EXTENDED TO NOVEMBER 15, 2023

Form **990**

Activities & Governance

Revenue

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2022 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change CHILDREN IN CONFLICT, INC. Name change 81-4282343 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 973-255-9665 1460 BROADWAY 8004 termin-ated 4,540,255. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended NEW YORK, NY 10036 H(a) Is this a group return Applica-F Name and address of principal officer: TRACEY ALEXANDER Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? ∐Yes No (insert no.) Tax-exempt status: X = 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. See instructions CHILDRENINCONFLICT.ORG H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 2016 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: CHILDREN IN CONFLICT PROTECTS, EDUCATES, AND PROVIDES HOPE FOR CHILDREN CAUGHT UP IN CONFLICT. oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) <u>10</u> Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 1,585,617. 4,199,552. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,790. 3,000. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,588,617. 4,201,342. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 806,767. 2,790,606. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 370,329. 370,320. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 102,889. 120,884. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,279,985. 3,281,810. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 308,632. 919,532. Revenue less expenses. Subtract line 18 from line 12 Assets or a Balances **Beginning of Current Year End of Year** 480,378. 1,430,500. Total assets (Part X, line 16) 34,813. 65,403. 21 Total liabilities (Part X, line 26) 365,097.445,565. Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TRACEY ALEXANDER, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature Paid JESSICA DIGIAMO DIAZ P01994693 LUTZ AND CARR, CPAS LLP Firm's EIN 13-1655065 Preparer Firm's name Use Only Firm's address 551 FIFTH AVENUE, SUITE 400

X Yes

Phone no. 212-697-2299

NEW YORK, NY 10176 May the IRS discuss this return with the preparer shown above? See instructions

| | 1990 (2022) CHILDREN IN CONFLICT, INC. | 81-428234 | 13 Page 2 |
|-----|--|----------------------|-----------------------|
| Pai | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: VISION: A WORLD WHERE NO CHILD'S LIFE IS TORN APART BY | WAD | |
| | CHILDREN IN CONFLICT WORKS TIRELESSLY TO RESTORE HOPE, | |) |
| | CHILDHOODS TO CHILDREN WHOSE LIVES ARE AFFECTED BY WAR. | DAPETT AND | |
| | CHIEDROODS TO CHIEDREN WHOSE EIVES THE HITECTED BY WINCE | | |
| 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 expe | enses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | ers, the total expen | ses, and |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$ 2,826,802. including grants of \$ 2,790,606.) (Reven | |) ND AN ID |
| | GLOBALLY, CHILDREN ARE BEARING THE BRUNT OF THE WORST P. DISASTERS. WITH THE WAR IN UKRAINE AND OTHER EXTREME CO. | | |
| | OUR WORK CONTINUES TO BE CRITICAL TO THOSE WHOSE LIVES . | | |
| | CRISIS. | ARE CAUGIT | L III |
| | WORKING WITH OUR PARTNER, WAR CHILD UK, WE ARE ABLE TO | RESPOND OF | ITCKER |
| | WITH SUPPORT AND BE ONE OF THE FIRST NGOS TO ARRIVE ON | | |
| | CONFLICT HAPPENS, WORKING WHERE WE KNOW WE CAN HAVE THE | | |
| | TO EDUCATE, PROTECT, EMPOWER AND IMPROVE THE LIVELIHOOD | | |
| | AND THEIR FAMILIES. AND WITH THE HELP OF OUR GENEROUS D | | |
| | FRIENDS, CHILDREN IN CONFLICT WAS ABLE TO REACH AND PRO | | ORT TO |
| | 256,700 CHILDREN AND ADULTS IN 2022 - OUR GREATEST YEAR | EVER. | |
| | | | |
| 4b | (Code:) (Expenses \$) (Reven | ue \$ |) |
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| | | | |
| 4c | (Code:) (Expenses \$) (Reven | ue \$ |) |
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| | - | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| - | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 2,826,802. | | |
| | | Fo | orm 990 (2022) |
| | SEE SCHEDILE O FOR CONTINUATION(| g) | |

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CHILDREN IN CONFLICT, INC.

