**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection JUN 1. 2023 and ending MAY A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change CENTER FOR CONFLICT RESOLUTION Name change 36-2997680 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 312-922-6464 11 EAST ADAMS STREET 500 termin-ated 2,374,001. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended CHICAGO, IL 60603 H(a) Is this a group return Applica-F Name and address of principal officer: CASSANDRA LIVELY Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( 4947(a)(1) or (insert no.) If "No," attach a list. See instructions CCRCHICAGO.ORG **H(c)** Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1978 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: TO WORK WITH INDIVIDUALS Activities & Governance COMMUNITIES, COURTS, AND INSTITUTIONS TO MANAGE AND RESOLVE CONFLICT oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 Number of voting members of the governing body (Part VI, line 1a) <del>23</del> Number of independent voting members of the governing body (Part VI, line 1b) 37 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 180 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 2,132,039. Contributions and grants (Part VIII, line 1h) 2,023,093. Revenue 264,886. 305,228. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 130. 163. 10 3.470. 2.420. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,330,904. 2,400,525 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,752,809. 1,866,721. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 476,642. 481,422. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,229,451. 2,348,143. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -17,239. 171,074. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,873,896. 1,711,795. Total assets (Part X, line 16) 1,033,522 888,660. 21 Total liabilities (Part X, line 26) 840,374. 823,135. Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KENNETH GUNN, PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's s

	Print/Type preparer's name	Preparer's signature	Date (	Check PTIN							
Paid	MARCY STEINDLER		l f	telf-employed P00573131							
Preparer	Firm's name MANN. WEITZ & ASS	OCIATES L.L.C.	Firm's E	EIN 36-3963131							
Use Only	Firm's address 570 LAKE COOK ROA	D, SUITE 330		_							
	DEERFIELD, IL 600	15	Phone	no.(847)267-3400							
May the IRS discuss this return with the preparer shown above? See instructions X Yes No											
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Briefly describe the organization's mission: THE MISSION OF THE ORGANIZATION (CCR) SHALL BE TO WORK WITH INDIVIDUALS, COMMUNITIES, COURTS, AND OTHER INSTITUTIONS TO MANAGE AND RESOLVE CONFLICT.  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (code:  (code: )(Expenses 1,614,611. including grants of \$ CCR PROVIDES FREE MEDIATION SERVICES IN OVER 2,400 CASES FOR ISSUES OF COMMUNITY CONCERN, HELPING OVER 10,000 PEOPLE ANNUALLY. MEDIATION SERVICES ARE PROVIDED IN THE FOLLOWING AREAS:  LANDLORD-TENANT, NEIGHBORHOOD, PUBLIC HEALTH, HOUSING, FORECLOSURE, CONSUMER, JUVENILE AND ADULT MISDEMEANOR AND DISCRIMINATION. CCR MEDIATES CASES ON ZOOM AND IN OTHER LOCATIONS THROUGHOUT COOK COUNTY EVERY WEEK. CCR RESPONDS TO OVER 2,700 TELEPHONE INQUIRIES PER YEAR TO ASSIST PEOPLE IN CONFLICT.  THE EARLY RESOLUTION PROGRAM, FUNDED BY THE CHICAGO BAR FOUNDATION, HELPS ADDRESS EVICTION AND CONSUMER DEBT ISSUES IN THE WAKE OF COVID-19. IN THE FIRST 3 YEARS OF THE PROGRAM, CCR SERVED MORE THAN	Pai	rt III Statement of Program Service Accomplishments	V
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			)
	<u>4e</u>	Total program service expenses 2,083,111.	- 000

# 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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	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? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			3,7
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza	Och ed to D. De to VI and VII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	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	- ' '		<del></del> -
	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 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			.,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

# Form 990 (2023) CENTER FOR CONFLICT RESOLUTION Part IV Checklist of Required Schedules (continued)

			1	Γ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			. v
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
OZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
•	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		,,	
Par	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Contiduite to Contains a response of note to any line in this rait v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24			1.10
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

