		5	5,642.			
	b	Gross income from gam See Part IV, line 19 Less: direct expenses . Net income or (loss) fro	5					
	10 a	Gross sales of inventor and allowances	y, less returns	a b				
		: Net income or (loss) fro Miscellaneous Reven Merchandise		Business Code 611600	1,421.	1,421.		
	l c	Miscellaneous_		900099	34.	34.		
	•	Total. Add lines 11a-11	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	1,455.			1

350,958.

#### 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 **(B)** (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Fundraising Program service Management and expenses general 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, 0. trustees, and key employees..... 86,844 69,475 17,369 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 44,065. Other salaries and wages..... 285,311. 215,950. 25,296. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)...... 1,740 8,702 6,962 26,831 22,001 4,830. 10 Payroll taxes..... 24,234 3,339 4,087. 31,660 11 Fees for services (non-employees): a Management...,.... **b** Legal........ c Accounting..... 1,418 1,158 260 **d** Lobbying..... e Professional fundraising services. See Part IV, line 17. . . 3.554 3,554. f Investment management fees..... g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) . . . . Advertising and promotion..... 13 Office expenses ...... 15,444. 14,808. 636. Information technology..... Royalties..... 34,172 34,118. -54.16 Occupancy..... 17 6,690. 6,375. 315. Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 20 Interest..... 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization... 44,858 36,783 8,075. 23 Insurance..... 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... 74,591 Special projects expense 74,591 b Contract labor _____ 24.344. 21,058 206 3.080. 5,495 4,506 989 c Audit fees ___ 4,192 3,437 755 d Printing and Publications __ 7,897. 7,492. 405. e All other expenses..... 661,949. 543,002. 64,161. 54,786. 25 Total functional expenses, Add lines 1 through 24e. . . . 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 line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	23,487.	1	14,719.
	2	Savings and temporary cash investments	110,042.	2	108,588.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	34,450.	4	45,332.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ď	9	Prepaid expenses and deferred charges	2,246.	9	2,383.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	810,403.	10 c	766,355.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11	***************************************	12	
	13	Investments - program-related. See Part IV, line 11		13	***************************************
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.	431,452.	15	443,604.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,412,080.	16	1,380,981.
	17	Accounts payable and accrued expenses	22,284.	17	18,994.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	·
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	7,816.	25	7,085.
	26	Total liabilities. Add lines 17 through 25	30,100.	26	26,079.
Ses		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	950,528.	27	932,493.
3a	28	Temporarily restricted net assets		28	
פ	29	Permanently restricted net assets	431,452.	29	422,409.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
g	30	Capital stock or trust principal, or current funds	A STATE OF THE PROPERTY OF THE	30	The state of the s
ş	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	***************************************
<u>e</u>	33	Total net assets or fund balances	1,381,980.	33	1,354,902.
_	34	Total liabilities and net assets/fund balances	1,412,080.	34	1,380,981.
BA	4				Form <b>990</b> (2015)

Form	n <b>990</b> (2015) The Conflict Center 84-	1080552		Page <b>12</b>			
Pai	n XI Reconciliation of Net Assets						
terressor.	Check if Schedule O contains a response or note to any line in this Part Xt						
7	Total revenue (must equal Part VIII, column (A), line 12)	1	634	,871.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	661	,949.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-27	,078.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,381	,980.			
5	5 Net unrealized gains (losses) on investments						
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	1,354	1,902.			
Pa	rt XII. Financial Statements and Reporting						
6	Check if Schedule O contains a response or note to any line in this Part XII			🗀			
				es 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.	÷					
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 review separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a					
1	b Were the organization's financial statements audited by an independent accountant?		2 b	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both:	ate					
	X Separate basis Consolidated basis Both consolidated and separate basis						
1	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit,	2 c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3	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	X			
!	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the record audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b				
BAA	4		Form 9	<b>90</b> (2015)			

#### SCHEDULE A (Form 990 or 990-EZ)

## 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

Schedule A (Form 990 or 990-EZ) 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 84-1080552 The Conflict Center 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 11, 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)(Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described insection 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described isection 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bx1)(Axvi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 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 or 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. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (i) Name of supported organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (ii) EIN (iii) Type of organization (described on lines 1-9 above (see instructions)) support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E) Total

