EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

A	For the	2019 calendar year, or tax year beginning and	d ending	_	
В	Check if applicable	C Name of organization		D Employer identific	cation number
X	Addres	CHILDREN IN CONFLICT, INC.			
	Name change			81-42823	43
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
L	Final return/ termin-	1460 BROADWAY	8004		8-2845
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,591,562.
Ļ	Ameno return	NEW TORK, NI 10050		H(a) Is this a group re	
	Application pending			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		e: CHILDRENINCONFLICT. ORG	1	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: ZUIDIN	A State of legal domicile: DE
P		Summary	DDEN T	N CONETTON	DDOMECMC
Se	1	Briefly describe the organization's mission or most significant activities: ${ t CHII}$	T CYLLCE TOVEM T	IN CONFLICT	ET TOM
Governance					
Veri		Check this box Lift the organization discontinued its operations or disp		I 1	5
Ĝ		Number of voting members of the governing body (Part VI, line 1a)			5
∞ ′0		Number of independent voting members of the governing body (Part VI, line 1b)		·····	6
Ęį		Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)			17
Activities &		Fotal number of volunteers (estimate if necessary) Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
¥		Net unrelated business taxable income from Form 990-T, line 39			0.
	5	vet difference business taxable income from 1 offi 350-1, lifte 55		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		957,626.	1,179,936.
	1	Program service revenue (Part VIII, line 2g)		0.	0.
š	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		27.	0.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		957,653.	1,179,936.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		435,000.	799,766.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ç		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		313,448.	371,546.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ф		Fotal fundraising expenses (Part IX, column (D), line 25)	503.		
û		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		246,488.	
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		994,936.	1,382,655.
	19	Revenue less expenses. Subtract line 18 from line 12		-37,283.	-202,719.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Fotal assets (Part X, line 16)		683,991.	973,887.
t As	21	Total liabilities (Part X, line 26)		483,537.	1,008,252.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		200,454.	-34,365.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	which preparer	has any knowledge.	
		Signature of officer		l Date	
Sig				Date	
Hei	re	ELISABETH LITTLE, EXECUTIVE DIRECTOR Type or print name and title			
			П	Date Check	II PTIN
Pai	_d	Print/Type preparer's name Preparer's signature LAUREN CRESCI	'	if L	
		Firm's name LUTZ AND CARR, CPAS LLP		self-employ Firm's EIN ▶	13-1655065
	Only	Firm's address 551 FIFTH AVENUE, SUITE 400		I IIIII 2 EIIV	13 1033003
550	· · · · · · ·	NEW YORK, NY 10176		Phone no 21	2-697-2299
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)		I Holle Ho. 2 1	X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: AT CHILDREN IN CONFLICT, WE BELIEVE THAT IT IS UNACCEPTABLE FOR ANY
	CHILD'S LIFE TO BE DESTROYED BY WAR. WE WORK TIRELESSLY TO RESTORE
	HOPE AND CHILDHOODS UPON THE PILLARS OF PROTECTION, EDUCATION, AND
	LIVELIHOODS. CHILDREN IN CONFLICT WAS ESTABLISHED AS A PARTNER OF WAR
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$908,515. including grants of \$799,766.) (Revenue \$)
	IN 2019, CHILDREN IN CONFLICT AWARDED WAR CHILD UK A GRANT TO SUPPORT THEIR EFFORTS IMPROVING THE LIVES OF CHILDREN IN WAR AFFECTED REGIONS
	AROUND THE WORLD.
	THE GRANT WAS AWARDED ACROSS THREE COUNTRY PROGRAMS INCLUDING:
	DEMOCRATIC REPUBLIC OF CONGO (DRC) - IN 2019 IN DRC 26,925 BENEFICIARIES
	WERE REACHED. A NEW PILOT PROJECT BEGAN IN 2019 FOCUSSED ON SUPPORTING
	CHILDREN FORCIBLY RECRUITED INTO ARMED CONFLICT, USED IN PROSTITUTION,
	FORCED LABOR, OR HAZARDOUS WORK. WE CONTINUE TO OFFER CATCH-UP CLASSES
	FOR OUT-OF-SCHOOL CHILDREN IN RUTSHURU AND MUTENA, TRAINING THEM IN
	SCHOOL GOVERNANCE, BUILDING NEW CLASSROOMS, AND DISTRIBUTING SCHOOL
	KITS FOR THE MOST VULNERABLE CHILDREN. A NEW COMMUNITY-BASED
	REINTEGRATION MODEL FOR CHILDREN AND YOUTH AFFECTED BY CONFLICT INXZA
4b	(Code:) (Expenses \$
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
·u	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 908,515.
-10	Form 990 (2019)
932002	SEE SCHEDULE O FOR CONTINUATION(S)

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?	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	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			
9	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	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	October 1 - D. De to William 1911	12a	Х	
b	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	<u> </u>
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		37	
40	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	46		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	···		
	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\ _{3,7}
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

932003 01-20-20

Form **990** (2019)

Form 990 (2019) CHILDREN IN CONFLI
Part IV Checklist of Required Schedules (continued)

. u.	en en al contra de la contra del contra de la contra de la contra del la contra de la contra de		_	
20	Did the examination report more than \$5,000 of grants or other againstance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			\ _V
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	056		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	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		X
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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		 ^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	Schedule N, Part II	32		 ^
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		x
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		+
J-7		34		X
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pal	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ıa b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	х	
	·			

932004 01-20-20

Form **990** (2019)