Page 3 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)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 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 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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 Х 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 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, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Х X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Form 990 (2022) CHILDREN IN CONFLI
Part IV | Checklist of Required Schedules (continued) CHILDREN IN CONFLICT, INC.

| | The state of the quality (softlinger) | | Yes | No |
|-------------|--|------------------|----------|--|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 163 | 140 |
| | 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 | | | |
| | 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 | | | 7. |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | 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 | 240 | | |
| ٨ | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | | ┢ |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 2 4 u | | |
| 2 5a | 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 | Lou | | |
| - | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | 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 the 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 | | | ١ |
| | "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 | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf | | | , v |
| | "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 | | _^ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | x |
| 24 | contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 30 | | X |
| 31 32 | Did the organization liquidate, terminate, or dissolve and cease operations? If res, complete Schedule N, Fart I | 31 | | |
| 32 | Schedule N. Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 55 | 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 | | | |
| ٠. | Part V, line 1 | 34 | | X |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| _ | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | rt 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 | | I 52 | <u> </u> |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a. 9 | | | |
| b | Enter the flamber of Fermio W Zermoleded of lime fat. Enter of three applicable | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Х | |
| | Additioning the energy to prize without | | | |

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Form **990** (2022)

CIC____1

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

| | | | | Yes | No | | | | |
|--|---|---------------------------------------|------|-----|----|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 5 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | rns? | 2b | | Х | | | | |
| | | | За | | Х | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | 3b | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | | 4a | | Х | | | | |
| b | If "Yes," enter the name of the foreign country | , | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | Accounts (FBAR). | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | action? | 5b | | X | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5с | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | | | | | | | | |
| | 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 contribu | tions or gifts | | | | | | | |
| | were not tax deductible? | | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | rvices provided to the payor? | 7a | Х | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | X | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as required | | | | | | | |
| | to file Form 8282? | · · · · · · · · · · · · · · · · · · · | 7c | | Х | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | contract? | 7e | | X | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | ract? | 7f | | X | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file F | orm 8899 as required? | 7g | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation file a Form 1098-C? | 7h | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | d by the | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | 8 | | | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | l I | | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | |
| | Section 501(c)(12) organizations. Enter: | 11 | | | | | | | |
| | Gross income from members or shareholders | 11a | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | |
| 40- | amounts due or received from them.) | 11b | 40- | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | | | | | | |
| | 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. Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | | | | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | | isa | | | | | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| b | organization is licensed to issue qualified health plans | 13b | | | | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | Х | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | | 14b | | | | | | |
| 15 | | | 1.75 | | | | | | |
| | is the organization subject to the section 4960 fax on bayments of more man & further in remini | J. G. 1. O. | | | Х | | | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? | | 15 | | | | | | |
| | excess parachute payment(s) during the year? | | 15 | | Λ | | | | |
| 16 | excess parachute payment(s) during the year? | | | | X | | | | |
| 16 | excess parachute payment(s) during the year? | | 16 | | | | | | |
| | excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment of "Yes," complete Form 4720, Schedule O. | nt income? | | | | | | | |
| | excess parachute payment(s) during the year? | nt income? | | | | | | | |

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Form 990 (2022)

CHILDREN IN CONFLICT, INC.

81-4282343

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | |
|--|---|---------|----------|------|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | |
| | | | Yes | No | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | | | | | | |
| | 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 10 | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | Х | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х | | | | | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | | |
| 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 | | | | | | | | |
| | more members of the governing body? | 7a | | X | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | |
| | persons other than the governing body? | 7b | | X | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | |
| а | The governing body? | 8a | Х | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | |
| | | | Yes | No | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | | | | | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | |
| | on Schedule O how this was done | 12c | Х | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | | | | | | |
| b | Other officers or key employees of the organization | 15b | X | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | |
| | taxable entity during the year? | 16a | | X | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NY | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) | s only |) availa | able | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finaı | 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 | | | | | | | | |
| | ARABELLA ADVISORS - (212)532-7171 | | | | | | | | |
| | 237 WEST 35TH ST, STE 1101, NEW YORK, NY 10036 | | | | | | | | |

232006 12-13-22

Form **990** (2022)

CIC____1

Form 990 (2022)

CHILDREN IN CONFLICT, INC.