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

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						
egi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	365,983.	212,554.	216,846.	214,896.	219,695.	1,229,974.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.			en e			Ö.
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	365,983.	212,554.	216,846.	214,896.	219,695.	1,229,974.
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)						416,866.
6	Public support. Subtract line 5 from line 4	12.0					813,108.
Sec	tion B. Total Support	y					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4	365,983.	212,554.	216,846.	214,896.	219,695.	1,229,974.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87,615.	50,130.	74,510.	70,487.	59,017.	341,759.
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 Part VI.	18,761.	12,329.	9,213.	7,641.	5,642.	53,586.
	Total support. Add lines 7 through 10						1,625,319.
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(	3)
Sec	tion C. Computation of Pu	blic Support P	'ercentage				
14	Public support percentage for 2	015 (line 6, columi	n (f) divided by lir	ne 11, column (f))		14	50.03%
15	Public support percentage from	2014 Schedule A,	Part II, line 14			15	48.96%
16	a 33-1/3% support test— 2015. If and stop here. The organization	the organization of qualifies as a pub	lid not check the l blicly supported o	box on line 13, ar rganization	nd line 14 is 33-1/	3% or more, chec	k this box
1	33-1/3% support test— 2014. If the and stop here. The organization	he organization di n qualifies as a pul	d not check a boy blicly supported o	k on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more,	check this box
17:	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-:	and-circumstance:	s' test, check this	box andstop here	a. Explain in Part	Vihow
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts- nd-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box andstop here a publicly suppor	e.Explain in Part ted organization .	VI how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	or 1/b, check th	is box and see in:	structions
BAA	\				Sc	hedule <b>A</b> (Form 9	90 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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.)

Sect	ion A. Public Support						
Calend	ar year (or fiscal year beginning in)►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include						
2	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.				,		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 5	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	····					
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
C	Add lines 7a and 7b			1			
8	Public support.(Subtract line 7c from line 6.)						
Sect	tion B. Total Support						
Calend	lar year (or fiscal year beginning in) >	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
9	Amounts from line 6					-	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
_	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.				,		
_	Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	istop here		nd, third, fourth,	or fifth tax year as	a section 501(c)(	3)
Sec	tion C. Computation of Pu	ıblic Support f	Percentage		<del></del>	<del></del>	
15	Public support percentage for 2						8
16	11 ) 2					16	ૄ
Sec	tion D. Computation of Inv	restment Inco	me Percentag	e	(0)	, and	J 0.
17	Investment income percentage						0/0 0/0
18	Investment income percentage	from <b>2014</b> Schedu	le A, Part III, line	· 1		18	l
	33-1/3% support tests— 2015. It is not more than 33-1/3%, check	k this box and <b>sto</b> j	<b>p here.</b> The organ	ization qualifies :	as a publicly suppo	orted organization	
b	33-1/3% support tests— 2014. If line 18 is not more than 33-1/39	%, check this box	andstop here. Th	e organization qu	alifies as a publicl	y supported organ	nization 💆 📘
20	Private foundation. If the organi	ization did not che					
BAA			TEEA0403	10/12/15	Si	chedule A (Form 9	990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? Yes, answer (b) and (c) below.	3a		
t	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 <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	Зс		
4 a	Was any supported organization not organized in the United States ('foreign supported organization') If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
Ć	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 <b>Part VI</b> 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	4c		
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year?If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ł	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
Ć	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	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% controlled 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 77f 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 8	a 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 <b>Part VI</b>	9a		
i	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
(	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10 a	a 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		
í	b Did the organization, have any excess business holdings in the tax year?(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10ь		

Pal	rt IV Supporting Organizations (continued)		· ·	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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		
ļ	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?If 'Yes' to a, b, or c, provide detail inPart 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		<del>,</del>	
		Consequences	Yes	No
	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations		r	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Sec	ction 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 instruct	ions):		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	nstruc	tions).	
2	Activities Test, Answer (a) and (b) below.		Yes	No
	.,		165	NO
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explainhow these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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.	21:		
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? Provide details in Part VI	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3t		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Organiza	ation	5	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust other Type III non-functionally integrated supporting organizations must complete	on N Secti	ovember 20, 1970 <b>See ins</b> ons A through E.	<u> </u>
Sect	ion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part 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		
7	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	Enter 85% of line 1	2	200 Sept. 18 10 10 10 10 10 10 10 10 10 10 10 10 10	
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-int (see instructions).	egrate		
BAA	L Company of the Comp		Schedule A (Fo	rm 990 or 990-EZ) 201

	Type III Non-Functionally Integrated 509(a)(3) Support	orting Organization	s (continued)	
	ion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	poses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Amounts paid to perform activity that directly furthers exempt purpoin excess of income from activity	ses of supported organ	nizations,	
3	Administrative expenses paid to accomplish exempt purposes of sur	pported organizations.	******	
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 organ in <b>Part VI).</b> See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable			
	cause required – see instructions).			
	Excess distributions carryover, if any, to 2015:			l control
a b				<del>                                     </del>
		246		
C	From 2013		1	<del>                                     </del>
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2015 from Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016.Add lines 3j and 4c	***************************************		
8	Breakdown of line 7:			
а				
b				
c	Excess from 2013.			
d	Excess from 2014			
e	Excess from 2015			
DAA		- Colored Colo	Sabadula A /Fa	vm 000 or 000.E7\ 201

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; 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			2015		2014		2013		2012		2011
Special events	otal	\$ \$	5,642. 5,642.	\$ \$	7,641. 7,641.	\$ \$	9,213. 9,213.	- <del></del>	12,329. 12,329.	\$ \$	18,761. 18,761.

