Form **990**

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Open to Public Inspection

Α	For	the 2013 calen	dar year, or tax year beginning 7/01 , 2013, and ending 6/30	, 2014			
В	Check	if applicable:	C D Employ	yer Identification Nun	nber		
		ddress change	The Conflict Center 84-	1080552			
		lame change		one number			
	\vdash	nitial return	Dames CO 00011	-433-4983			
		erminated		433 4303			
	\vdash	A LOTE OF STATE OF			611 002		
	\vdash	mended return	F Name and address of principal officer: H(a) Is this a group return		611,003. Yes X No		
	ША	pplication pending		_	_		
_			Same As C Above H(b) Are all subordinates If 'No,' attach a list.	(see instructions)	Yes No		
<u> </u>		-exempt status	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J	We	ebsite: ► ww	W. conflictcenter.org H(c) Group exemption no	umber -			
K		m of organization:	X Corporation Trust Association Other L Year of formation: 1988 M €	State of legal domicile	: CO		
Pa	art I	Summar	у				
	1	Briefly descril	be the organization's mission or most significant activities: Many people handle a	inger and c	conflict_		
Φ		<u>in ways</u>	that keep them from accomplishing productive life goals and	nd having			
anc		satisfyi	ng lives. The Conflict Center teaches practical skills so	that ange	er_and		
Ĕ		conflict	s can become opportunities to solve problems and build re-		S		
ŏ	2	Check this bo		net assets.			
9	3		oting members of the governing body (Part VI, line 1a)	3	10		
SS	4		dependent voting members of the governing body (Part VI, line 1b)	4	10		
ij.	5		of individuals employed in calendar year 2013 (Part V, line 2a)	5	20		
Activities & Governance	7-		of volunteers (estimate if necessary)	6	168		
V			ed business revenue from Part VIII, column (C), line 12	7 a 7 b	0.		
	, a	THE UITEIALEU			0.		
	8	Contributions	and grants (Part VIII, line 1h)		ent Year		
Pe	9				216,846.		
Revenue	10		vice revenue (Part VIII, line 2g) 215, 3 come (Part VIII, column (A), lines 3, 4, and 7d) 27, 3		280,632.		
Rev	11				31,140.		
_	12		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		56,258. 584,876.		
	13		imilar amounts paid (Part IX, column (A), lines 1-3)	009.	304,070.		
	14		to or for members (Part IX, column (A), line 4)				
	100000			-1-	400 107		
S	15		er compensation, employee benefits (Part IX, column (A), lines 5-10) 368, 6		423,197.		
use	16a	Professional 1	fundraising fees (Part IX, column (A), line 11e)	504.	4,175.		
Expenses	b	Total fundrais	sing expenses (Part IX, column (D), line 25)► 57,263.				
ш	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	709.	163,622.		
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25) 555, 9		590,994.		
	19	Revenue less	expenses. Subtract line 18 from line 12	339.	-6,118.		
a of			Beginning of Curren	t Year End	of Year		
Net Assets Fund Balanc	20		(Part X, line 16)		467,109.		
Pt A	21	Total liabilities	s (Part X, line 26)		35,637.		
ΣŽ	22	Net assets or	fund balances. Subtract line 21 from line 20	590. 1.	431,472.		
Pa	rt II	Signatur					
			are that I have examined his return, including accompanying schedules and statements, and to the best of my knowledge and belief rer (other than officer) is based on all information of which preparer has any knowledge.	, it is true, correct, and			
comp	olete. D	eclaration of prepar	rer (other than officer) is based on all information of which preparer has any knowledge.	/ /	*		
			tall Sindy	3/2014			
Sig	ın	Signatur	re of officer Date	1			
He	re	Ron	Ludwig Executive I	Director			
		Type or	print name and title.				
Print/Type preparer's name Preparer's signature Date Check if PTIN							
Pai	d	John E	I Lalli MM E Jalli 10-3-14 self-employe	ed P00345	194		
	pare						
Us	e On	Firm's addre		46-06852	97		
			Denver, CO 80224 Phone no.		-8111		
May	the I	RS discuss thi	is return with the preparer shown above? (see instructions)	X Yes			
				103	110		