81-4282343

Page 7

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

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

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

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

| Check this box if neither the organization n | or any related | orga | aniza | ation | cor | npei | nsat | ed any current officer, o | director, or trustee. | |
|--|-------------------|--------------------------------|--|----------|--------------|------------------------------|-----------|---------------------------------|------------------------------|--------------------------|
| (A) | (B) | | | ((| C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | Reportable | Reportable | Estimated | | | |
| | hours per | box | | | compensation | compensation | amount of | | | |
| | week | | | | from | from related | other | | | |
| | (list any | irecto | | | | | | the | organizations | compensation |
| | hours for related | or d | ee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization |
| | organizations | ruste | trus | | e e | nben | | 1099-NEC) | 1099-1420) | and related |
| | below | dualt | tiona | _ | oldu | st col | _ | 10001120) | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) AMANDA GARDINER | 1.00 | _ | _ | | _ | | | | | |
| CHAIR | | Х | | х | | | | 0. | 0. | 0. |
| (2) CHRIS ADELL | 1.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (3) PAUL BARON | 1.00 | | | | | | | | _ | _ |
| TRUSTEE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (4) JOHN FALLON | 1.00 | ,, | | | | | | | 0 | 0 |
| TRUSTEE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (5) MOLLY HOWARD | 1.00 | X | | | | | | 0. | 0. | 0 |
| TRUSTEE (6) JACLYN LINDSEY | 1.00 | ^ | | | | | | 0. | 0. | 0. |
| TRUSTEE | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (7) CYNTHIA PIERCE | 1.00 | <u> </u> | | | | | | 0. | 0. | 0. |
| TRUSTEE | 1.00 | х | | | | | | 0. | 0. | 0. |
| (8) MOHAMED SIDIBAY | 1.00 | | | | | | | - | | - |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (9) PURVA TSAI | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (10) ROB WILLIAMS | 1.00 | | | | | | | _ | _ | _ |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (11) TRACEY ALEXANDER | 40.00 | | | | | | | 120 660 | 0 | 14 510 |
| EXECUTIVE DIRECTOR | | | | Х | | | | 138,662. | 0. | 14,718. |
| | | | | | | | | | | |
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| Form | 990 | (2022) |
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| Par | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|-----|---|---------------------|---|-----------------------|---------|--------------|------------------------------|--------------|--|-------------------|-------|-----------|---------------------|-------|
| | (A) | (B) | | | | <u>C)</u> | | | (D) | (E) | | | (F) | |
| | Name and title | Average | ļ , | | Pos | | | | Reportable | Reportable | | Estimated | | ed |
| | | hours per | (do not check more than one box, unless person is both an | | | is bot | n an | compensation | compensation | | 1 | | | |
| | | week | officer and a director/trustee) | | | | | from | from related | | | | | |
| | | (list any | ctor | | | | | | the | organization | s | com | pensa | tion |
| | | hours for | Individual trustee or director | | | | pa | | organization | (W-2/1099-MIS | SC/ | f | om th | е |
| | | related | tee o | nstee | | | ensat | | (W-2/1099-MISC/ | 1099-NEC) | | org | anizat | ion |
| | | organizations | Itrus | Institutional trustee | | Key employee | Highest compensated employee | | 1099-NEC) | | | an | d relat | ed |
| | | below | vidua | itutio | Je. | empl | nest o | Former | | | | org | anizati | ons |
| | | line) | Indi | Inst | Officer | Key | Hig | Fon | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | | 138,662. | | 0. | 1 | 4,7 | 18. |
| c | Total from continuation sheets to Part V | II. Section A | | | | | | •• | 0. | | 0. | | | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 138,662. | | 0. | 1 | 4,7 | |
| 2 | Total number of individuals (including but r | | | | | | | | | 000 of reportab | | | | |
| - | compensation from the organization | iot iiiriited to ti | 1030 | liote | Jua | DOV | C) WI | 10 1 | cocived more triair \$100 | ,000 or reportab | 10 | | | 1 |
| | compensation from the organization | | | | | | | | | | | | Yes | No. |
| 3 | Did the organization list any former officer. | director trust | ا مم | (AV 6 | amn | love | ae or | hic | nhest compensated emr | lovee on | | | | |
| Ü | line 1a? If "Yes," complete Schedule J for s | • | , | • | • | , | , | _ | | • | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the si | | | | | | | | hor componentian from | | | | | |
| 7 | and related organizations greater than \$15 | • | | | | | | | • | • | | 4 | Х | |
| 5 | Did any person listed on line 1a receive or | | | | | | | | | | | _ | | |
| 3 | rendered to the organization? If "Yes," con | • | | | | - | | eiai | led organization or indivi | dual for services | ' | 5 | | Х |
| Sec | tion B. Independent Contractors | ipiete Scriedui | e | OI SI | JCH | pers | SOII . | | | | | <u> </u> | | 21 |
| | · · · · · · · · · · · · · · · · · · · | | -l | ء اء ء، ء | | 4 | | 4 | Na at 112 a 2 i 12 at 12 a 2 12 a | \$100,000 of oon | | -4: | · · · · · · · · | |
| 1 | Complete this table for your five highest co | - | - | | | | | | | | ipens | ation | ITOITI | |
| | the organization. Report compensation for | trie caleridar y | ear | enai | ng v | VILII | Or W | ILITIII | | year. | | | | |
| | (A) Name and business | address | NI | INC | 7 | | | | (B) Description of s | ervices | С | | C) nsatio | n |
| | rame and pasiness | , addition | 11/ | 7111 | | | | \dashv | Boothpalon of o | 0.11000 | | - Inpu | - Iourio | •• |
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| 2 | Total number of independent contractors (| - | ot li | mite | d to | | _ | stec | a above) who received m | ore than | | | | |
| | \$100,000 of compensation from the organ | ization | | | | | 0 | | | | | | 000 | |
| | | | | | | | | | | | | Form | 990 (| 2022) |