#### 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

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule D (Form 990) and its instructions is alww.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 Total number at end of year..... 1 2 Aggregate value of contributions to (during year) . . . . . 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 No are the organization's property, subject to the organization's exclusive legal control?..... 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 Yes impermissible private benefit?..... 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 a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat 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 2a a Total number of conservation easements..... b Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 8/17/05, and not on a historic 2 d 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 6 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) No 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a 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..... 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under 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 Maintain	ing Collectio	ns of Art, I	listorical T	reasures, or Othe	er Simi	lar Assets (c	ontinu	red)	<del></del>		
Using the organization's acquisition items (check all that apply):	on, accession, a	and other rec	ords, check a	any of the following t	hat are	a significant us	e of its	collecti	on		
a Public exhibition		d	Loan or ex	change programs							
b Scholarly research		e	Other								
c Preservation for future general	ations	_	_								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5 During the year, did the organiza to be sold to raise funds rather tr	ian to be maint	ained as part	of the organ	ization's collection?			Yes		No		
Part IV Escrow and Custodial A line 9, or reported an	rrangements.	. Complete	if the organ	ization answered	'Yes' o	n Form 990,	Part I\	/,			
1 a Is the organization an agent, trus			····		assets	not included			7		
on Form 990, Part X?			.,,				Yes		No		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and	d complete th	ie following ta	able:	r						
Amount											
c Beginning balance											
<b>d</b> Additions during the year					. 1 d		,				
e Distributions during the year					. 1e						
f Ending balance					. 1f						
2 a Did the organization include an a	mount on Form	990, Part X,	line 21, for	escrow or custodial a	account	liability?	Yes		No		
b If 'Yes,' explain the arrangement									1		
			•	•				<u> </u>	نہ		
Part V Endowment Funds. Co	molete if the	oroanizati	on answer	ed 'Yes' on Form	990.	Part IV. line	10.		,		
Lildowniont Lands. 00	(a) Current ye		) Prior year	(c) Two years back		Three years back		our years	back		
<b>1 a</b> Beginning of year balance	431,4		246,989			191,128.	<del> </del>	180,			
<b>b</b> Contributions	11,	<del></del>	251,464		<del></del>	290.	<del>                                     </del>		245.		
p Continuations	11,	703.	231,404		+	230.	<b> </b>		<u> </u>		
c Net investment earnings, gains,	n 1	166	14 244	. 33,243		26,997.		11	463.		
and losses	4,1	L65.	14,244	. 33,243	•	20,331.	ļ	771	405.		
d Grants or scholarships							ļ				
e Other expenditures for facilities and programs			78,825	. 240		290.			245.		
f Administrative expenses	1 -	778.	2,420			2,049.	<del> </del>		948.		
g End of year balance	443,		431,452	···		216,076.			128.		
2 Provide the estimated percentag						210,070.	<u> </u>	171,	TEO.		
				g, coluitii (aj) ileid c	13,						
a Board designated or quasi-endov		58.00	•								
b Permanent endowment *	42.00 %	c									
c Temporarily restricted endowmer											
The percentages on lines 2a, 2b	, and 2c should	equal 100%.	•								
3a Are there endowment funds not	in the possessi	on of the org	anization tha	t are held and admir	istered	for the	,				
organization by:	•							Yes	No		
(i) unrelated organizations							3a(i)	Х	ļ		
(ii) related organizations							3a(ii)		X		
b If 'Yes' on line 3a(ii), are the rela	ated organizatio	ons listed as	required on S	Schedule R?			3b				
4 Describe in Part XIII the intende	d uses of the o	rganization's	endowment t	unds. See Part	: XIII	I					
Part VI Land, Buildings, and	Equipment.			***	**************************************						
Complete if the organi	ization answ	ered 'Yes'	on Form 9	90, Part IV, line	11a. Se	ee Form 990	, Part	X, line	e 10.		
				···				3ook va			
Description of property	G	a) Cost or oth investme)		(b) Cost or other basis (other)		ocumulated preciation	(4)	JOOK VA	#uc		
1 a Land			,000.					Q	,000.		
<b>b</b> Buildings	<u> </u>		,850.			537,922.			,928		
	<del> </del>							143			
c Leasehold improvements	}		853.			19,174.		10	679.		
d Equipment	ļ		3,367.			41,053.			, 314.		
e Other	<u></u>	8	7,401.			7,967.			434.		
Total. Add lines 1a through 1e. (Colum	ın (d) must equ	al Form 990,	Part X, colui	mn (B), line 10c.)		P			, 355.		
BAA						Sched	ule <b>D</b> (l	orm 99	90) 2015		