	m 990 (2013) The Conflict Center	84-1080552	Page 2
Pai	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	1.0	
	The Conflict Center's mission is to prevent physical, verbal, a by partnering with individuals and communities to shift percept behaviors through education and skill-building.	nd_emotional_vio.ions,_attitudes,	lence and
2	Did the organization undertake any significant program services during the year which were not listed Form 990 or 990-EZ?		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program If 'Yes,' describe these changes on Schedule O.	services? Yes	X No
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 and section 4947(a)(1) trusts are required to report the others, the total expenses, and revenue, if any, for each program service reported.	ervices, as measured by examples and allow	xpenses, ocations to
4 a	a (Code:) (Expenses \$ 216,798. including grants of \$)	(Revenue \$ 121	1,053.)
	Multi-session Programs include both youth and adult anger and c classes. TCC works with youth who have been identified by juv	conflict manageme enile courts and	nt
	schools as being at risk of delinquency due to high-risk behavi		
	Emotional Intelligence and Critical Decision Making (EICDM) skil		
	and including parents in half of the sessions. A total of 570		
	participated in EICDM. A total of 221 consumers participated i		nger
	and Conflict into Allies (TACA) or parenting classes, receiving	skill-building	
	designed to strengthen conflict management and communication sk		ally
	significant positive results were documented for both youth and	<u>adult_class</u>	
	participants on pre/post survey measures.		
		1 1	
4 b	School Programs educate students, the adults who work with them	and their paren	,110.) ts_in_
	conflict and anger management to prevent physical, verbal and e		
	to build sustainable school cultures of peace and nonviolence.		staff_
	training, teacher support and coaching, Playground Conflict Man		
	Mediators, Reading for Peace, Restorative Justice training and		
	classses as alternatives to suspension, and Peace Days. A total were served in school programs.	of 2,869 indivi	duals
4 c	(Code:) (Expenses \$ 100,954. including grants of \$)	(Revenue \$ 48	3,469.)
	Scientific surveys show that most students engage in positive,		S.
	However, the same surveys show that these same students incorre	ctly believe that	 t
	their peers engage in negative, unhealthy behaviors. Social no	rming campaigns	~
	educate students to correct this misperception to reinforce actu	ual positive	
	behavioral norms and create positve peer pressure. The Social I	Norming Program	worked
	with two Denver high schools serving 1,509 students to reduce a	nd prevent teen-	dating
	violence and sexual assault while creating school communities the	hat value respect	Hacing_
		THE VATUE TESPECT	
44	Other program services. (Describe in Schedule O.)		
	and the state of t		
)	
40	Total program service expenses ► 465, 431.		

Form 990 (2013) The Conflict Center

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2		2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?// 'Yes,' complete Schedule D, Part III.	8		X
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, VIII, IX, or X as applicable.			
,	a Did the organization report an amount for land, buildings and equipment in Part X, line 10 <i>'lf 'Yes,' complete Schedule D, Part VI</i>	11a	Х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		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?/f 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	o Was the organization included in consolidated, independent audited financial statements for the tax year If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)?If 'Yes,' complete Schedule E	13		X X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	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
	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
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a% 'Yes,' complete Schedule G, Part III.	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
t	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

150		one of the during School of th	_		
				Yes	No
	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
	22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
	23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
	24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a.	24a		Х
		b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		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) and 501(c)(4) organizationsDid the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
		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 Schedule L, Part I.	25b		X
3	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	26		Х
	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
;	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	,	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
		b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	41	Х
		An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
. 2	29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	, X	
3	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Χ
:	31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
;	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
3	34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
3	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	t	olf '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)?//f 'Yes,' complete Schedule R, Part V, line 2	35b	0,	
3	86	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
3	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
_	8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BA	AA		Form	990 (2	2013)

Check if Schedule O contains a response or note to any line in this Part V	
Check it Schedule O contains a response of note to any line in this Part y	Yes No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	8
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0 1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gami (gambling) winnings to prize winners?	ng 1c X
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	20
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required tœ-file (see instructions)	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	За Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0.	3b
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove financial account in a foreign country (such as a bank account, securities account, or other financial account)?	r, a 4a X
b If 'Yes,' enter the name of the foreign country:▶	
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1.
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	The second secon
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	
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 we not tax deductible?	re 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?	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file 7c 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?	7 g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization3id the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9 Sponsoring organizations maintaining donor advised funds.	
a Did the organization make any taxable distributions under section 4966?	9a
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b
10 Section 501(c)(7) organizations.Enter:	
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(c)(12) 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.	12
a Is the organization licensed to issue qualified health plans in more than one state?	13a
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?	14a X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b

Form 990 (2013) The Conflict Center 84-1080552 Page 6 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 Yes No 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 10 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 officer, director, trustee or key employee?..... X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 5 6 Did the organization have members or stockholders?..... X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... X 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a **b** Each committee with authority to act on behalf of the governing body?..... X 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11a 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? If 'Yes,' describe in Schedule O how this was done. See Schedule 0. X 12c 13 Did the organization have a written whistleblower policy?..... X 13 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. X 15a b Other officers of key employees of the organization..... X 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... X 16a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?..... 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

Ron Ludwig 4140 Tejon Street, Denver CO Denver CO 80211 303-433-4983

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

84-1080552
84-1181177/

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organiza	tion nor any	relate	d or			ion co	mpe	nsated any current of	fficer, director, or trus	stee.	
(4)	(5)	D :::		(0				(5)		/E \	
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimated amount of other compensation	
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Ron Ludwig	45										
Executive Direc	0	X		Χ				78,950.	0.	i i	0.
(2) Kevin Paquette	0										
Director	0	X						0.	0.		0.
(3) Larry Botnick	0					V-1					
Director	0	X						0.	0.		0.
_(4) Michael Hoops	0										
President	0	X	÷.	X				0.	0.	->-2	0.
_(5) Brian Price	0										
Vice President	0	X		X				0.	0.		0.
(6) Robert Boggess	0		8								
Director	0	X				11		0.	0.		0.
	0										
Director	0	X	e e					0.	0.		0.
(8) John_Wicburg	0										
Secretary	0	X		X				0.	0.		0.
(9) Brendalee Connors	0										2.
Treasurer	0	X		X				0.	0.		0.
(10) Jesse Holliday	0										
Director	0	X						0.	0.		0.
(11) Dennis Dougherty	0							,		250	-
Director	0	X						0.	0.		0.
(12)								2			
(13)									,		
(14)											