232008 12-13-22

| orm | 990 | (20) | 22) | |
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Part VIII Statement of Revenue

| | | Check if Schedule O | contains a res | nonce | or note to any lie | ne in this Part VIII | | | |
|---|------|---------------------------------|---|---------------|---------------------|----------------------|-------------------|------------------|--------------------|
| | | Oncor il ochiedale O (| oontains a 168 | יאטווספ | or note to arry III | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt | | Revenuè éxcluded |
| | | | | | | | function revenue | business revenue | |
| <u> </u> | | | | | | | | | sections 512 - 514 |
| nts | | Federated campaigns | 18 | 1 | | | | | |
| S a | b | Membership dues | 11 | | | | | | |
| S, (| С | Fundraising events | 10 | : 1, | 109,865. | | | | |
| 当当 | d | Related organizations | | 1 | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Government grants (conti | | , | | | | | |
| Sign | f | All other contributions, gifts, | | + | | - | | | |
| je Ei | ' | similar amounts not included | - | 1 3 | 089,687. | | | | |
| 흥된 | | | | | 005,007. | - | | | |
| g | g | | lines 1a-1f | \$ | | 1 100 550 | | | |
| 9 C | h | Total. Add lines 1a-1f | | | 1 | 4,199,552. | | | |
| | | | | | Business Code | | | | |
| 9 | 2 a | l <u> </u> | | | | | | | |
| ه ڲ | b | | | | | | | | |
| န္တ ဥ | С | | | | | | | | |
| ewe | d | 1 | | | | | | | |
| Program Service Revenue | ۵ | | | | | | | | |
| Pr | • | All other program convice | rovonuo | | | | | | |
| | ' | All other program service | | | | | | | |
| \dashv | | Total. Add lines 2a-2f | | | | | | | |
| | 3 | Investment income (include | | | | | | | |
| | | | | | | | | | |
| | 4 | Income from investment of | of tax-exempt | bond p | oroceeds | | | | |
| | 5 | Royalties | | | | | | | |
| | | | (i) R | eal | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | | | | | | |
| | b | | 6b | | | | | | |
| | | 5 | 6c | | | - | | | |
| | C | | | | | | | | |
| | | Net rental income or (loss | · — · — — — — — — — — — — — — — — — — — | | (::) Oth a:: | | | | |
| | 7 a | Gross amount from sales of | (i) Secu | ırıtıes | (ii) Other | | | | |
| | | assets other than inventory | 7a | | | | | | |
| | b | Less: cost or other basis | | | | | | | |
| Ĕ | | and sales expenses | 7b | | | | | | |
| ě | С | Gain or (loss) | 7c | | | | | | |
| Revenue | | Net gain or (loss) | | | • | | | | |
| her | | Gross income from fundraisi | | | | | | | |
| 됩 | o u | | , 865. of | . | | | | | |
| | | | | | | | | | |
| | | contributions reported on | • | | 338,913. | | | | |
| | | Part IV, line 18 | | | | - | | | |
| | | | | | 338,913. | | | | |
| | С | Net income or (loss) from | fundraising e | ven <u>ts</u> | | 0. | | | |
| | 9 a | Gross income from gamin | ig activities. S | ee | | | | | |
| | | Part IV, line 19 | | 9a | | | | | |
| | b | Less: direct expenses | | | | | | | |
| | | : Net income or (loss) from | | | • | | | | |
| | | Gross sales of inventory, | | | | | | | |
| | | | | 10- | | | | | |
| | | and allowances | | | | - | | | |
| | | Less: cost of goods sold | | | | | | | |
| \dashv | С | Net income or (loss) from | sales of inver | itory | | | | | |
| <u>s</u> | | | | _ | Business Code | 4 500 | | | 4 500 |
| e g | 11 a | MISCELLANEOUS | INCOM. | <u>:</u> | 900099 | 1,790. | | | 1,790. |
| an en | b | | | | | | | | |
| ĕ ĕl | С | | | | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | | | | |
| 2 | | Total. Add lines 11a-11d | | | - | 1,790. | | | |
| | 12 | Total revenue. See instruction | | | | 4,201,342. | 0. | 0. | 1,790. |
| | | | | | | , , = - = , = = = • | | | = 7 . 2 3 4 |