332004 12-21-23

## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 37 b If at least one is reported on line 2a, did the organization fiel all required federal employment tax returns? 3					Yes	No
b If a least one is reported on line 2a, did the organization file air required federal employment tax returns?  2b If "Irves," has if lief a prom 180-7 for this year? If "No" to line 3b, provide an explanation on Schedule 0  3c   3c   3c   3c   3c   3c   3c   3c	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, 'this is that a Form 900 off for this year? If 'We' to line 3b, provides an explanation on Schedule O  3b 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 guith as a bank account, securities account, or other financial accounts (PEAR).  5a If Yes, 'edit the harmer of the foreign country  5a Was the organization large type a prohibited tax shelter transaction at my time during the tax year?  5a Was the organization to prohibited tax shelter transaction?  5b If Yes, 'edit on the Sar Sh, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes to line Sar Sh, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes to line Sar Sh, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educcibles a charlable contributions?  5c Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educcibles a charlable contributions?  5c Dest Dest Destination that the same of the service of the product of the form 8282?  5c Destination that the service of the service destination and party to goods and services provided to the payor?  5c Destination for the service of the service of the goods or services provided?  5c Destination for the service of the services of the goods or services provided?  5c Destination for the service of the services of the goods or services provided?  5c Destination for the services of the services of the goods or services provided?  5c Destination form 8282?  5c Destination form 8282?  5c Destination form 8282 i		filed for the calendar year ending with or within the year covered by this return	2a   37			
b If "Yes," has it filled a Form 990-T for this year? If "No" to film 3th, provide an explanation on Schadule O  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 accountly?  5b If "Yes," enter the name of the foreign country  5co instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction?  5b IDI and yestable party notify the organization file Form 8888-17  5c If "Yes" to line 5a or 5b, did the organization file Form 8888-17  5c IDI and yestable party notify the organization file Form 8889 at 100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c IDI of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c IDI the organization that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization notify the donor of the value of the goods reservices provided?  7d Organization set any experiment of Forms 8282 filed during the year  6d If "Yes," include organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8d If "Yes," did the organization selle, or contribution of qualified intellectual property, did the organization file Form 1098-C?  7b IDI the organization selle, or contribution of qualified intellectual property, did the organization file Form 1098-C?  8 Sponsoring organizations and contribution of qualified intellectual property, did the organization file Form 1098-C?  8 Sponsoring organizations make a distribution, or organization file Form 1098-C?  9 Sponsoring organizations make a contribution of qualified intellectual property, did the organization file Form 1098-	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
4a Alary time during the calendary 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 accounts)?  b if Yes, * enter the name of the foreign country.  See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization to party to a princible dax shelter transaction at any time during the tax year?  5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  6b If Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charable contributions?  6c Description of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7 Organizations that may receive a payment in excess of \$75 made spit, as contribution of upon and spit life goods and services provided to the payor?  7 Organizations sell, exchange, or otherwise dispose or fample personal property for which it was required to the Form 8282?  10 If Yes, * indicate the number of Forms 8282 filed during the year  10 Did the organization received a contribution of upon variety or indirectity, to pay premiums on a personal benefit contract?  11 Did the organization received an contribution of upon variety or indirectity, to pay premiums on a personal benefit contract?  12 Did the organization received an contribution of upon variety or indirectity, on a personal benefit contract?  13 Did the sponsoring organizations make any taxabilided intellectual property, did the organizat				3a		X
triancial account in a foreign country (such as a bank account, securities account, or other financial account)?  4	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
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).  5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year?  5b Id any taxabile party notify the organization the form 88687 or is a party to a prohibited tax shefter transaction?  5c Common to the sound of the organization for the organization for form 88687 or is a party to a prohibited tax shefter transaction?  5c Common to the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  5c Diff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a ID the organization state may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Organizations sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8889?  7 Organization received a contribution of qualified intellectual property of the walk of the goods or services provided?  7 To I was included the number of Forms 8282 filed during the year  9 Organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 for If If the organization received a contribution of uniqued typical property did the organization received and contribution of uniqued typical property did the organization received and contribution of uniqued typical property did the organization received and contribution of uniqued transitions unique received from them.  10 If the organization received and contribution of uniqued transitions uniqued received from 10417 to a property file the programization received ano	4a		•			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization have to a prohibited tax shelter transaction?  5 Bb X  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Bb X  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 B If Yes, 10 the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Organization shall may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 D If Yes, 10 the organization notify the donor of the value of the goods or services provided?  7 D If Yes, 10 the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 D If Yes, 10 the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 D If Yes, 10 the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9 Did the organization received a contribution of organization in organization received a contribution of a payment in payor and		financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
Sa X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization file Form 88861?  6 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?  5 Diff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6 Did the organization stat may receive deductible contributions under section 170(c).  8 Did the organization netwee a payment in excess of \$15 made party as a contribution and party for goods and services provided to the payor?  7 Did the organization netwer any funds, directly or off the value of the goods or services provided?  6 Did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 88827?  7 Did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 88827.  7 Did the organization received any funds, directly or indirectly, to pay promums on a personal benefit contract?  7 Did the organization received and contribution of qualified intellectual property, did the organization file form 8899 as required?  8 Did the sognalization received and contribution of cars, boats, anjecture, or diversity of the organization file form 8899 as required?  8 Sponsoring organization make a distribution of the value of the sponsoring organization make a distribution of the value of the sponsoring organization make a distribution of the value of the value of the sponsoring organization make a distribution to a dorror, donor advised funds and the sponsoring organization selection and the value of the value of the sponsoring organization make a distribu	b					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5e or 5b, did the organization file Form 8886-17  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 a						37
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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 13c 13c 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 on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17			L			
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If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17				15		Х
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17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?						
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivities			
				17		