Page 8

Part VIII Section A. Officers, Directors, Tru		Key	Em			es,	and	d Highest Con	pensated Emp	loyees (continued)
	(B)			((•					<u></u>
(A) Name and title	Average hours	box.	. unle	ss pe	erson	than	n an	(D)	(E) Reportable	(F) Estimated
name and title	per week	offic	er ar	nd a c	direct	or/trus	tee)	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations	amount of other compensation
	(list any hours for	Individual trustee or director	nstitutional trustee	Officer	Key employee	inghe	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related organiza	dual	tion	व्य	mplo	st co	약			and related organizations
	- tions below	trust	121		yee	mper				
	dotted line)	ee	stee			Highest compensated employee				
(1E)										
<u>(15)</u>										
(16)										=
(17)										
(18)	-									
(19)										
(20)										
(21)	+									<u></u>
	1								*	
(22)								,	2	=8
(23)							_			
(23)	+							÷.		
(24)										
									V-Tu-	
(25)	 									
1 b Sub-total		Ш					>	78,950.	0.	0.
c Total from continuation sheets to Part VII, Sectio							▶	0.	0.	0.
d Total (add lines 1b and 1c)								78,950.	0.	0.
2 Total number of individuals (including but not limit	ted to the	ose li	stec	abo	ove)	who	re	ceived more than	\$100,000 of reporta	able compensation
from the organization ► 0							-			Voc. No.
3 Did the organization list anyformer officer, directo	or true	too	kov	omr	alov		r hi	abast component	ad amplayes	Yes No
on line 1a? If 'Yes,' complete Schedule J for such	individu	al						····	· · · · · · · · · · · · · · · · · · ·	. 3 X
4 For any individual listed on line 1a, is the sum of	reportabl	e cor	npe	nsat	tion	and	oth	er compensation	from	
the organization and related organizations greater such individual	than \$1	50,00		· ' ' 6	s c	omp	iete 	Schedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue	compen	satio	n fro	om a	any	unre	late	d organization or	individual	
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	complet	e Scl	hedu	ile J	for	such	h pe	erson		5 X
1 Complete this table for your five highest compens	ated inde	pend	dent	cor	itrac	tors	tha	t received more t	nan \$100,000 of	
compensation from the organization. Report comp	ensation	for t	he c	cale	ndar	yea	r er			
(A) Name and business addre	ess							(B) Description (of services	(C) Compensation
										48
	****						_			
							\dashv			
2 Total number of independent contractors (includin	g but no	limi	ted 1	to th	ose	liste	ed a	bove) who receive	ed more than	
\$100,000 of compensation from the organization										
RAA	-	CEAO	1001	1111	1 110					Form 900 (2012)

Pa	rt V	III Statement of Re	venue					
		Check if Schedule O	contains a r	esponse or note to an				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMIL AR AMOUNTS	1 a	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions)		la 1,511.				
CONTRIBUTION AND OTHER S	f g	All other contributions, gifts, similar amounts not included Noncash contributions included Total. Add lines 1a-1f.	d in lines 1a-1f:		216,846.			
REVENUE	2 a	Conflict Resol			280,632.	280,632.		
PROGRAM SERVICE REVENUE	c c e f	All other program service						
<u>8</u>	g	Total. Add lines 2a-2f			280,632.			
	3 4 5	Investment income (incother similar amounts). Income from investmen Royalties	t of tax-exen	npt bond proceeds	31,810.	31,810.		
	b c	Gross rents	(i) Real 42, 70 42, 70	00.				
	7 a	Net rental income or (Io Gross amount from sales of assets other than inventory.	(i) Securities 25, 45	s (ii) Other	42,700.			42,700.
	С	Less: cost or other basis and sales expenses	26,12 -6	70.	-670.	-670.		
OTHER REVENUE		Gross income from function (not including \$ of contributions reported See Part IV, line 18	d on line 1c)	 a 9,213.				
OTH	С	Less: direct expenses . Net income or (loss) fro Gross income from gam	m fundraisin	g events	9,213.			
	b	See Part IV, line 19 Less: direct expenses Net income or (loss) fro		. a . b				
	10 a	Gross sales of inventory and allowances	, less return	s a				
	С	Net income or (loss) from Miscellaneous Revenu		ventory				
		Merchandise Miscellaneous		611600 900099	4,280. 65.	4,280.		
	е	All other revenue	1	Andrew Commission Comm	4,345.	24/2 44.5		40 700
BAA		Total levellue, See Instr	uctions		584,876. 0109L 07/08/13	316,117.	0.	42,700. Form 990 (2013)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX.... (A) Total expenses (D) (C) (B) Do not include amounts reported on lines Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Grants and other assistance to individuals in 2 the United States. See Part IV, line 22..... Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees. 78,950. 63,160 15,790 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0. 0 0 Other salaries and wages..... 287,733 221,866. 23,317. 42,550. Pension plan accruals and contributions (include section 401(k) and 403(b) employer 8,606 6,885 1,721 17,820 14,613 3,207 10 Payroll taxes..... 30,088. 23,283 2,507 4,298. 11 Fees for services (non-employees): **b** Legal...... c Accounting..... 1,562. 1,281 281 d Lobbying..... e Professional fundraising services. See Part IV, line 17. . . 4,175 4,175 f Investment management fees..... Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)..... Advertising and promotion..... 12 235. 200 35 21,489. 18,720 2,769 Information technology..... Royalties.... Occupancy..... 16 39,604. 32,475. 7,129 17 4,223. 3,801 422 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings. . . . 20 Interest..... Payments to affiliates..... Depreciation, depletion, and amortization ... 37,617 30,846 6,771 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.)..... 18,022 a Contract labor ___ 11,642 140 6,240. b Special projects expense 17,310 17,233 77 c Printing and Publications 5,350 4,313 037 d Audit fees 5,012 4,110 902 e All other expenses..... 13,198. 11,003. 2,195 25 Total functional expenses. Add lines 1 through 24e. . . . 590,994. 465,431 68,300. 57,263. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here ► SOP 98-2 (ASC 958-720).....