Form 990 (2019) CHILDREN IN CONFLICT, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, 2a 6 b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to 6-file gen instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yos, *has it filed a Form 990-T for this year? If YAY to 16 ns 3b, provide an explanation on Schedule O 4d At any 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 glouch as a bank account, securities account, or other financial account()? 5d If Yos, *Institute the name of the troligin country year or the provided of the security of the year? 5d Was the organization aparty to a prohibited tax shorter transaction at any time during the tax year? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles or celebrate than \$100,000, and did the organization solid any contributions that were not tax deductibles and celebrate than \$100,000, and did the organization solid any contributions that were not tax deductibles and celebrate than \$100,000, and did the organization solid any contributions that were not tax deductibles or celebrate than \$100,000, and did the organization solid any contributions that were not tax deductibles and celebrate than \$100,000, and did the organization solid any contributions that were not tax deductibles and celebrate than \$100,000, and did the organization solid the organization include with every solicitation and express statement that such contributions or grits were not tax deductibles and celebrate than \$100,000,000,000,000,000,000,000,000,000				Yes	No				
b If a least one is reported on line 2a, did the organization file all required teefned employment tax returns? Note: If the sum of lines ta and 2 as igneater than 250, you may be required to e-file (see instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 6							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1'Yes', has it filed a Form 9907 for this year of 1'We' to file 3b, your owned an explanation on Schedule O 4c 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 accounts (FBAR). 5c If 1'Yes' to line Sar of Sb, did the foreign country 5c Was the organization apart yo a prohibited tax shelter transaction at any time during the tax year? 5c If 1'Yes' to line Sar of Sb, did the organization file Form 88817. 6c If 1'Yes' to line Sar of Sb, did the organization file Form 88817. 6c If 1'Yes' to line Sar of Sb, did the organization file Form 88817. 6c If 1'Yes' to line Sar of Sb, did the organization file scharitable contributions? 6c If 1'Yes' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 1'Yes' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 1'Yes', include the number of forms 8882 filed during the year organization sell of the organization sell, exchange, or otherwise dispose of tangitie personal property for which it was required to the Form 8882? 6c If Yes', indicate the number of Forms 8882 filed during the year. 6c If If Yes', indicate the number of Forms 8882 filed during the year. 6c If If If Yes', indicate the nu	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
b If Yes, "has it flied a Form 990 T for this year? If "No" to fine 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorly over, a financial account? 5 If "Yes," enter the name of the foreign country Evol		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
4a A any 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, secunities account, or other financial account (and the property of the property	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
the interval of the contributions of the financial account, or other financial account? b if 1'Yes, 'retret 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 a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6a Does the organization shall the organization file Form 8886-17? 6b I'Yes' to line 5a or 5b, did the organization file Form 8886-17? 7 Organization shall may receive deductible as charitable contributions? 6b I'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization shall many receive deductible contributions under section 170(c). 8 Did the organization receive apprentil receives 5f 375 made party as a contribution of and party for goods and services provided to the payor? 7 b I'Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 b Did the organization received any payment in excess of 375 made party as a contribution of the value of the goods or services provided? 7 c Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 b I' He organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required? 1 b I' the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-0? 8 Sponsoring organization make any taxable distributions under section 4986? 9 Did the sponsoring organization make any taxable distributions under section 4986? 9 Section 501(K)17 organizations. Enter: a initiation fees and capital contributions included on Part VIII	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
b If "Yes," enter the name of the foreign country ▶ Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b ID did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sar of Sb, did the organization file Form 88867? 5c If "Yes" 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? 6c If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization norify the donor of the value of the goods or services provided? 9d If "Yes," include the organization norify the donor of the value of the goods or services provided? 1b If "Yes," include the organization norify the donor of the value of the goods or services provided? 1c ID did the organization norify the donor of the value of the goods or services provided? 1c ID did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1c ID did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 1d If the organization received a contribution of cast, botts, airplanes, or other vehicles, did the organization file a Form 1098-C? 1d If the organization received a contribution of cast, botts, airplanes, or other vehicles, did the organization file a Form 1098-C? 1d If the organization received a contribution of cast, botts, airplanes, or other vehicles, did the organization file a Form 1098-C? 1d If the organization received and contribution of cast, botts, airplanes, or other vehicles	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 9 Section 50b, did the organization that it was or is a party to a prohibited tax shelter transaction? 9 Section 50b, did the organization that it was or is a party to a prohibited fax shelter transaction? 9 Section 50b, did the organization include with every solicitation and state of the organization solicit any contributions that were not tax deductible as charitable contributions? 9 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 10 If Yes, "did the organization include with every solicitation and party for goods and services provided to the payor? 10 If Yes," did the organization notify the donor of the value of the goods or services provided? 11 If Yes," did the organization notify the donor of the value of the goods or services provided? 12 If Yes," did the organization received actually the donor of the value of the goods or services provided? 13 If Yes," did the organization received a contribution of the value of the goods or services provided? 14 If Yes," did the organization received a contribution of qualified intellectual property, did the organization flee a Form 1098-C7 organization received a contribution of qualified intellectual property, did the organization flee a Form 1098-C7 organization received a contribution of qualified intellectual property, did the organization the a Form 1098-C7 organization have excess business holdings at any time during the year? 10 If the organization have excess business holdings at any time during the year? 11 If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizati		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b Max the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 X 50 X 50 X 51 X 52 X 53 X 54 X 55 X 56 X 56 X 57 X 58 X 58 X 58 X 59 X 50 X 50 X 51 X 52 X 53 X 54 X 55 X 56 X 56 X 57 X 58 X 58 X 58 X 58 X 59 X 50 X 50 X 50 X 51 X 52 X 53 X 54 X 55 X 56 X 56 X 57 X 58 X 58 X 58 X 58 X 58 X 58 X 59 X 50 X	b	If "Yes," enter the name of the foreign country ▶							
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 5a or 5b, did the organization file for m88861. To see the program of the program		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
till Yes' to line 5a or 5b, did the organization file Form 8886-17. 6a 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	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a						
6a Des 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? b 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). a Did the organization scelve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization to qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization make any taxable distributions. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(K)7 organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 1 Gross income from members or shareholders 1 Gross income from there sources (D not net amounts due or paid to other sources against amounts due or received from them.) 1 Section 501(K)12 organizations. Enter: a If the organization incensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of teavex	b		5b		X				
b If "Yes," indicate the number of Earn Seze" 7 Organizations that were not tax deductible? 8 Organizations that may receive deductible contributions under section 170(c). 9 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? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 11 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 14 Did the organization received a contribution of cars, boats, any premiums of the organization file Form 8999 as required? 15 Sponsoring organizations maintaining donor advised funds. 16 Did the sponsoring organization make any taxable distributions under section 49667 17 Sponsoring organization make any taxable distributions under section 49667 18 Did the sponsoring organization make any taxable distributions under section 49667 19 Section 501(c)(7) organizations. Enter: 2 Initiation fees and capital contributions included on Part VIII, line 12 2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 2 Did fores received from them) 2 Section 501(c)(12) organizations. Enter: 2 Inter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to 10 issue qualified health plans in more than one state? 2 Note: See the instructions for additional information the organization must report on Schedule O. 2 Enter the amount of reserves			5c						
b 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). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," include the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," include the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract? 7 E X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8998 as required? n If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization make a vexcess business sholdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advi	6a								
were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? To X Did the organization and the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required To Line Form 8282? If yes, "indicate the number of Forms 8282 filed during the year Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? To Line Form 8289 as required? To Line His organization received a contribution of qualified intellectual property, did the organization file a Form 1986-07 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Soponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make an			6a		X				
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X g If the organization receive any funds, directly or indirectly, on a personal benefit contract? 7 To Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? S Sponsoring organizations maintaining donor advised funds. Did a door advised fund maintained by the sponsoring organization make a distribution of under funds. Did a door advised fund maintained by the sponsoring organization make a distribution or devised funds. Did a door advised fund fund maintained by the sponsoring organization make a distribution or devised funds. Did a door advised fund such a fund for severe in the sponsoring organization make and itsributions under section 4966? 9 Sponsoring organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10 If organization included on Form 990, Part VIII, line 12 2 Initiation fees and capital contributions included on Part VIII, line 12 3 Section 501(c)(2) organizations. Enter: 3 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule O. 15 Enter the amount of reserv	b								
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract? 7			6b						
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	7								
to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	а								
to file Form 8282? d If "Yes," inclicate the number of Forms 8282 filed during the year	b		7b	X					
d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	С				7,7				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t X X 1			7c		Λ				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization is licensed to issue qualified health plans in more than one state? 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 in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. b If "Yes," see in	d		_		v				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Becoin 501(c)(12) organizations. Enter: a Gross income from members or shareholders Becoin 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization ilcensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," complete Form 4720, Schedule O.	_								
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9a									
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any datable distributions under section 4966? Did the sponsoring organizations make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities That is gross income from members or shareholders In Gross income from members or shareholders In Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans C Enter the amount of reserves on hand In the organization is licensed to issue qualified health plans If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. In the organization subject to t									
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b	_								
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	0								
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 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 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Yes," see instructions and file Form 4720, Schedule N. 18 Is the organization and educational institution subject to the section 4968 excise tax on net investment income?	9								
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 instructions and file Form 4720, Schedule N. 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.			9a						
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 15 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12b 12c Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 12c Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12b 12c Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12c Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? 13a 12c Section 501(c)(29) qualified health plans in more than one state? 13b 13c	_								
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," sa it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see 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.			0.0						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1		I I							
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 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? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 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 16 If "Yes," see 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.	_								
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a									
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," see instructions and educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	а	, n / - -							
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Section 501(c)(29) qualified nonprofit health plans in more than one state? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 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? If "Yes," see 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.									
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. 13a									
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. 13a	12a		12a						
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see 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.	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see 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.	13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see 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.	а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
organization is licensed to issue qualified health plans		Note: See the instructions for additional information the organization must report on Schedule O.							
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year?	b								
Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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 16 "Yes," see 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 17 If "Yes," complete Form 4720, Schedule O.									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see 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.	С								
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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.					X				
excess parachute payment(s) during the year? If "Yes," see 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.									
If "Yes," see 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.	15								
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.			15		X				
If "Yes," complete Form 4720, Schedule O.					v				
	16		16		A				
		If "Yes," complete Form 4720, Schedule O.	Form	000	(2010)				