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MS. WHITNEY TRUMBLE - 312-922-6464			
	11 EAST ADAMS STREET, 500, CHICAGO, IL 60603			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	(B)	(C)			٠٠,٢٥٠	,cut	(D)	(E)	(F)	
Name and title	Average		Position			Reportable	Reportable	Estimated		
ramo ana mo	hours per		(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week	offi				or/trus		from	from related	other
	(list any	· director						the	organizations	compensation
	hours for	5	es es			ated		organization	(W-2/1099-MISC/	from the
	related organizations	Individual trustee	Institutional trustee		99	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	ıtiona	L	Key employee	st cor	ı	1000 (100)		organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			J
(1) CASSANDRA LIVELY	40.00									
EXECUTIVE DIRECTOR				X				127,940.	0.	1,536.
(2) NANDIKA SURI	3.00									
DIRECTOR		Х						0.	0.	0.
(3) KATIE DIGGINS	3.00				(					
DIRECTOR		Х						0.	0.	0.
(4) ANNE SHAW	3.00							_		
DIRECTOR		Х						0.	0.	0.
(5) MELISSA HIRST	3.00	L.								
PRESIDENT		X		Х				0.	0.	0.
(6) RICHARD AARONSON	3.00									•
DIRECTOR	1 2 2 2	Х						0.	0.	0.
(7) TASHA GERASIMOW	3.00	١						0		•
DIRECTOR	2 00	Х						0.	0.	0.
(8) JOSEPH R. DOSCH	3.00	ļ ,,						0	0	0
DIRECTOR	3 00	Х						0.	0.	0.
(9) JASMINE HERNANDEZ	3.00	<b>₩</b>						^	0.	0
DIRECTOR (10) AND DIVIDING	3.00	Х						0.	0.	0.
(10) AARON D. HARRIS DIRECTOR	3.00	x						0.	0.	0.
(11) ERIN WEBER	3.00	^						0.	0.	0.
DIRECTOR	3.00	X						0.	0.	0.
(12) KIMBERLEY CHARLES	3.00	122						0.	•	0.
DIRECTOR	3,00	x						0.	0.	0.
(13) KENNETH GUNN	3.00	<del></del>								
PRESIDENT-ELECT		X		x				0.	0.	0.
(14) MICHELE JOCHNER	3.00	<u> </u>								
DIRECTOR		x						0.	0.	0.
(15) JENNIFER PLAGMAN	3.00									
DIRECTOR		Х						0.	0.	0.
	3.00									
(16) JUSTIN F. POLACH					i	1		1	_	_
(16) JUSTIN F. POLACH DIRECTOR		Х						0.	0.	0.
	3.00	X X		x				0.	0.	0.

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Part VII   Section A. Officers, Directors, Trus	(B)	<del>   </del>	-	((		<u> </u>	-	(D)	(E)		(F)	
Name and title	Average			Pos	•	1		Reportable	Reportable		Estima	
Name and title	hours per	(do not check more than one box, unless person is both an				than		compensation	compensation			
	week		cer ar					from		othe		
	(list any	ctor						the	from related organizations	c	ompens	
	hours for	r director				pa		organization	(W-2/1099-MISC/			the
	related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization		ation
	organizations	al trus	nal tr		loyee	comp		1099-NEC)			and rela	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	mer .			0	rganiza	itions
	· · · · ·	<u>n</u>	lus	₩	Ke	e Hig	휸					
(18) BETSY LEHMAN	3.00	₩.						0	0			0
DIRECTOR	3.00	Х				-	-	0.	0	•		0.
(19) JENNIFER DRESSLER	3.00	X		x				0.	0			0.
SECRETARY	3.00	^	-	Δ		$\vdash$	-	0.	U	•		0.
(20) ELIZABETH HERMANN SMITH	3.00	X		x				0.	0			0.
VICE PRESIDENT (21) DARLA FINCHUM	3.00	^		^		$\vdash$		0.	U	•		0.
DIRECTOR	3.00	X						0.	0			0.
(22) JARAN R MOTEN	3.00	^				-		0.	0	•		0.
DIRECTOR	3.00	X						0.	0			0.
(23) HEIDI STEINER	3.00	<u> </u>				$\vdash$	<u> </u>	0.	0	+		<u> </u>
DIRECTOR	3.00	X						0.	0			0.
(24) LILI DUQUETTE	3.00	122						0.	0	+		•
DIRECTOR	3.00	x			١.,			0.	0			0.
2 in a contract of the contrac										╁		
		1		-								
										+		
		1						<b>)</b>				
1b Subtotal	1							127,940.	0		1.	536.
c Total from continuation sheets to Part V	II Section A							0.	0			0.
d Total (add lines 1b and 1c)								127,940.	0		1.	536.
2 Total number of individuals (including but i								-	.000 of reportable	<u> </u>		
compensation from the organization						-,		·· <b>,</b>	,			1
			4	7							Yes	No
3 Did the organization list any former officer	, director, trust	ee, l	key e	empl	loye	e, o	r hiç	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for	such individual									3		Х
4 For any individual listed on line 1a, is the s	um of reportab											
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J i	for such individual		4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ uni	relat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," con	nplete Schedul	e J t	for s	uch	pers	son				. 5	X	
Section B. Independent Contractors												
1 Complete this table for your five highest co	ompensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe	nsatio	n from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithi	n the organization's tax	ear.			
(A)			~	_				(B)		_	(C)	
Name and business	address	N	INC	<u> </u>			_	Description of s	ervices	Com	pensat	ion
							$\dashv$					
							$\dashv$					
							$\dashv$					
							$\dashv$					
2 Total number of independent contractors (	including but r	not li	mito	d to	the	العوا	etec	d ahove) who received m	ore than			
Land and the multiperfuent contractors (		.Ot 11		u 10		ก ก	J. C	a above, will received II	ioro triali			