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year (B) End of year 21,380. 1 27,407. 2 Savings and temporary cash investments..... 174,052. 2 139,818. 3 Pledges and grants receivable, net 3 Accounts receivable, net..... 9,707. 22,560. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 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 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges..... 9 1,901. 3,048 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 1,334,467. b Less: accumulated depreciation 10b 10 c 785,188 783,812. 11 Investments – publicly traded securities..... 11 12 12 Investments – other securities. See Part IV, line 11..... Investments - program-related. See Part IV, line 11. 13 14 Intangible assets..... 14 15 Other assets. See Part IV, line 11..... 15 463,292 497,638. Total assets. Add lines 1 through 15 (must equal line 34).... 16 1,462,694 16 467,109. 17 Accounts payable and accrued expenses..... 21,961 17 25,292. 18 Grants payable 18 19 Deferred revenue..... 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 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 F Secured mortgages and notes payable to unrelated third parties..... 23 24 Unsecured notes and loans payable to unrelated third parties 24 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. 25 3,143 10,345. Total liabilities. Add lines 17 through 25..... 26 25,104. 35,637. lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 27 1,027,683. 27 1,001,769. Temporarily restricted net assets 2,306. 28 Permanently restricted net assets 407,601. 29 429,703. R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds..... 32 Total net assets or fund balances. 1,437,590 33 1,431,472. Total liabilities and net assets/fund balances..... 34 34 1,467,109. 1,462,694 BAA Form 990 (2013)

		1000332	, rago ii
Pa	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	584,876.
2	Total expenses (must equal Part IX, column (A), line 25)	2	590,994.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,118.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,437,590.
5	Net unrealized gains (losses) on investments.	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
Do.	column (B))	10	1,431,472.
Fal	f XIII Financial Statements and Reporting		34 B
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	3	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ed on a	
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		2b X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	ate	
	X Separate basis Consolidated basis Both consolidated and separate basis		
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,	2c X
	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	3a X
, b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the recor audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b
BAA			Form 990 (2013

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

		lict Cente					~		84-1	08055	2	
Parl	II Re	eason for Pub	lic Charity Status	(All organizations r	nust co	mplet	e this p	art.) S	See ins	struction	ns.	
The c	rganiza	ition is not a priv	ate foundation becau	se it is: (For lines 1 thr	ough 11	, check	only one	box.)			-	
1				ciation of churches de		nsectio	n 170(b)	(1)(A)(i).				
2	As	chool described	in section 170(b)(1)(A)(ii). (Attach Schedule	Ξ.)							
3	Ah	ospital or a coop	perative hospital servi	ce organization describ	ed insed	tion 17	0(b)(1)(A)(iii).				
4				d in conjunction with a					(b)(1)(A	Xiii) Ent	er the hospital's	
		ne, city, and stat			1.0							
5	An 170	organization ope (b)(1)(A)(iv). (Co	erated for the benefit omplete Part II.)	of a college or university	ty owner	d or ope	rated by	a gove	rnmenta	al unit de	scribed isection	
6	A fe	ederal, state, or	local government or g	overnmental unit descr	ribed ins	ection 1	70(b)(1)	(A)(v).				
7	吕言	ection 1/0(b)(1)	(A)(vi). (Complete Par				overnme	ental uni	t or from	n the gei	neral public describe	d
8	∐ A c	ommunity trust o	described in section 17	70(b)(1)(A)(vi). (Comple	te Part I	l.)						
9	inve	n activities relate estment income : e 30, 1975. See	ed to its exempt funct and unrelated busines section 509(a)(2). (Co		n except section	ions, an 511 tax	d (2) no) from b	more thusiness	nan 33- es acqu	1/3% of i	te cumpart from area	-
10				exclusively to test for p								
11	An mor des	organization orga re publicly suppo cribes the type c	anized and operated e rted organizations de of supporting organiza	exclusively for the bene scribed in section 509(a tion and complete lines	efit of, to a)(1) or s 11e thi	perform section ough 11	n the fur 509(a)(2 lh.	nctions (2). Se se	of, or ca ection 5	arry out ti 09(a)(3). (ne purposes of one of Check the box that	or
	а	Type I	Type II o	: Type III – Functio	nally int	egrated		d 🗍 .	Type III	- Non-fu	unctionally integrated	d
е	By other	 checking this box er than foundatio tion 509(a)(2).	k, I certify that the org n managers and othe	panization is not contro r than one or more pub	lled dire blicly sup	ctly or in oported	ndirectly organiza					
f	If th	e organization re	eceived a written dete	rmination from the IRS	that is	a Type I	l, Type I	l or Typ	e III sup	porting	organization,	
g	Sind	ce August 17, 20	06, has the organizati	ion accepted any gift of	or contril	oution fr	om any	of the fo	ollowing	persons	? .	
				***							Yes No	_
	(i)	A person who	directly or indirectly c	ontrols, either alone or pported organization?	togethe	r with p	ersons o	describe	d in (ii)	and (iii)	11g (i)	
	/ii\											
	(ii)			bed in (i) above?							11 g (ii)	
	(iii)			described in (i) or (ii) a							11g (iii)	
h				e supported organization	on(s).							_
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (Is the zation in i) listed in overning ment?	(v) Did yo the organ column (supp	ou notify ization in i) of your oort?	(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support	
					Yes	No	Yes	No	Yes	No		
(A)												_
• •					1		-					
(B)		-		*) =	
(C))(2) 								
(D)	2											
(E)												
												_
Total												
BAA F	or Pape	erwork Reduction	n Act Notice, see the	Instructions for Form	990 or 9	90-EZ.	united the same	S	chedule	A (Form	n 990 or 990-EZ) 201	13