232009 12-13-22

| Pai | t IX Statement of Functional Expens | es | | | Tage IO |
|----------|--|----------------------------|------------------------------|-------------------------------------|----------------------------------|
| Secti | on 501(c)(3) and 501(c)(4) organizations must com | plete all columns. All oth | ner organizations must co | omplete column (A). | |
| | Check if Schedule O contains a respor | nse or note to any line in | this Part IX | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) 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 | 2 700 606 | 2 700 606 | | |
| | individuals. See Part IV, lines 15 and 16 | 2,790,606. | 2,790,606. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 153,380. | 21 752 | 76 152 | 15 176 |
| • | trustees, and key employees | 133,300. | 31,752. | 76,152. | 45,476. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | | 165,693. | | 14,000. | 151,693. |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include | 103,033. | | 14,000. | 131,033. |
| 0 | section 401(k) and 403(b) employer contributions) | 2 989 | 274. | 821. | 1.894. |
| 9 | Other employee benefits | 2,989. 27,595. | 2,14 | 5,107. | 1,894. 22,488. |
| 10 | Payroll taxes | 20,663. | 1,893. | 5,678. | 13,092. |
| 11 | Fees for services (nonemployees): | | _, | 3,0101 | |
| | Management | | | | |
| | Legal | 1,950. | | 1,950. | |
| | Accounting | 40,291. | | 40,291. | |
| | Lobbying | - | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch O.) | 8,973. | | 8,642. | 331. |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 6,062. | 555. | 1,666. | 3,841. |
| 14 | Information technology | | | | |
| 15 | Royalties | 0 511 | 0.00 | 0.660 | |
| 16 | Occupancy | 9,711. | 890. | 2,668. | 6,153. |
| 17 | Travel | 16,921. | 832. | 1,500. | 14,589. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 22 | Payments to affiliates | 275. | | 275. | |
| 23 | · | 2731 | | 273. | |
| 23 24 | Other expenses. Itemize expenses not covered | | | | |
| 27 | 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.) | | | | |
| а | LICENSES AND FEES | 24,004. | | 23,820. | 184. |
| b | MISCELLANEOUS | 8,457. | | 3,760. | 4,697. |
| С | INDIRECT BENEFIT EXPENS | 4,240. | | | 4,240. |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,281,810. | 2,826,802. | 186,330. | 268,678. |
| 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) | | | | 5 000 (aaaa) |