Pa	rt VI	Ш	Statement of Revenue					<u> </u>
			Check if Schedule O contains a response or	note to any lin	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ce Contributions, Gifts, Grants and Other Similar Amounts	1 0 6 1	b   c   d   d   d   d   d   d   d   d   d	Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f  B  TRAINING FEES	Susiness Code	2,023,093.	239,911.		
Program Service Revenue	ŀ	-		900099	49,136.	49,136.		
n Se	•	c ]	VOLUNTEER TRAINING	900099	16,181.	16,181.		
ran ?ev	•	d _						
rog	•	е _						
<u>-</u>			All other program service revenue		205 220			
			Total. Add lines 2a-2f		305,228.			
	3	(	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond pro		163.			163.
	5		Royalties					
	6 a	a (	(i) Real  Gross rents  6a 16,268.  6b 0.	(ii) Personal				
			Rental income or (loss) 6c 16,268.		16,268.			16,268.
			Net rental income or (loss)		10,200.			10,200.
	7 8		Gross amount from sales of (i) Securities	(ii) Other				
nue	ŀ	b I	assets other than inventory Less: cost or other basis and sales expenses					
Revenue	(	c (	Gain or (loss) 7c					
Other Re		a (	Net gain or (loss)  Gross income from fundraising events (not					
0	ŀ	ı		29,249. 43,097.				
					-13,848.			-13,848.
			Gross income from gaming activities. See					-
			Part IV, line 19 <b>9a</b>					
	ŀ		Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10 a	а (	Gross sales of inventory, less returns					
		á	and allowances 10a					
	ŀ	b I	Less: cost of goods sold10b					
	(	c I	Net income or (loss) from sales of inventory					
ဋ			<u>  B</u>	Susiness Code				
Miscellaneous Revenue	11 a	а _						
llan /en	ŀ	b _						
Sce.		c _						
Ξ̈́			All other revenue					
			Total Add lines 11a-11d		2,330,904.	305,228.	0.	2,583.
	12		Total revenue. See instructions		<u>~</u> ,~~~,}0\#•	JUJ, 440 •	ı •	4,505.

332009 12-21-23

## 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).

Dο	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	90,211.	44,992.	20,369.	24,850
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,448,828.	1,377,158.	49,778.	21,892
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	16,519.	15,197.	661.	661
9	Other employee benefits	188,544.	173,460.	7,542.	7,542
0	Payroll taxes	122,619.	113,060.	5,886.	3,673
1	Fees for services (nonemployees):	·			·
	Management				
	Legal				
	Accounting	45,800.		45,800.	
	Lobbying			,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	44,372.	31,346.	12,934.	92
12	Advertising and promotion	,-,-	0_,0_0		
3	Office expenses	41,322.	23,140.	7,559.	10,623
4	Information technology	21,293.	20,061.	1,109.	123
5		22,2301	20,0021		
6	Royalties	176,318.	154,597.	18,571.	3,150
	Occupancy	12,030.	9,736.	1,304.	990
7 8	Payments of travel or entertainment expenses	12,030.	3,730.	1,301.	
0	'				
^	for any federal, state, or local public officials Conferences, conventions, and meetings				
9	T				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	55,787.	50,208.		5,579
3		13,238.	8,937.	4,193.	108
	Other expenses. Itemize expenses not covered	13,230.	0,557.	1,155.	
4	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
_	TRAINING	33,347.	33,347.		
a	VOLUNTEER ACTIVITIES	20,122.	20,018.		104
Ö	GENERAL FUNDRAISING EXP	5,900.	20,010.		5,900
q	DUES AND SUBSCRIPTIONS	5,702.	5,322.	155.	225
d		6,191.	2,532.	3,336.	323
e -	All other expenses	2,348,143.	2,083,111.	179,197.	85,835
5	Total functional expenses. Add lines 1 through 24e	4,J40,14J.	4,003,111.	±13,±31•	05,035
:6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (
	3 10 01 03				