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.)

Se	Section A. Public Support								
beç	endar year (or fiscal year jinning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	290,005.	279,276.	365,983.	212,554.	216,846.	1,364,664.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.			-			0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	result in a mile i allough of the	290,005.	279,276.	365,983.	212,554.	216,846.	1,364,664.		
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)						443,363.		
	Public support. Subtract line 5 from line 4		17				921,301.		
	tion B. Total Support								
beg	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4	290,005.	279,276.	365,983.	212,554.	216,846.	1,364,664.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	78,260.	67,384.	87,615.	50,130.	74,510.	357,899.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	707200.	07/301.	07,013.	30,130.	74,310.	0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.	28,995.	21,043.	18,761.	12,329.	9,213.	90,341.		
11	Total support. Add lines 7 through 10	ALC:					1,812,904.		
12	Gross receipts from related activi	ties, etc (see inst	ructions)			12	0.		
13	First five years. If the Form 990 is organization, check this box and	s for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as	a section 501(c)(3)		
Sec	tion C. Computation of Pub	olic Support Po	ercentage						
	Public support percentage for 20						50.82%		
	Public support percentage from 2						52.42 %		
	33-1/3% support test — 2013. If the and stop here. The organization of	qualifies as a publ	icly supported org	janization			⊾ <u>X</u>		
b	33-1/3% support test — 2012. If the and stop here. The organization of	e organization dic qualifies as a pub	I not check a box licly supported or	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, c	heck this box		
17 a	10%-facts-and-circumstances tes or more, and if the organization n the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test check this h	nov andton have	Evolain in Dart IV	/ how		
	10%-facts-and-circumstances tes or more, and if the organization n organization meets the 'facts-and	neets the 'facts-ar -circumstances' te	nd-circumstances' est. The organizat	test, check this to ion qualifies as a	oox and top here. publicly supporte	Explain in Part I\ d organization	/ how the ►		
18	Private foundation.If the organiza	ation did not chec	k a box on line 13	, 16a, 16b, 17a, d	or 17b, check this	box and see inst	ructions 🟲 🗌		
AA					Sah	adula A /Farm 00/	0 or 000 E7\ 2012		

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.)