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	<u> </u>		
	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	i		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	٣		
<i>,</i> a		7a		Х
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/ a		
b		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		00	х	
	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
b		OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI.
40-	Did the constraint in the second standard because the second seco	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	١		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY, DE			
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)s only	/) avail	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, as	nd fina	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			
	KIWI PARTNERS - (212)532-7171			
_	237 WEST 35TH ST, STE 1101, NEW YORK, NY 10036			
		_		_

CIC____1

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

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

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related						пре	isai			(F)	
(A)	(B)		(C) Position			1		(D)	(E)	(F)	
Name and title	Average hours per	(do	(do not check more than one		one	Reportable compensation	Reportable compensation	Estimated			
	week	offic	box, unless person is both an officer and a director/trustee)			or/trus	tee)	from	from related	amount of other	
	(list any	tor						the	organizations	compensation	
	hours for	direc				DE.		organization	(W-2/1099-MISC)	from the	
	related	tee or	ıstee			en sat		(W-2/1099-MISC)	, , ,	organization	
	organizations	Itrus	nal tri		oyee	duo s				and related	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations	
	line)	ip ip	Inst	Officer	Key	Hig	P				
(1) AMANDA GARDINER	1.00			l							
CHAIR		Х		Х				0.	0.	0 .	
(2) CYNTHIA PIERCE	1.00							_	_	_	
SECRETARY		Х		Х				0.	0.	0.	
(3) CHRIS ADELL	1.00										
TREASURER		Х		Х				0.	0.	0.	
(4) SACHA DESHMUKH	1.00										
TRUSTEE		Х						0.	0.	0 .	
(5) JACLYN LINDSEY	1.00										
TRUSTEE		Х						0.	0.	0.	
(6) ROB WILLIAMS	1.00										
TRUSTEE		Х						0.	0.	0 .	
(7) ELISABETH LITTLE	40.00										
EXECUTIVE DIRECTOR				Х				120,850.	0.	10,702	
		1									
		\vdash		\vdash	\vdash						
		ł									
			1	ı	I	ı	ı	1	i		