Par	τχ	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			268,099.	1	498,596
	2	Savings and temporary cash investments			78,075.	2	121,787
	3	Pledges and grants receivable, net			480,822.	3	198,223
	4	Accounts receivable, net		24,379.	4	18,445	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ection 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	320,312.			
	b	Less: accumulated depreciation			161,568.	10c	151,201
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir			12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	860,953.	15	723,543		
	16	Total assets. Add lines 1 through 15 (must e			1,873,896.	16	1,711,795
	17	Accounts payable and accrued expenses			56,666.	17	70,752
	18	Grants payable				18	
	19	Deferred revenue			21,883.	19	9,423
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part I\	of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer off	icer, director,			
≣		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
-	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X	054 073		000 405
		of Schedule D			954,973.		808,485
	26	Total liabilities. Add lines 17 through 25			1,033,522.	26	888,660
ွှ		Organizations that follow FASB ASC 958, or	check he	ere X			
9		and complete lines 27, 28, 32, and 33.			701 141		770 (70
ala	27	Net assets without donor restrictions			791,141.	27	778,670
g	28	Net assets with donor restrictions	49,233.	28	44,465		
<u>.</u> "		Organizations that do not follow FASB AS6	C 958, cl	neck here			
<u> </u>		and complete lines 29 through 33.					
its	29	Capital stock or trust principal, or current fun			29		
386	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			040 274	31	000 105
ž	32	Total net assets or fund balances			840,374.	32	823,135
	33	Total liabilities and net assets/fund balances			1,873,896.	33	1,711,795

Ра	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				04.		
2	Total expenses (must equal Part IX, column (A), line 25)	2				43.		
3	Revenue less expenses. Subtract line 2 from line 1	3				39.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		34	0,3	74.		
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					35.		
	column (B)) 10							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L <i>:</i>	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
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 separat	e basis	s, 🗍					
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?		L <i>:</i>	2c	X			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		;	За		X		
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	;	3b				
					^^^	(0000)		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Employer identification number

OMB No. 1545-0047

Name of the organization

NIMED HOD CONHITCH DECOLUMION

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

#### 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	ction A. Public Support	71		,			
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 20 10	(0) 2020	(0) = 0 = 1	(4) = 5 = 1	(0) _ 0 _ 0	(1) 1010
-	membership fees received. (Do not						
	include any "unusual grants.")	696,907.	1406363.	1625123.	2132039.	2023093.	7883525.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		125,965.	139,640.			
4	Total. Add lines 1 through 3	817,981.	1532328.	1764763.	2269984.	2170006.	8555062.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						8555062.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total 8555062.
7	Amounts from line 4	817,981.	1532328.	1764763.	2269984.	2170006.	8555062.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	05 050	05 053	05 500	16 004	16 421	100 001
	and income from similar sources	25,053.	25,053.	25,580.	16,904.	16,431.	109,021.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			12 000	7 200	16 101	27 201
	assets (Explain in Part VI.)			13,900.	7,200.	16,181.	37,281. 8701364.
	<b>Total support.</b> Add lines 7 through 10		,			1	$\frac{6701364.}{,279,094.}$
12	Gross receipts from related activities,					<u> </u>	, 4 / 9 , 0 9 4 •
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section t	o01(c)(3)	
800	organization, check this box and storection C. Computation of Publ						L
	-			l (f)		14	98.32 %
	Public support percentage for 2023 (I					15	98.34 %
	Public support percentage from 2022 33 1/3% support test - 2023. If the o					<u> </u>	,,,
10a	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2022. If the o						
L.		-					
170	and <b>stop here.</b> The organization qual <b>10%</b> -facts-and-circumstances tes						
17 a		-					
	and if the organization meets the fact			-		-	
J.	meets the facts-and-circumstances to	_			-	17a, and line 15 is	
ū	10% -facts-and-circumstances tes	-					1070 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circ		-				
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2023