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal yr beginning in)►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3						e	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,					
	facilities furnished by a governmental unit to the organization without charge		N.	,			
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	a 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	7					
C	Add lines 7a and 7b		į.				1
	Public support (Subtract line 7c from line 6.)						
9.755.60	tion B. Total Support			r			
	dar year (or fiscal yr beginning in)►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6					,	
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after June 30, 1975.	4					
	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b						
	taxes) from businesses acquired after June 30, 1975						
11	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						
11 12	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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	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 Other income. Do not include gain or loss from the sale of capital assets (Explain in	s for the organiza	tion's first, secon	d, third, fourth, or	fifth tax year as	a section 501(c)(3)	
11 12 13 14	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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Put	olic Support P	ercentage				
11 12 13 14 Sect	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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Put Public support percentage for 20	olic Support P 13 (line 8, columi	ercentage n (f) divided by lin	e 13, column (f)).			>
11 12 13 14 6ec	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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Puk Public support percentage from 20	plic Support P 13 (line 8, columi 2012 Schedule A,	ercentage n (f) divided by lin Part III, line 15	e 13, column (f)).			
11 12 13 14 5ec 15 16	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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investigation.	plic Support P 13 (line 8, column 2012 Schedule A, estment Incor	ercentage n (f) divided by lin Part III, line 15 ne Percentage	e 13, column (f)).			0/0
11 12 13 14 6ect 15 16	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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage from 2 Public support percentage from 2 Ition D. Computation of Investment income percentage for	olic Support P 13 (line 8, column 2012 Schedule A, estment Incor or 2013 (line 10c,	ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided	e 13, column (f)).	nn (f))		06 06
11 12 13 14 15 16 6ect 17	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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is organization, check this box and ition C. Computation of Public support percentage for 20 Public support percentage from 2 tion D. Computation of Involvestment income percentage for Investment Income Investme	olic Support P 13 (line 8, column 2012 Schedule A, estment Incor or 2013 (line 10c, rom 2012 Schedule	ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided e A, Part III, line	e 13, column (f))	nn (f))		00 00
11 12 13 14 5ec 15 16 6ec 17 18	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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is organization, check this box and ition C. Computation of Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3% support tests— 2013. If it is not more than 33-1/3%, check	Dlic Support P 13 (line 8, column 2012 Schedule A, estment Incor or 2013 (line 10c, om 2012 Schedule the organization of this box andstop	ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the l here. The organiz	le 13, column (f)). I by line 13, colum Toox on line 14, ar ation qualifies as	nn (f)) nd line 15 is more a publicly suppo		% % I line 17 ►
11 12 13 14 15 16 6ec 17 18 19 a	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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3% support tests—2013. If 1	polic Support P 13 (line 8, column 2012 Schedule A, estment Incor or 2013 (line 10c, om 2012 Schedule the organization of this box andstop the organization of check this box a	ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the l here. The organiz did not check a bo andstop here. The	le 13, column (f)). I by line 13, column Toox on line 14, are attion qualifies as x on line 14 or line organization qual	nn (f))nd line 15 is more a publicly supporte 19a, and line 1 ifies as a publicly		% % % % M I line 17

Schedule A	(Form 990 or 990-EZ) 2013 T	he Conflict Center	84-1080552 Page 4
Part IV	Supplemental Information or 17b; and Part III, line 12 (See instructions).	Provide the explanations required by Page 2. Also complete this part for any additional page 2.	t II, line 10; Part II, line 17a information.
		,	
			".
		2°,	****

2013	Schedule	A, Part IV	- Supplen	nental Inf	ormati	on	Page
Client 12CONFLI	10	The	Conflict Cente	er			84-108055
9/16/14	er Income	. §				W	03:53P
Part II, Line 10 - Oth Nature and Source		2013	2012	2011	202	ın	2009
Special events	Total \$	9,213. \$ 9,213. \$	12,329. \$	N H		,043. \$,043. \$	28,995. 28,995.
				ς			
					wig.		
							2 4

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

				5
T	ne Conflict Center			84-1080552
P	Organizations Maintaining Dono Complete if the organization answ	r <mark>Advised Funds or Other Similar Fu</mark> vered 'Yes' to Form 990, Part IV, line	nds or Acc	ounts.
		(a) Donor advised funds	(b) F	unds and other accounts
•	I Total number at end of year			
2	2 Aggregate contributions to (during year)			(100 m)
:	Aggregate grants from (during year)			
4	4 Aggregate value at end of year			*
;	5 Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the assets held in d organization's exclusive legal control?	lonor advised	funds Yes No
(s, and donor advisors in writing that grant fun of the donor or donor advisor, or for any othe	nds can be use	ed only
Pa	art II Conservation Easements.	vered 'Yes' to Form 990, Part IV, line		
	Purpose(s) of conservation easements held by		7.	
	Preservation of land for public use (e.g., re		of an historica	ally important land area
	Protection of natural habitat Preservation of open space			historic structure
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contribution in	n the form of a	a conservation easement on the
•	last day of the tax year.			**************************************
			EDITO MATERIAL STATE	leld at the End of the Tax Year
	a Total number of conservation easements			
	b Total acreage restricted by conservation easem			
	c Number of conservation easements on a certifi	ed historic structure included in (a)	2с	
	d Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a history	oric 2 d	
3	Number of conservation easements modified, t tax year ►			ganization during the
. 4		nservation easement is located►		
5		arding the periodic monitoring, inspection, ha		
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation eas	ements durino	g the year
7	Amount of expenses incurred in monitoring, ins ▶\$	specting, and enforcing conservation easemer	nts during the	year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that	id expense sta describes the	atement, and balance sheet, ar organization's accounting for
198	rt III Organizations Maintaining Collecti	ons of Art, Historical Treasures, or Otlered 'Yes' to Form 990, Part IV, line	her Similar 8.	Assets.
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	held for public exhibition, education, or resea	enue statemer arch in furthera	nt and balance sheet works of ance of public service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenue I for public exhibition, education, or research	statement ar in furtherance	nd balance sheet works of art, of public service, provide the
	(i) Revenues included in Form 990, Part VIII, I			
	(ii) Assets included in Form 990, Part X			
2	amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	6	
	a Revenues included in Form 990, Part VIII, line			
	b Assets included in Form 990, Part X			▶\$