Form **990** (2019)

Form 990 (2019) CHILDREN IN CONFLICT, INC. 81-4282343 Page 8													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	Name and title Average hours per week			Posi heck in ss per and a di	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org an	pensa om the anizat d relat anizatio	e ion ed
		_											
1b Subtotal								120,850.		0.	1	0,7	
c Total from continuation sheets to Part d Total (add lines 1b and 1c)							▶	120,850.		0.	1	0,7	0. 02.
 Total number of individuals (including but compensation from the organization 	t not limited to th	nose	liste	ed at	oove	e) wł	no r	eceived more than \$100	,000 of reportab	ole			1
3 Did the organization list any former office			•		•		•		•			Yes	No
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	ation	n and	d ot	her compensation from	the organization		3		X
and related organizations greater than \$ 5 Did any person listed on line 1a receive of the second se	or accrue compe	nsat	ion f	from	any	unr/	elat	ted organization or indiv	dual for services	3	4		X
rendered to the organization? If "Yes," co	ompiete Scriedui	e J T	or s	ucn į	bers	son .					5		
Complete this table for your five highest the organization. Report compensation f										npens	ation	rom	
(A) Name and busine			ONI					(B) Description of s		С	(Compe) nsatio	n
Total number of independent contractors	s (including but r	not lii	mite	d to	tho	م اند	ster	d above) who received m	ore than				
\$100,000 of compensation from the orga		iot III		u 10		0	J.66(a above, who received in	iore triali		Form	990 (ž	2019)

Pa	rt V	III	Statement of Revenue					-
			Check if Schedule O contains a response o	r note to any lin	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d e f g h a b c d e	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	.17,621. 062,315. Business Code	1,179,936.			
			All other program service revenue					
	3 4 5 6	a b c	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond processor Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	t, and coceeds (ii) Personal				
Revenue	7	a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) (i) Securities 7a 7b 7c	(ii) Other				
Other R	8	а		11,626.				
	9	c a b	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b		0.			
	10	a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11	a b c		Business Code				
2			Total. Add lines 11a-11d	b				
	12		Total revenue. See instructions		1,179,936.	0.	0.	0.

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).

D-	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	799,766.	799,766.		
	individuals. See Part IV, lines 15 and 16	199,100.	199,100.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	131,521.	78,913.	26,304.	26,304
6	trustees, and key employees Compensation not included above to disqualified	131,3210	70,513.	20,304.	20,304
O	persons (as defined under section 4958(f)(1)) and				
	naraana dagarihad in agatian 40E0(a)(0)(D)				
7		197,881.	7,110.	69,272.	121,499
7 8	Other salaries and wages Pension plan accruals and contributions (include	151,001	,, + + 0 •	V J Z I Z I	±4±; ±27
o	section 401(k) and 403(b) employer contributions)	2,050.	512.	601.	937
9	Other employee benefits	17,085.	519.	6,006.	10,560
9 10	Payroll taxes	23,009.	5,747.	6,746.	10,516
11	Fees for services (nonemployees):	20,000	~ , , <u> </u>	0,,100	
·· а					
b		2,061.		2,061.	
c		45,176.		45,176.	
	Lobbying				
e	D (' 1(1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g	//(!) 44				
3	column (A) amount, list line 11g expenses on Sch O.)	67,101.		36,034.	31,067
12	Advertising and promotion				
13	Office expenses	7,755.	30.	939.	6,786
14	Information technology				
15	Royalties				
16	Occupancy	33,830.	15,787.	6,766.	11,277
17	Travel	42,712.	131.	2,022.	40,559
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,791.		1,791.	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	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.)			4 225	F 464
а	LICENSES AND FEES	6,508.		1,387.	5,121.
b	TRAINING AND DEVELOPMEN	2,120.		375.	1,745
С	MISCELLANEOUS	1,334.		57.	1,277
d	INDIRECT BENEFIT EXPENS	625.			625
е	· —	330.	000 515	005 505	330
25	Total functional expenses. Add lines 1 through 24e	1,382,655.	908,515.	205,537.	268,603
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 152,422 367,191. 2 Savings and temporary cash investments 514,292. 593,031. Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use R 5,260. 3,991. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 5,372. basis. Complete Part VI of Schedule D _____ 10a 2,686. 895. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 10,600. 7,510. Other assets. See Part IV, line 11 15 15 683,991. 973,887. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 292,613. 206,062. 17 Accounts payable and accrued expenses 17 100,000. 713,266. 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 90,924. 88,924. 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 483,537. 1,008,252. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 200,454. -34,365. 27 27 Net assets without donor restrictions Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

973,887. Form **990** (2019)

-34,365.

31

32

33

200,454.

683,991.

31

32

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

Form **990** (2019)

. 0111	1000 (2010)			1 4	9~ . -			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	1,17	2,6	55.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-20	$\frac{2}{0}, \frac{7}{4}$				
4	· · · · · · · · · · · · · · · · · · ·							
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	2	<u>^ 1</u>	^^			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	- 3	2,1	00.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))							
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Щ			
1 2a	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		- 2a	Yes	X			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, 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		2c	х				
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits explain why on Schedule O and describe any steps taken to undergo such audits.	ired audit	3b					

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number Name of the organization CHILDREN IN CONFLICT. INC. 81-4282343 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