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	elow, piease com	,				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2020	(5, 252)	(5) 2022	(5, 2020	(1) 10141
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ-						
	ization'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						
	ŭ						
	Total. Add lines 1 through 5					+	
	Amounts included on lines 1, 2, and					1	
	3 received from disqualified persons  Amounts included on lines 2 and 3 received					+	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(h) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 on line 10b,						
	whether or not the business is						
	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)					+	<del>                                     </del>
7.3	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504( )(0) : 1	<u>l</u>
						501(c)(3) organizat	ion.
14	First 5 years. If the Form 990 is for th	· ·		Ť	•		<i>'</i>
14	First 5 years. If the Form 990 is for the check this box and stop here				•		<u> </u>
14 Sec	First 5 years. If the Form 990 is for the check this box and stop heretion C. Computation of Publi	ic Support Pe	ercentage				
14 Sec 15	First 5 years. If the Form 990 is for the check this box and stop heretion C. Computation of Public Public support percentage for 2023 (I	ic Support Pe	ercentage divided by line 13,	column (f))		15	%
14 Sec 15 16	First 5 years. If the Form 990 is for the check this box and stop heretion C. Computation of Public Support percentage for 2023 (I Public support percentage from 2022)	ic Support Pe ine 8, column (f), Schedule A, Pari	ercentage divided by line 13,	column (f))			
14 Sec 15 16 Sec	First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public support percentage for 2023 (I Public support percentage from 2022 tion D. Computation of Investigation D. Computation of Investigation D.	ic Support Pe ine 8, column (f), Schedule A, Part stment Incom	ercentage divided by line 13, : III, line 15	column (f))		15 16	% %
14 Sec 15 16 Sec 17	First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2023 (In Public support percentage from 2022 tion D. Computation of Investment income percentage for 20	ic Support Pe ine 8, column (f), Schedule A, Part stment Incom 23 (line 10c, colu	ercentage divided by line 13, III, line 15 DE Percentage mn (f), divided by line	column (f))		15 16	% %
14 Sec 15 16 Sec 17 18	First 5 years. If the Form 990 is for the check this box and stop heretion C. Computation of Public Public support percentage for 2023 (Public support percentage from 2022 tion D. Computation of Investing Investment income percentage from 20 Investment Income percentage Income In	ic Support Pe ine 8, column (f), Schedule A, Part stment Incom 23 (line 10c, colu 2022 Schedule A,	ercentage divided by line 13, III, line 15 DE Percentage mn (f), divided by line 17	column (f))		15 16 17 18	% % %
14 Sec 15 16 Sec 17 18 19a	First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2023 (Public support percentage from 2022 tion D. Computation of Investment income percentage from 20 Investment income percentage from 233 1/3% support tests - 2023. If the	ic Support Perine 8, column (f), Schedule A, Paristment Incom 23 (line 10c, colu 2022 Schedule A, organization did o	ercentage divided by line 13, III, line 15 E Percentage mn (f), divided by I Part III, line 17 not check the box	column (f)) ine 13, column (f)) on line 14, and line	e 15 is more than	15 16 17 18 33 1/3%, and line	% % %
14 Sec 15 16 Sec 17 18 19a	First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2023 (Interpretation D. Computation of Investment income percentage from 2021 Inve	ic Support Perine 8, column (f), Schedule A, Paristment Incom 23 (line 10c, colu 2022 Schedule A, organization did and stop here. The	ercentage divided by line 13, III, line 15 EPercentage mn (f), divided by l Part III, line 17 not check the box organization qual	column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s	e 15 is more than supported organiz	15 16 17 18 33 1/3%, and line action	% % % 17 is not
14 Sec 15 16 Sec 17 18 19a b	First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2023 (Public support percentage from 2022 tion D. Computation of Investment income percentage from 20 Investment income percentage from 233 1/3% support tests - 2023. If the	ic Support Perine 8, column (f), Schedule A, Parestment Incom 23 (line 10c, colu 2022 Schedule A, organization did indstop here. The organization did indstop did	ercentage divided by line 13, III, line 15 EPercentage mn (f), divided by l Part III, line 17 not check the box organization qual	column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s	e 15 is more than supported organiz a, and line 16 is m	15 16 17 18 33 1/3%, and line ation fore than 33 1/3%,	% % % 17 is not

332023 12-21-23

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	_		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	6		
	•		
	7		
	8		
	9a		
	0.		
	9b		
	90		
	9c		
	10a		
	- 3		
	10b		
dule	A (Forr	n 990)	2023

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations			·
	Did the appropriation was ide to each of its appropriate against large by the last day of the sight would of the		Yes	No
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
α	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

332025 12-21-23 Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 CENTER FOR CONFLICT RESO	LUT	ION	36-2997680 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain ir	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in 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 0.015 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 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

6

5 Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

g Applied to underdistributions of prior yearsh Applied to 2023 distributable amount

a Applied to underdistributions of prior yearsb Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

4 Distributions for 2023 from Section D,

Part VI. See instructions.

line 7:

and 4c.

8 Breakdown of line 7:

a Excess from 2019

b Excess from 2020

c Excess from 2021

d Excess from 2022

e Excess from 2023

i Carryover from 2018 not applied (see instructions)j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Part VI	Supplemental Information Devide the evaluations required by Dot II line 10: Dot II line 17: or 17b; Dot III line 19:
T dit VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Iine 1; Part V, Section B, line 1e; Part V, Section B, lines 1 and 2; Part IV, Section B, lines 1 and 2; Part IV, Section B, lines 1 and 3; Part IV, Section B, lines 1 and 3
	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.)

# Schedule B

(Form 990)

Schedule of Contributors

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

CENTER FOR CONFLICT RESOLUTION 36-2997680 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_\$ \_

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

## CENTER FOR CONFLICT RESOLUTION

36-2997680

CENTE	R FOR CONFLICT RESOLUTION	30	- 499/000
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CIRCUIT COURT OF COOK COUNTY - DRCA  50 WEST WASHINGTON STREET  CHICAGO, IL 60602	\$300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHICAGO BAR FOUNDATION  321 S PLYMOUTH COURT SUITE 3B  CHICAGO, IL 60604	\$1,126,355.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ILLINOIS EQUAL JUSTICE FOUNDATION  180 N STETSON AVE, SUITE 820  CHICAGO, IL 60601	\$ 112,707.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY  60 E VAN BUREN ST  CHICAGO, IL 60605	\$ 107,501.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
202450, 10.0		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## CENTER FOR CONFLICT RESOLUTION

36-2997680

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-23	\$	Schedule B (Form 990) (20

Schedule B (Form 990) (2023) Name of organization **Employer identification number** 36-2997680 CENTER FOR CONFLICT RESOLUTION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOR CONFLICT RESOLUTION