Part III Organizations Maintain	ning Collections	of Art, Historica	al Treasu	ıres, or Othei	r Similar Assets (contin	ued)					
3 Using the organization's acquisit items (check all that apply):	ion, accession, and	other records, che	ck any of	the following th	at are a significant u	se of its	s collec	tion				
		-1 🗀 1 oon o	v 0.1.ah an a									
			r exchang	e programs								
H ₂ · · · · · · · · · · · · · · · · · · ·	rations	e Other				**********						
c Preservation for future general Provide a description of the organization.		s and evolain how	they furth	or the organiza	tion's event numer	o in						
Part XIII.						SC 111						
5 During the year, did the organiza to be sold to raise funds rather t	han to be maintaine	d as part of the or	ganization	's collection?		Yes		No				
Part IV Escrow and Custodia line 9, or reported an	amount on Forn	. Complete if t n 990, Part X, I	ne orgar ine 21.	nization answ	vered 'Yes' to Fo	rm 990	J, Par	t IV,				
1 a Is the organization an agent, trus	stee, custodian, or o	ther intermediary	for contrib	utions or other	assets not included,							
on Form 990, Part X?						Yes	L	No				
2 ii 1997 explain the arrangement	b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount											
c Beginning balance					1 c							
d Additions during the year					1 d							
e Distributions during the year					1 e							
f Ending balance					1f .							
2 a Did the organization include an a	mount on Form 990	, Part X, line 21?.				Yes		No				
b If 'Yes,' explain the arrangement	in Part XIII. Check	here if the explant	tion has be	en provided in	Part XIII			7				
		artigle-sol for ignore entropied, legacin books spettin		encompagnion • Production in Production Control - 46-50-00			DECEMBER 1	_				
Part V Endowment Funds. Co												
1.5	(a) Current year	(b) Prior year		Two years back	(d) Three years back	(e) F	our year:					
1 a Beginning of year balance	216,076			180,613.	182,956.		1,	340.				
b Contributions	240	. 29	90.	245.	1,555.		18,	015.				
c Net investment earnings, gains, and losses	33,243	26,99	97.	11,463.	-489.							
d Grants or scholarships							1.	340.				
e Other expenditures for facilities	0.40	0.0		0.45	4							
and programs	240		90.	245.	1,555.			695.				
f Administrative expenses	2,330			948.	1,854.			956.				
g End of year balance	246,989			191,128.	180,613.		<u>182,</u>	956.				
2 Provide the estimated percentage		end balance (line	g 1g, colun	nn (a)) held as:								
a Board designated or quasi-endov		⁶										
b Permanent endowment ►	%	0.										
c Temporarily restricted endowmen	500	6										
The percentages in lines 2a, 2b,	and 2c snould equa	1 100%.										
3a Are there endowment funds not in	n the possession of	the organization to	hat are he	ld and administ	ered for the	г						
organization by:							Yes	No				
(i) unrelated organizations						3a(i)	X					
(ii) related organizations						3a(ii)		X				
b If 'Yes' to 3a(ii), are the related of						3b						
4 Describe in Part XIII the intended	uses of the organia	zation's endowriter	it iunas.	See Part	XTTT							
Part VI Land, Buildings, and I Complete if the organization		'Yes' to Form 9	990. Par	t IV. line 11a	a. See Form 990.	Part)	X. line	10.				
Description of property	(a) Co:	st or other basis	(b) Cost	or other	(c) Accumulated		Book va					
1 a Land	·	nvestment)	basis	(other)	depreciation			0.5.5				
b Buildings		9,000.			467 010			000.				
		1,232,031.			467,349.			682.				
c Leasehold improvements		19,853.			18,624.			229.				
d Equipment		65,182.			58,702.	****		480.				
e Other		8,401.	, ,		5,980.			421.				
Total. Add lines 1a through 1e. (Column BAA	ı (d) must equal Foi	m 990, Part X, col	iumn (B),	line 10(c).)		do P /		812.				
מאמ					Schedu	ne D (F	orm 99	0) 2013				