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

Sec	ction A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
1	Gifts, grants, contributions, and						_					
	membership fees received. (Do not											
	include any "unusual grants.")		6,779.	904,263.	957,626.	1179936.	3048604.					
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											
4	Total. Add lines 1 through 3		6,779.	904,263.	957,626.	1179936.	3048604.					
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)						1647351.					
6	Public support. Subtract line 5 from line 4.						1401253.					
	Section B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
7	Amounts from line 4		6,779.	904,263.	957,626.	1179936.	3048604.					
	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources			50.	27.		77.					
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											
	assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10						3048681.					
12	Gross receipts from related activities,	etc. (see instructiv	ons)		•	12						
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)						
	organization, check this box and stop	here					<u> </u>					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage									
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%					
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%					
16a	33 1/3% support test - 2019. If the o											
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies											
b	33 1/3% support test - 2018. If the o											
	and stop here. The organization qual											
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,					
	and if the organization meets the "fac			-	•	_						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□					
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or					
	more, and if the organization meets the		•									
	organization meets the "facts-and-circ											
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟					

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	<i>,</i>					
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	i					
3 received from disqualified persons	s					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	S					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,	S					
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital					1	
assets (Explain in Part VI.) · · · · · · · · · · · · · · · · · · ·						
13 Total support. (Add lines 9, 10c, 11, and 12.)	· -				<u> </u>	<u> </u>
14 First five years. If the Form 990 is f	-			-		
check this box and stop here						<u></u>
Section C. Computation of Pub					1 1	
15 Public support percentage for 2019					15	<u>%</u>
16 Public support percentage from 20					16	<u>%</u>
Section D. Computation of Inve					1 1	
17 Investment income percentage for 2					17	<u>%</u>
18 Investment income percentage from					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, cl	neck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	>

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Sa		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

932024 09-25-19

Pa	t IV Supporting Organizations (continued)			
	(donumod)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		i
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
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 government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) 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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	O.L.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

932025 09-25-19

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete	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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionall	y integr	ated Type III supporting org	ganization (see
	instructions)	-		

Schedule A (Form 990 or 990-EZ) 2019

Pai	ιν lyp	be III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Dist	ributions			Current Year
1	Amounts p	aid to supported organizations to accomplish exe	mpt purposes		
2	Amounts p	aid to perform activity that directly furthers exemp	ot purposes of supported		
	organizatio	ns, in excess of income from activity			
3	Administra	tive expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts p	aid to acquire exempt-use assets			
5	Qualified se	et-aside amounts (prior IRS approval required)			
6	Other distri	butions (describe in Part VI). See instructions.			
7	Total annu	al distributions. Add lines 1 through 6.			
8	Distribution	s to attentive supported organizations to which the	ne organization is responsive	e	
	(provide de	tails in Part VI). See instructions.			
9	Distributab	le amount for 2019 from Section C, line 6			
10	Line 8 amo	unt divided by line 9 amount			
Sect	ion E - Disti	ribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributab	le amount for 2019 from Section C, line 6			
2	Underdistri	butions, if any, for years prior to 2019 (reason-			
	able cause	required- explain in Part VI). See instructions.			
3	Excess dis	tributions carryover, if any, to 2019			
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of line	es 3a through e			
g	Applied to	underdistributions of prior years			
h	Applied to	2019 distributable amount			
i	Carryover f	rom 2014 not applied (see instructions)			
j	Remainder	. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribution	s for 2019 from Section D,			
	line 7:	\$			
а	Applied to	underdistributions of prior years			
b	Applied to	2019 distributable amount			
С	Remainder	. Subtract lines 4a and 4b from 4.			
5	Remaining	underdistributions for years prior to 2019, if			
	any. Subtra	act lines 3g and 4a from line 2. For result greater			
	than zero,	explain in Part VI. See instructions.			
6	Remaining	underdistributions for 2019. Subtract lines 3h			
	and 4b from	n line 1. For result greater than zero, explain in			
	Part VI. Se	e instructions.			
7	Excess dis	tributions carryover to 2020. Add lines 3j			
	and 4c.				
8	Breakdowr	of line 7:			
а	Excess from	m 2015			
b	Excess from	m 2016			
С	Excess from	m 2017			
d	Excess from	n 2018			
е	Excess from	n 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

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

CHILDREN IN CONFLICT, INC.

Employer identification number 81-4282343

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Simila	r Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·
		(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	writing that the assets held in do	onor advised fun	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant fund	ds can be used o	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other	r purpose confer	ring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Fe	orm 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, recreated	ation or education) 🔲 Prese	rvation of a histo	orically important land area
	Protection of natural habitat	Prese	rvation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution 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			
b				2b
С	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or termina	ted by the orgar	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			
•	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enfo	rcing conservati	on easements during the year
-	Associated for the control of the co			
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enforcing	conservation ea	asements during the year
	▶ \$ Does each conservation easement reported on line 2(d) abo	ve esticity the requirements of as	otion 170/b)/4)/E	D)/i)
8				
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat			
3	balance sheet, and include, if applicable, the text of the foot		· ·	
	organization's accounting for conservation easements.	note to the organization a infanc	iai statements ti	iat describes the
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasure	es, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn		,	
	If the organization elected, as permitted under FASB ASC 99	58. not to report in its revenue st	atement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	•		
	service, provide in Part XIII the text of the footnote to its fina	·		·
b	If the organization elected, as permitted under FASB ASC 99			e sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,		•
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A		.	
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2019