**Employer identification number** 36-2997680

Schedule D (Form 990) 2023

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		imilar Funds or A	Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year	. ,		· ·
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		d in donor advised fur	nds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confe	rring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included on line 2a		2c
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or te	erminated by the organ	nization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		on, handling of	
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	d enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onfo	ording consorvation of	acoments during the year
′	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and enti-	orchig conservation ea	asements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements	of section 170(h)(4)(B)	)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footi	note to the organization's	financial statements th	nat describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	•	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	·		
	of art, historical treasures, or other similar assets held for pul			ince of public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtherand	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			provide
	the following amounts required to be reported under FASB A			_
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

332051 09-28-23

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

Pai	t III Organizations Maintaining C	collections of A	rt, Historic	al Treasures,	or Other	Similar As	sets(continued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any	of the following that	at make sign	ificant use of	its
	collection items (check all that apply).						
а	Public exhibition	d	Loan	or exchange progr	am		
b	Scholarly research	е					
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explai	n how they fu	rther the organizat	ion's exemp	t purpose in F	Part XIII.
5	During the year, did the organization solicit o	•	•	-	· ·		
	to be sold to raise funds rather than to be ma		•	•			Yes No
Pai	t IV Escrow and Custodial Arran						
	reported an amount on Form 990, Par		•			ŕ	
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for cont	ributions or other a	ssets not in	cluded	
	on Form 990, Part X?					[	Yes No
b	If "Yes," explain the arrangement in Part XIII						
		·	ū				Amount
С	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Fe					?	Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation ha	s been provided in	Part XIII		
Pai							
	'	(a) Current year	(b) Prior y	ear (c) Two yea	rs back (d)	Three years ba	ck (e) Four years back
1a	Beginning of year balance						
	Contributions						
	Net investment earnings, gains, and losses			7			
	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
	End of year balance						
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, co	umn (a)) held as:	· · · · · · · · · · · · · · · · · · ·		<u>'</u>
а	Board designated or quasi-endowment		%	· //			
	Permanent endowment	%	_				
С	Term endowment	<del></del>					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
За	Are there endowment funds not in the posse	•	ation that are	held and administe	ered for the		
	organization by:	3					Yes No
	(i) Unrelated organizations?						
	(ii) Related organizations?						
b	If "Yes" on line 3a(ii), are the related organiza						
4	Describe in Part XIII the intended uses of the						
Pai	t VI Land, Buildings, and Equipm						
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line	11a. See Form 99	0, Part X, lin	e 10.	
	Description of property	(a) Cost or o basis (investr		b) Cost or other basis (other)	` '	imulated ciation	(d) Book value
1a	Land						
	Buildings						
	Leasehold improvements						
	Equipment			320,312.	16	9,111.	151,201.
	Other						
	. Add lines 1a through 1e. (Column (d) must e		X, line 10c, c	column (B))			151,201.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 CENTER FOR	CONFLICT RESO	LUTION 36	-2997680 <sub>Page</sub> 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 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	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) DEPOSITS			6,752.
(2) OPERATING LEASE RIGHT-OF-	USE ASSETS		716,791.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		723,543.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEPOSITS			3,166.
(3) OPERATING LEASE LIABILITI	ES		805,319.
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2023

808,485.

(7) (8)

Pai	Reconciliation of Revenue per Audited Financial St	atements with	Revenue per H	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,477,817.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b			146,913.		
С	1 , 3				
d	/				446.040
е	• • • • • • • • • • • • • • • • • • • •			2e	146,913.
3	Subtract line 2e from line 1			3	2,330,904.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,				
b	(=				•
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	2,330,904.
Pa	rt XII Reconciliation of Expenses per Audited Financial S		n Expenses per	кети	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, I				2 405 056
1	Total expenses and losses per audited financial statements			1	2,495,056.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 1	146 012		
а			146,913.		
b	· · · · · · · · · · · · · · · · · · ·				
С					
	Other (Describe in Part XIII.)				146 012
	• • • • • • • • • • • • • • • • • • • •			2e	146,913. 2,348,143.
3	Subtract line 2e from line 1			3	2,340,143
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	, , , , , , , , , , , , , , , , , , , ,				
	Other (Describe in Part XIII.)				0.
_	Add lines 4a and 4b			4c	2,348,143
5 <b>D</b> ai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII   Supplemental Information	18.)		5	2,340,143
		=			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			4, Fait	A, III 16 2, Fait Ai,

332054 09-28-23

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number Name of the organization CENTER FOR CONFLICT RESOLUTION 36-2997680 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