Part VII Investments — Other Securities. Complete if the organization answered	'Yes' on Form 99	N/A 0. Part IV. line 11b. See Form 9	990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)	<u></u>		
(C)			
(D)			
(E)			
(F)			
(G) (H)			***************************************
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments — Program Related.	1	N/A	
Complete if the organization answered	I 'Yes' on Form 99	00. Part IV, line 11c. See Form	990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)	<del> </del>		
(3)			
(4)	-		
(5)		4424444	
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	<u> </u>		
Part IX Other Assets. Complete if the organization answered "	Yes' on Form 990, escription	Part IV, line 11d. See Form 990,	Part X, line 15.
(1) Endowment Fund	ood (pare)		185,624
(2) Endowment Fund- Board designated			257,980
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column	(B) line 15.)		443,604
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form			
(a) Description of liability	(b) Book val	ue	
(1) Federal income taxes			
(2) Security deposits		250.	
(3) Unearned revenue		835.	
(3) Unearned revenue		835.	Proude 1
(4)		835.	
(4) (5)		835.	
(4) (5) (6)		835.	
(4) (5) (6) (7)		835.	
(4) (5) (6) (7) (8)		835.	
(4) (5) (6) (7) (8) (9)		835.	
(4) (5) (6) (7) (8) (9) (10)		835.	
(4) (5) (6) (7) (8) (9)	2,	085.	

22.69	De litai Champata V	With Dayonus nor De	.tiirn	
Pal	Reconciliation of Revenue per Audited Financial Statements V	Alfu Kansuna hat ve	turii.	
	Complete if the organization answered 'Yes' on Form 990, P			-34 074
1	Total revenue, gains, and other support per audited financial statements		1	634,871.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)			
	e Add lines 2a through 2d		2 e	
	Subtract line 2e from line 1			634,871.
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	4a		
	b Other (Describe in Part XIII.)			
	c Add lines 4a and 4b.		4 c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			634,871.
Pa	n XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per	Return.	
	Complete if the organization answered 'Yes' on Form 990, F	Part IV. line 12a.		
	Total expenses and losses per audited financial statements			661,949.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:			332,332
Z		1 20		
	a Donated services and use of facilities.			
	<b>b</b> Prior year adjustments			
	c Other losses			
	d Other (Describe in Part XIII.)	_ Zd		
	e Add lines 2a through 2d			CC1 040
3			3	661,949.
4				
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)			
	c Add lines 4a and 4b.			661 040
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. , , , , , , , , , , , , , , , , , , ,	3	661,949.
Pe	rt XIII Supplemental Information.			

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

#### 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 M** (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

► Complete if the organizations answered 'Yeson Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Employer identification number Name of the organization 84-1080552 The Conflict Center

ran	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contrib	eterminir	ng ounts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						**********
4	Books and publications						*********
5	Clothing and household goods	:					
6	Cars and other vehicles						
7	Boats and planes					····	
8	Intellectual property						
9	Securities - Publicly traded	X	3	31,303.	NYSE Quote		
10	Securities - Closely held stock						
11	${\sf Securities-Partnership, LLC, or trust interests}\ .$						
12	Securities - Miscellaneous						
13	Qualified conservation contribution – Historic structures		***				
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory				<u> </u>		
20	Drugs and medical supplies						
21	Taxidermy:						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts,				<u> </u>	····	
25	Other • ()						
26	Other ()			1	<u> </u>		
27	Other • ()						
28	Other► ( )	<u> </u>			+		
29	Number of Forms 8283 received by the organization	ion during t	ne tax year for contribu	tions for which the	29		
	organization completed Form 8283, Part IV, Done	e Acknowle	agemeni		123	Yes	No
						165	140
30 <i>z</i>	During the year, did the organization receive by or it must hold for at least three years from the date	of the initia	al contribution, and whi	ich is not required to be	: USEU   図書報経報		
	for exempt purposes for the entire holding period	?			30 a		X
k	If 'Yes,' describe the arrangement in Part II.						31546.4
31	Does the organization have a gift acceptance pol	icy that requ	uires the review of any	non-standard contribut	ions? 31		<u> X</u>
32a	Does the organization hire or use third parties or noncash contributions?	related org	anizations to solicit, pro	ocess, or self	32a		Х
	noncash contributions?		, , , , , , , , , , , , , , , , , , , ,	,			
	If the organization did not report an amount in or	stumm (c) fo	r a type of property for	which column (a) is ch	ecked,		
33	describe in Part II.	AGRIST (O) TO					

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

Schedule M (Form 990) (2015)

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

#### 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.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

84-1080552

The Conflict Center

#### 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.