932051 10-02-19

Pai	rt III Organizations Maintaining Col	llections of Ar	rt, Histo	orical Tr	easures, c	or Othe	er Simila	r Asse	ts (contii	nued)
3	Using the organization's acquisition, accession	, and other record	ls, check	any of the	following tha	t make s	ignificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		oan or exc	hange progra	am				
b	Scholarly research	е	\Box c	ther						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explair	n how the	ey further t	he organizati	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or re	eceive donations of	of art, his	torical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be main	tained as part of t	he organ	ization's co	ollection?				Yes	No_
Pai	rt IV Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio	n answered '	"Yes" on	Form 990	Part IV,	line 9, oi	•
	reported an amount on Form 990, Part X	ζ, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for c	ontribution	ns or other as	sets not	included		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fo	llowing ta	able:						
									Amoun	t
С	Beginning balance						. 1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance						. 1f			
2a	Did the organization include an amount on Form	n 990, Part X, line	21, for e	scrow or co	ustodial acco	unt liabili	ity?	L	Yes	L No
<u>b</u>	If "Yes," explain the arrangement in Part XIII. Cl									
Pai	rt V Endowment Funds. Complete if the	ne organization an	swered "	Yes" on Fo	orm 990, Part	: IV, line 1	0.			
		a) Current year	(b) Pr	ior year	(c) Two year	rs back ((d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	nt year end balanc	e (line 1g	, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the possess	ion of the organiza	ation that	are held a	nd administe	ered for th	ne organiza	ation		
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization	ns listed as requir	red on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the or		wment fu	ınds.						
Pai	rt VI Land, Buildings, and Equipme									
	Complete if the organization answered "									
	Description of property	(a) Cost or of basis (investor			or other (other)		ccumulated preciation	d	(d) Boo	k value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				5,372.		4,47	7.		895.
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part	X, colum	n (B), line 1	10c.)					895.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 CHILDREN IN	CONFLICT,	INC.	81-	4282343	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) l	Method of valuation: Cost or end-	of-year market v	alue
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.	5 000 B 1 W		5 000 B 1 V II 10		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV (b) Book value		Form 990, Part X, line 13. Method of valuation: Cost or end-	of year market y	aluo
	(b) Book value	(6)	vietriod of valuation. Cost of end-	or-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		+			
(7)		+			
(8)		+			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11d See	Form 990 Part X line 15		
	Description	,	7101111000, 1 4117, 1110 10.	(b) Book va	lue
(1)	· · · · · · · · · · · · · · · ·			(-,	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		•		
Part X Other Liabilities.	,				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 1	1f. See Form 990, Part X, line 25.		
1. (a) Description of liability	,	,	, ,	(b) Book va	lue
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

Schedule D (Form 990) 2019

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...

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pa	rt XI Reconciliation of Revenue per Audited Financial S		Revenue per R	leturr	l.
	Complete if the organization answered "Yes" on Form 990, Part IV,				1,209,781.
1	Total revenue, gains, and other support per audited financial statements			1	1,209,701.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م ا			
a	5 , ,		29,845.	-	
b			25,045.	-	
C	1 7 0			-	
d				-	29,845.
е 3				2e 3	1,179,936.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,175,550
ъ		4a			
b				-	
C		' <u>-</u>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	1,179,936.
	rt XII Reconciliation of Expenses per Audited Financial S			_	
	Complete if the organization answered "Yes" on Form 990, Part IV,				
1	Total expenses and losses per audited financial statements			1	1,444,600.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	· · · · · · · · · · · · · · · · · · ·
а		2a	29,845.		
b			· · · · · · · · · · · · · · · · · · ·	-	
С	- · · ·				
d			32,100.		
е				2e	61,945.
3	Subtract line 2e from line 1			3	1,382,655.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5		18.)		5	1,382,655.
Pa	rt XIII Supplemental Information.				
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	nation.		
דער	DE VII IINE OD OBUED AD HIGHNENEG				
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
T TNT/	COLLECTIBLE PLEDGE				32,100.
OTA	CONDECTIBLE FREDGE				32,100.
	· · · · · · · · · · · · · · · · · · ·				

Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

CHILDREN IN (CONFLICT, I	NC.			81-42823	43
			tside the United States. Comple	te if the organ	ization answered "	Yes" on
	Part IV, line 14b.					
			ds to substantiate the amount of its gra			1 —
the grantees' eligib	ility for the grants or a	assistance, and	the selection criteria used to award the	grants or assi	stance? 🔼	Yes No
0	Describes in Dest Value		and the second s			
2 For grantmakers. United States.	Describe in Part v the	e organization's	procedures for monitoring the use of its	s grants and o	iner assistance ou	iside the
	on (The following Part	I line 3 table ca	an be duplicated if additional space is n	needed)		
(a) Region		(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a prog	gram service,	expenditures
	in the region	lindependent	gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
EUROPE (INCLUDING						
CELAND & GREENLAND))					
ALBANIA, ANDORRA,	,					
AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS			799,766.
3 a Subtotal		0				799,766.
b Total from continua		_				
sheets to Part I		0				0.
c Totals (add lines 3	a	n				799 766

932071 10-12-19

Schedule F (Form 990) 2019

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		EUROPE (INCLUDING	TO SUPPORT THE WORK					
		ICELAND &	OF WARCHILD UK IN WAR					
		GREENLAND) -	AFFECTED COUNTRIES					
		ALBANIA, ANDORRA,	AROUND THE WORLD	799,766.	WIRE	0.		
								+

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

Part III Grants and Other Assistand Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes" o	on Form 990, Par	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: THE ORGANIZATION REQUIRES ANY FOREIGN GRANTEE TO PROVIDE A RANGE OF PROPOSALS ACROSS A VARIETY OF AREAS OF THEIR WORK. ALL SUCCESSFUL GRANTEES WILL PROVIDE REGULAR REPORTS ON THE PROGRESS OF THEIR FUNDING IN LINE WITH THE ORGANIZATIONS EXPECTATIONS. THE BOARD MAINTAINS FULL DISCRETION AND CONTROL OVER FUNDS RAISED AND GRANTS DISTRIBUTED.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

CILLIDDEN IN CONFILCE INC

Employer identification number

CHILDRE	N IN CONFLICT, INC	•			81-4282	343
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "\	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual cart VII) or entity in connection with positions or entities (fundraisers) pursu	tion of tion of fundra (inclu	non-g gover aising ding o sional f	overnment grants inment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fund have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	. >	s or has been notified	d it is exempt from re	egistration
or licensing.						
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2019