| Pa | rt X | Balance Sheet | | | | | |
|-----------------------------|------|---|----------|------------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or no | ote to a | ny line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 476,724. | 1 | 987,506. |
| | 2 | Savings and temporary cash investments | | | 2 | | |
| | 3 | Pledges and grants receivable, net | | | | 3 | 434,274. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sub | stantial | contributor, or 35% | | | |
| | | controlled entity or family member of any of the | ese pers | sons | | 5 | |
| | 6 | Loans and other receivables from other disqua | | | | | |
| | | under section 4958(f)(1)), and persons describ- | ed in se | ction 4958(c)(3)(B) | | 6 | |
| र | 7 | Notes and loans receivable, net | | Γ | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ĕ | 9 | | | | 2,966. | 9 | 8,307. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | 6,198. 5,785. | | | |
| | b | Less: accumulated depreciation | | 5,785. | 688. | 10c | 413. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must eq | | | 480,378. | 16 | 1,430,500. |
| | 17 | Accounts payable and accrued expenses | | | 34,813. | 17 | 65,403. |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| Se | 22 | Loans and other payables to any current or for | mer offi | cer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, sub | stantial | contributor, or 35% | | | |
| iabi | | controlled entity or family member of any of the | ese pers | sons | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unre | lated th | ird parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelat | ed third | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, p | ayables | to related third | | | |
| | | parties, and other liabilities not included on line | es 17-24 |). Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 34,813. | 26 | 65,403. |
| (0 | | Organizations that follow FASB ASC 958, ch | eck he | re X | | | |
| čě | | and complete lines 27, 28, 32, and 33. | | | | | |
| alan | 27 | Net assets without donor restrictions | | | 445,565. | 27 | 1,365,097. |
| B | 28 | Net assets with donor restrictions | | <u></u> | | 28 | |
| ŭ, | | Organizations that do not follow FASB ASC | 958, ch | eck here | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | | | | |
| s o | 29 | Capital stock or trust principal, or current fund | s | | | 29 | |
| sse | 30 | Paid-in or capital surplus, or land, building, or e | equipme | nt fund | | 30 | |
| t As | 31 | Retained earnings, endowment, accumulated | income, | or other funds | | 31 | |
| Š | 32 | Total net assets or fund balances | | | 445,565. | 32 | 1,365,097. |
| | 33 | | | | 480,378. | 33 | 1,430,500. |
| | | | | | | | Form 990 (2022) |

| Form | 1990 (2022) CHILDREN IN CONFLICT, INC. | 81-4282 | 343 | Pag | ge 12 |
|------|---|-----------|-------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | ,20 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 3 | , 28: | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 32. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 44! | 5,5 | 65. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 1 | , 36 | 5,0 | 97. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Ш |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | e O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e 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 | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scl | nedule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | <u></u> |

232012 12-13-22

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Name of the organization

CHILDREN IN CONFLICT.

Employer identification number

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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2022

CHILDREN IN CONFLICT, INC.

81-4282343 Page 2

| Part II | Support Schedule for C | Organizations Desci | ribed 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.)

| Sed | tion A. Public Support | s noted below, pied | • | • | | | |
|-------------|---|---------------------|---------------------|---|---------------------|---------------------|-----------------------|
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and | , | ` , | , , | , , | , , | . , |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 957,626. | 1179936. | 705,691. | 1585617. | 4199552. | 8628422. |
| 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 | 055 606 | 110000 | 705 601 | 1505615 | 4100550 | 0600400 |
| | Total. Add lines 1 through 3 | 957,626. | 1179936. | 705,691. | 1585617. | 4199552. | 8628422. |
| 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) | | | | | | 725,014. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 7903408. |
| | ction B. Total Support | | | | | | 75054000 |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 4 | 957,626. | 1179936. | 705,691. | 1585617. | 4199552. | (f) Total 8628422. |
| | Gross income from interest. | 7020 | | | | | |
| - | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 27. | | | | | 27. |
| 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.) | | | 134. | 3,000. | 1,790. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 8633373. |
| | Gross receipts from related activities, | | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | - | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) | |
| 0- | organization, check this box and stor | | | | | | |
| | ction C. Computation of Publ | | | . (0) | | | 91.54 % |
| | Public support percentage for 2022 (| | | | | 14 | |
| | Public support percentage from 2021 | | | | | 15 | |
| Iba | 33 1/3% support test - 2022. If the c | | | | | | |
| h | stop here. The organization qualifies 33 1/3% support test - 2021. If the o | | | | | | |
| U | and stop here. The organization qual | • | | , | | , | |
| 17 a | 10% -facts-and-circumstances tes | | | | | | |
| 174 | and if the organization meets the fact | ū | | | | | • |
| | meets the facts-and-circumstances to | | • | - | • | iow the organiz | |
| h | 10% -facts-and-circumstances tes | - | • | * | - | 17a. and line 15 is | 10% or |
| | more, and if the organization meets the | - | | | | | . = , 0 0. |
| | organization meets the facts-and-circ | | | | - | | |
| 18 | Private foundation. If the organization | | | | | | |