Part VII Investments - Other Securities.		NT / 73
mare viii investments — Other Securities.	No1 to Forms 000	N/A Port IV line 11b See Form 990, Part X, line 12
Complete if the organization answered	Yes to Form 990,	Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Cost of end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		ς'
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		27.77
Part VIII Investments - Program Related.	I Weel to Form 000	N/A Part IV, line 11c. See Form 990, Part X, line 13
Complete if the organization answered	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(a) Description of investment type	(b) Book value	(c) Wethou of Valuation Cook of Child by
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	>	
AND ADDRESS OF THE PARTY OF THE		- 000 D 1 V 1 15
Complete if the organization answered	Yes' to Form 990, P	art IV, line 11d. See Form 990, Part X, line 15.
(a) D	escription	(b) Book Value
(1) Endowment Bequest Fund		250,64 246,98
(2) Endowment Fund		240, 30
(3)		
(4)		
(4) (5)		
(4) (5) (6)		
(4) (5) (6) (7)		
(4) (5) (6) (7) (8) (9)		407.63
(4) (5) (6) (7) (8) (9)	(B), line 15.)	→ 497,63
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column		
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For	m 990, Part IV, line 11e or	11f. See Form 990, Part X, line 25
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability		11f. See Form 990, Part X, line 25
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes	m 990, Part IV, line 11e or (b) Book value	11f. See Form 990, Part X, line 25
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes	m 990, Part IV, line 11e or (b) Book value	11f. See Form 990, Part X, line 25
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Payroll w/h taxes and other with (3) Security deposits	m 990, Part IV, line 11e or (b) Book value hol 1, 4	11f. See Form 990, Part X, line 25
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Payroll w/h taxes and other with (3) Security deposits (4) Unearned revenue	m 990, Part IV, line 11e or (b) Book value	11f. See Form 990, Part X, line 25
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Payroll w/h taxes and other with (3) Security deposits (4) Unearned revenue (5)	m 990, Part IV, line 11e or (b) Book value hol 1, 4	11f. See Form 990, Part X, line 25
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Payroll w/h taxes and other with (3) Security deposits (4) Unearned revenue (5) (6)	m 990, Part IV, line 11e or (b) Book value hol 1, 4	11f. See Form 990, Part X, line 25
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Payroll w/h taxes and other with (3) Security deposits (4) Unearned revenue (5)	m 990, Part IV, line 11e or (b) Book value hol 1, 4	11f. See Form 990, Part X, line 25
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Payroll w/h taxes and other with (3) Security deposits (4) Unearned revenue (5) (6)	m 990, Part IV, line 11e or (b) Book value hol 1, 4	11f. See Form 990, Part X, line 25
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Payroll w/h taxes and other with (3) Security deposits (4) Unearned revenue (5) (6) (7)	m 990, Part IV, line 11e or (b) Book value hol 1, 4	11f. See Form 990, Part X, line 25
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Payroll w/h taxes and other with (3) Security deposits (4) Unearned revenue (5) (6) (7) (8)	m 990, Part IV, line 11e or (b) Book value hol 1, 4	11f. See Form 990, Part X, line 25
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Payroll w/h taxes and other with (3) Security deposits (4) Unearned revenue (5) (6) (7) (8) (9) (10) (11)	m 990, Part IV, line 11e or (b) Book value hol 1, 4 4, 2 4, 6	11f. See Form 990, Part X, line 25 20. 50. 75.
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Payroll w/h taxes and other with (3) Security deposits (4) Unearned revenue (5) (6) (7) (8) (9) (10) (11)	m 990, Part IV, line 11e or (b) Book value hol 1, 4 4, 2 4, 6	11f. See Form 990, Part X, line 25
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' to For (a) Description of liability (1) Federal income taxes (2) Payroll w/h taxes and other with (3) Security deposits (4) Unearned revenue (5) (6) (7) (8) (9) (10) (11)	m 990, Part IV, line 11e or (b) Book value hol 1, 4 4, 2 4, 6	11f. See Form 990, Part X, line 25 20. 50. 75. In ancial statements that reports the organization's liability for uncertain

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	ļ.
1 Total revenue, gains, and other support per audited financial statements	1 584,876.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	301/0/01
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.).	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1.	3 584,876.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	501/0/0:
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5 584,876.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1 590,994.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1.	3 590,994.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	330,334.
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 590,994.
Part 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 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	t V, additional information.
Part V, Line 4 - Intended Uses Of Endowment Fund	
_ The funds raised by the Conflict Center, plus the matching funds from	the Community
First Foundation, are permanently restricted funds held by the Founda	tion. The
Center is entitled to the unrestricted use of an annual withdrawal am	nount equal to 4
1/2 percent of the prior three year rolling average of the December 3	1st endowment
<u>fund balance and does not have access to the funds principal balance.</u>	,
BAA	Schedule D (Form 990) 2013

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open To Public Inspection

84-1080552

Department of the Treasury Internal Revenue Service

The Conflict Center

► Attach to Form 990.

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

Name of the organization Employer identification number

Pai	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 determining noncash contribution amounts
1	Art – Works of art				-
2	Art – Historical treasures				
3	Art – Fractional interests		1		
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles		Since the control of the property of the		
7	Boats and planes				
8	Intellectual property				
9	Securities – Publicly traded	Х	2	26,127.	NYSE Quote
10	Securities - Closely held stock				
11	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			42.	
20	Drugs and medical supplies				
21	Taxidermy		1 254		=
22	Historical artifacts	1			
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()		- 4		
26	Other ()				
27	Other ()				* ************************************
	Other► ()				
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones				29 Yes No
30a	During the year, did the organization receive by cohold for at least three years from the date of the in	entribution ar nitial contribu	ny property reported in ution, and which is not	Part I, lines 1-28, that required to be used for	it must
	purposes for the entire holding period?				
b	If 'Yes,' describe the arrangement in Part II.				
31	Does the organization have a gift acceptance police	y that requir	res the review of any n	on-standard contributio	ons? 31 X
32a	Does the organization hire or use third parties or r noncash contributions?				32a X
b	If 'Yes,' describe in Part II.				
33	If the organization did not report an amount in cold describe in Part II.	umn (c) for a	a type of property for w	hich column (a) is che	cked,
_					The second secon

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

Schedule M (Form 990) 2013

Schedule	M (Form S	990) 2013	The	Conf.	lict U	enter							34-10	30552	: '	age Z
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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.

2013

Open to Public Inspection

Employer identification number

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

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.