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and g				
		or initialising event contributions and g	(a) Event #1 BENEFIT EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	- Coi. (C))
Revenue	1	Gross receipts	529,247.			529,247.
	2	Less: Contributions	117,621.			117,621.
	3	Gross income (line 1 minus line 2)	411,626.			411,626.
	4	Cash prizes				
es	5	Noncash prizes				
bens	6	Rent/facility costs	79,946.			79,946.
Direct Expenses	7	Food and beverages	23,279.			23,279.
	8	EntertainmentOther direct expenses	000 404			308,401.
	10	Direct expense summary. Add lines 4 through			<u> </u>	411,626.
	11					0.
Pa	art I	III Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.	1	1	•	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>ш</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	% Yes % No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		>	
ē	l Is t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	activities in each of these	states?		Yes No
		ere any of the organization's gaming licenses of Yes," explain:	The state of the s	~	•	Yes No
9320	82 09	9-11-19			Schedule G (Fo	orm 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 CHILDREN IN CONFLICT, INC. 81-	4282343	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	. [136]	70
14	enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Nama 🏲		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III 100 0,	05, 105,
	100, 100, 10, and 170, at applicable. Also provide any additional information. See instructions.		
-			

Schedule G	G (Form 990 or 990-EZ)	CHILDREN IN	CONFLICT,	INC.	81-4282343 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
	• • • • • • • • • • • • • • • • • • • •	,			
-					
-					

Schedule G (Form 990 or 990-EZ)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number CHILDREN IN CONFLICT, INC. 81-4282343

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	•	_	
		арріюавіс		Form 990, Part VIII, line 1g	Tioricasii contribe	tion amo	Junto	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		4.5	101 540	T-3.57.7			
25	Other (GIFT BAG ITEM)	X	17	181,748.	F.W∧			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz		-					
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29		— <u>T</u>	,	
00-	Denie a the consequent of the consequence of the co	4		and the David I. Barra & Marray	-l- 00 th -t 't	Y	es	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		•	·		00-		Х
	exempt purposes for the entire holding period?					30a		Λ
	If "Yes," describe the arrangement in Part II.		i 4 i	-f	·*:0	04		Х
31	Does the organization have a gift acceptance p Does the organization hire or use third parties of					31	\dashv	
s∠a						332		Х
h	contributions? If "Yes," describe in Part II.					32a		
33	If the organization didn't report an amount in co	olumo (c) fo	r a type of proport	y for which column (a) is sho	cked			
33	describe in Part II.	Jiui III (C) 10	i a type oi propert	y for writeri coluitiii (a) is che	oneu,			
	UCOUNDE III FAIL II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

Open to Public

Inspection

Name of the organization

CHILDREN IN CONFLICT, INC.

Employer identification number 81-4282343

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHILD UK. CHILDREN IN CONFLICT SHARES WAR CHILD UK'S MISSION AND EXISTS IN PARTNERSHIP TO BROADEN THE GLOBAL IMPRINT BY BUILDING NEW ALIGNMENTS AND INCREASING AWARENESS IN THE US. OUR MISSION: WE PROTECT, EDUCATE, AND PROVIDE HOPE FOR CHILDREN CAUGHT UP IN CONFLICT. OUR VISION: A WORLD WHERE NO CHILD'S LIFE IS TORN APART BY WAR. CHILDREN IN CONFLICT STRIVES TO RAISE AWARENESS AND FUNDS FOR THE CRITICAL HUMANITARIAN ASSISTANCE WARCHILD UK PROVIDES TO CHILDREN IN CONFLICT ZONES. WAR CHILD UK'S PROGRAMS AND GEOGRAPHIC FOCUS HAVE EVOLVED THROUGHOUT ITS HISTORY TO MEET THE MOST PRESSING NEEDS OF THE GLOBAL COMMUNITY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MASISI HAS BEEN DEVELOPED. THIS MODEL IS DESIGNED TO ILLUSTRATE THE ADVANTAGES OF BUILDING BRIDGES BETWEEN DIFFERENT REINTEGRATION, PROTECTION, AND COMMUNITY SECURITY APPROACHES TO PRODUCE MORE SUSTAINABLE RESULTS. 2,505 PEOPLE WERE REFERRED THROUGH OUR TELEPHONE HELPLINE IN GOMA AND KINSHASA TO ACCESS CHILD PROTECTION SERVICES AND CARE. RECRUITING, TRAINING AND SUPPORTING VOLUNTEER TRANSITIONAL FOSTER FAMILIES IN MUTENA TO CARE FOR UNACCOMPANIED CHILDREN IN THEIR HOMES, ASSISTING IN THE IDENTIFICATION, DOCUMENTATION AND PLACEMENT OF THESE CHILDREN.