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

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events
	1		ANNUAL EVENT		1101112	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nne			71 7	, ,,,	,	
Revenue	1	Gross receipts	237,782.			237,782.
ш						
	2	Less: Contributions	208,533.			208,533.
	3	Gross income (line 1 minus line 2)	29,249.			29,249.
	_					
	4	Cash prizes				
	_	Noncash prizes	5,858.			5,858.
es	3	Noncash prizes	3,0301			3,0301
Direct Expenses	6	Rent/facility costs	37,088.			37,088.
ăx	_					, , , , , , , , , , , , , , , , , , ,
ect	7	Food and beverages				
Ö						
		Entertainment	4.54			4.54
		Other direct expenses	151.			151.
		Direct expense summary. Add lines 4 through				43,097. -13,848.
Da	rt I	Net income summary. Subtract line 10 from li  Gaming. Complete if the organization is		2000 Part IV line 10 or		-13,040.
		\$15,000 on Form 990-EZ, line 6a.	answered res offrom	1990, Fait IV, line 19, 01	reported more triair	
		ψ.ο,οοο σ σ σοο <u></u> ,σ σα.	(15)	(b) Pull tabs/instant	( ) 011	(d) Total gaming (add
une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	_					
Exp	3	Noncash prizes				
ect	4 Rent/facility costs					
Ē						
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	_					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
		· · · · · · · · · · · · · · · · · · ·				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023 CENTER FOR CONFLICT	r RESOLUTION 36-2	99/680	J Page <b>3</b>
11 Does the organization conduct gaming activities with nonmembers?		Yes	No.
12 Is the organization a grantor, beneficiary or trustee of a trust, or a memb			
	· · · · · · · · · · · · · · · · · · ·		
to administer charitable gaming?		└── Yes	∟ No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	%
<b>b</b> An outside facility		13b	%
14 Enter the name and address of the person who prepares the organization		•	
	The garming, openial events acons and recorder		
Name			
Name			
Address			
15a Does the organization have a contract with a third party from whom the	organization receives gaming revenue?	Yes	☐ No
3	3 3	•	
h If "Voc " anter the amount of gaming revenue received by the erganization	on the amount		
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization	on \$ and the amount		
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
Address			
<b>16</b> Gaming manager information:			
Name			
Coming manager companaging \$			
Gaming manager compensation \$			
	<u> </u>		
Description of services provided			
Director/officer Employee Inde	pendent contractor		
Employee Inde	perident contractor		
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributi	ons from the gaming proceeds to		
retain the state gaming license?		└── Yes	└─ No
<b>b</b> Enter the amount of distributions required under state law to be distribu	ted to other exempt organizations or spent in the	•	
organization's own exempt activities during the tax year \$	iou to carror oxompt organizations of opent at ano		
			0h 10h
·		it iii, iiries 9	, 90, 100,
15b, 15c, 16, and 17b, as applicable. Also provide any additional	il information. See instructions.		

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

CENTER FOR CONFLICT RESOLUTION

Employer identification number 36-2997680

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1</b> b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the view did any payon listed on Faver 2000 Dark VIII. Continue A. line to with respect to the filling			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	40		х
a	Receive a severance payment or change-of-control payment?	4a 4b		X
D	Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?	46 4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	ii Tes to any or lines 4a-o, list the persons and provide the applicable amounts for each item in Falt III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CASSANDRA LIVELY (i)	127,940.	0.	0.	1,500.	36.		0.
EXECUTIVE DIRECTOR (ii)		0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)			4				
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i) (ii)							
(i)							
(i)							
(i)							
(ii)							

#### Part III Supplemental Information

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

#### PART I, LINE 3:

THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR SALARY USING A

COMPENSATION STUDY PREPARED FOR CCR BY AN INDEPENDENT CONSULTANT AND BY

USING COMPARABILITY DATA.

#### FORM 990, PART VII, SECTION A

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

TO THE CENTER FOR CONFLICT RESOLUTION, PROVIDED \$40,065 OF COMPENSATION

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

DECEMBER 31, 2022. THIS AMOUNT, WHICH IS IN ADDITION TO THE

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

COMPENSATION SHOWN IN THIS SCHEDULE. THOSE SERVICES ARE CONSIDERED

DONATED TO THE ORGANIZATION AND, WHILE INCLUDED IN THE FINANCIAL

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

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

CENTER FOR CONFLICT RESOLUTION

Employer identification number 36-2997680

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
15,000 NEW CLIENTS THROUGH BOTH CASE MANAGEMENT AND MEDIATION SERVICES.
CCR ALSO FOCUSED RESOURCES ON STALKING NO CONTACT CASES WITH THE
DOMESTIC VIOLENCE DIVISION OF THE CIRCUIT COURT OF COOK COUNTY. CCR HAS
PARTNERED WITH COMMUNITIES IN SCHOOLS TO PROVIDE CONFLICT RESOLUTION
WORKSHOPS TO STUDENTS IN CHICAGO PUBLIC SCHOOLS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE AUDIT AND FINANCE COMMITTEES REVIEW FORM 990 AND PROVIDE COMMENTS OR
QUESTIONS TO MANAGEMENT AND THE PREPARER PRIOR TO ITS FILING
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ANNUALLY INDICATED THAT THEY ARE IN COMPLIANCE WITH THE CCR
CONFLICT OF INTEREST POLICY. SIGNED FORMS ARE KEPT ON FILE.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR AND OTHER KEY
EMPLOYEE SALARIES USING A COMPENSATION STUDY PREPARED FOR CCR BY AN
INDEPENDENT CONSULTANT AND BY USING COMPARABILITY DATA.
FORM 990, PART VI, SECTION C, LINE 19:
AVIALABLE UPON REQUEST

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

Schedule O (Form 990) 2023