YEMEN- 18,329 BENEFICIARIES WERE REACHED. WITH CIC'S SUPPORT WAR CHILD

UK CONTINUE TO DELIVER CASH ASSISTANCE TO 1,500 VULNERABLE FAMILIES IN

SANA'S GOVERNORATE, INCLUDING PERSONS WITH DISABILITIES, PREGNANT AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization **Employer identification number** CHILDREN IN CONFLICT, INC. 81-4282343 BREASTFEEDING WOMEN, THE ELDERLY, EXTREMELY POOR INDIVIDUALS, CHILD AND FEMALE HEADED HOUSEHOLDS. THE PROJECT SUPPORTS CONFLICT-AFFECTED CHILDREN AND THEIR FAMILIES TO COVER THEIR IMMEDIATE FOOD SECURITY AND PROTECT OR RESTORE LIVELIHOOD OPTIONS, WITHOUT HAVING TO RESORT TO HARMFUL COPING STRATEGIES. IN YEMEN WE ALSO CONTINUE TO PROVIDE SUPPORT TO SCHOOLS FOR INTERNALLY DISPLACED AND HOST COMMUNITY CHILDREN AND SCHOOL PERSONNEL IN IBB AND TAIZ. AND DELIVER PROTECTION ASSISTANCE AND REFERRING SERVICES TO VULNERABLE DISPLACED FAMILIES AND WITHIN HOST COMMUNITIES. THESE ACTIVITIES INCLUDED LEGAL ASSISTANCE, CASE MANAGEMENT, AND MINE RISH AWARENESS. IRAQ- 11,019 BENEFICIARIES WERE REACHED IN 2019. THROUGH 2019, WAR CHILD HAS SEEN A MAJOR EXPANSION OF ITS PROGRAM AND SERVICE DELIVERY ACROSS THE COUNTRY. WITH SUPPORT FROM CIC, WAR CHILD UK HAVE DELIVERED A COMBINATION OF PROTECTION, EDUCATION, MENTAL HEALTH PSYCHOSOCIAL SUPPORT (MHPSS), LIVELIHOODS AND LEGAL SUPPORT WORK THROUGH BASES IN ERBIL, DUHOK, MOSUL, BAGHDAD AND SINNUNI. IN DUHOK, SUPPORTING YOUTH ACCESS TO PSYCHOSOCIAL SUPPORT THROUGH OUR INNOVATIVE SPORTS METHODOLOGY. FURTHER INTO FEDERAL IRAQ, THE TEAM HAVE BEEN LEADING A COMPREHENSIVE EDUCATION PROJECT REBUILDING SCHOOL INFRASTRUCTURE IN MOSUL, DELIVERING MIXED AGE CURRICULA, AND TRAINING LOCAL SCHOOL AND MINISTRY STAFF. IN THE NINEWAH AREA WAR CHILD UK CONTINUED PROTECTION SUPPORT THROUGH CASE MANAGEMENT AND LEGAL SERVICES MODEL AND BEGAN WORK TO SUPPORT CIVILIAN VICTIMS OF CONFLICT IN IRAQ. WAR CHILD FOOTBALL CLUB: IN 2019 CIC SUPPORTED WAR CHILD UK'S FOOTBALL PROGRAM (WCFC). WITH CIC SUPPORT IN 2019 A NEW FOOTBALL PROGRAM MODEL

932212 09-06-19

Name of the organization CHILDREN IN CONFLICT, INC.

Employer identification number 81-4282343

WAS FINALIZED. WORKING WITH LEADING SECTOR CONSULTANTS THE WCFC PROGRAM

MODEL PRESENTS AN INNOVATIVE WAY OF COMBINING PSYCHOSOCIAL SUPPORT

EXPERTISE AND SPORT FOR DEVELOPMENT APPROACHES. THE NEXT STAGE WILL BE

TO CONDUCT AN INITIAL PILOT PROJECT IN THE CENTRAL AFRICAN REPUBLIC TO

TEST THE EFFECTIVENESS OF THIS NEW APPROACH.

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

INFORMATION TO PERPARE FORM 990 IS PROVIDED BY MANAGEMENT AND THE FINANCIAL CONSULTANT. THE EXECUTIVE DIRECTOR, CHAIR OF THE BOARD, AND TREASURER OF THE BOARD REVIEW THE FORM 990 AND ADVISE IF ANY CHANGES NEED TO BE MADE BEFORE FILING. THE 990 IS EMAILED TO ALL BOARD MEMBERS BEFORE FILING.

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

THE GOVERNANCE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR MONITORING

CONFLICTS OF INTEREST. AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM IS

REQUIRED TO BE FILLED OUT EACH YEAR BY BOARD MEMBERS, OFFICERS AND KEY

EMPLOYEES.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED EVERY YEAR BY THE
BOARD. A REVIEW OF RECENT COMPARATIVE INFORMATION, INCLUDING VARIOUS

COMPENSATION SURVEYS OF SIMILAR SIZED NONPROFIT ORGANIZATIONS IN THE NY
METROPOLITAN AREA, IS PERFORMED BEFORE DETERMINING AND APPROVING A

REASONABLE AND COMPETITIVE COMPENSATION LEVEL FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	COMPUTER EQUIPMENT	11/27/17	SL	3.00		16	5,372.				5,372.	2,686.		1,791.	4,477.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						5,372.				5,372.	2,686.		1,791.	4,477.
	* GRAND TOTAL 990 PAGE 10 DEPR						5,372.				5,372.	2,686.		1,791.	4,477.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of th	nis form, visit www.irs.gov/e-file-providers/e-file-for-char	ities-and-r	non-profits.							
Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).							
All corpor	rations required to file an income tax return other than Fe	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts					
must use	Form 7004 to request an extension of time to file incom	ne tax retu	rns.							
Type or	ype or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN)									
print File by the	CHILDREN IN CONFLICT, INC.				81-4282	343				
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1460 BROADWAY, NO. 8004	ee instruc	tions.							
instructions.	City, town or post office, state, and ZIP code. For a following YORK, NY 10036	oreign add	dress, see instructions.							
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1				
Applicati	on	Return	Application			Return				
Is For		Code	Is For			Code				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990		02	Form 1041-A			08				
	0 (individual)	03	Form 4720 (other than individual)			09				
Form 990		04	Form 5227	10						
	-T (sec. 401(a) or 408(a) trust)	05 06	Form 6069							
	-T (trust other than above) KIWI PARTNERS		Form 8870	2777	10026	12				
	books are in the care of \blacktriangleright 237 WEST 35TH shone No. \blacktriangleright (212)532-7171	ST, S	TE IIUI – NEW YORK Fax No. ▶	, NY	10036					
	organization does not have an office or place of busines									
• If this	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole group	o, check this				
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and TINs of	all memb	ers the extension	n is for.				
the	quest an automatic 6-month extension of time until organization named above. The extension is for the organization rearms $\frac{2019}{1}$ or		MBER 16, 2020 , to file s return for:	e the exem	npt organization r	eturn for				
►l	tax year beginning	, an	nd ending		<u> </u>					
2 If th	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period									
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.				
<u> </u>	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and	Ja	Ψ	•				
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b										
	ance due. Subtract line 3b from line 3a. Include your pa			1.0		0.				
	ng EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.				
	If you are going to make an electronic funds withdrawal			453-EO aı	nd Form 8879-E0) for payment				
						,				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)