Schedule A (Form 990) 2022

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.)

| qualify under the tests listed by | oelow, please com | plete Part II.) | | | | |
|--|----------------------|--------------------|----------------------|---------------------|---------------------|-------------|
| Section A. Public Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 Amounts from line 6 | (a) 2010 | (2) 2313 | (6) 2525 | (4) 2021 | (6) 2322 | (1) 10141 |
| 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 | | | | | | |
| | | | | | | |
| c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)14 First 5 years. If the Form 990 is for t | ho organization's f | iret eocond third | fourth or fifth toy | Voor as a soction | 501(c)(3) organizat | ion |
| | | | | | | |
| check this box and stop here Section C. Computation of Pub | | | | | | <u> </u> |
| | | | column (f) | | 15 | 0/ |
| 15 Public support percentage for 2022 | | | | | | % |
| 16 Public support percentage from 202 Section D. Computation of Inve | | | | | 16 | % |
| | | | | | 17 | 0/ |
| 17 Investment income percentage for 20 | | | | | | <u>%</u> |
| 18 Investment income percentage from | | | the | | | % 47 : 4 |
| 19a 33 1/3% support tests - 2022. If the | - | | | | | ı / ıs not |
| more than 33 1/3%, check this box a b 33 1/3% support tests - 2021. If the | e organization did ı | not check a box or | n line 14 or line 19 | a, and line 16 is m | nore than 33 1/3%, | |
| line 18 is not more than 33 1/3%, ch 20 Private foundation. If the organization | | | | | | H |
| LO FITALE IOUTINATION. II THE OTUANIZATION | 그 그 그리고 나이트 다니면 나지 않 | ULL IIII E 14. 18 | a. OLIBU, CHECK L | 566 1 | เอนเนเนเนเอ | 1 ' |

232023 12-09-22

Schedule A (Form 990) 2022

CHILDREN IN CONFLICT, INC.

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|-----|-----|----|
| | | |
| 1 | | |
| | | |
| 2 | | |
| За | | |
| | | |
| 3b | | |
| | | |
| 3с | | |
| 4a | | |
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| 4b | | |
| | | |
| 4c | | |
| | | |
| 5a | | |
| 5b | | |
| 5c | | |
| | | |
| 6 | | |
| | | |
| 7 | | |
| 8 | | |
| | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 90 | | |
| 46 | | |
| 10a | | |
| 10b | | |

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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

Schedule A (Form 990) 2022

CIC___1

2b

За

232025 12-09-22

these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

| Sche | edule A (Form 990) 2022 CHILDREN IN CONFLICT, | INC. | | 81-4282343 Page 6 |
|------|--|----------------|---------------------------|--------------------------------|
| _ | rt V Type III Non-Functionally Integrated 509(a)(3) Support | ing Orgar | | ĭ |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on | Nov. 20, 1970 (explain ii | 7 Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | st complete | 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): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5_ | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6_ | Multiply line 5 by 0.035. | 6 | | |
| _7 | Recoveries of prior-year distributions | 7 | | |
| _8_ | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| _1_ | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| _2 | Enter 0.85 of line 1. | 2 | | |
| _3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| _4 | Enter greater of line 2 or line 3. | 4 | | |
| _5_ | Income tax imposed in prior year | 5 | | |
| 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-function | ally integrate | ed Type III supporting o | rganization (see |

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022 CHILDREN IN CONFLICT, INC.

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| | t V Type III Non-Functionally Integrated 509 | | anizations (continu | (Pd) | 1-4202343 Pag |
|-------|--|--------------------------------|-------------------------------|------|----------------------------------|
| | on D - Distributions | - (/(-) | (COITIIN | ueu) | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exem | | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | ses of supported organization | IS | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | · · · | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pr | rovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | , | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which t | the organization is responsive | | | |
| | (provide details in Part VI). See instructions. | 5 | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | and a different and a symmetry | (i) | (ii) | | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2022 | ns | Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | | |
| b | From 2018 | | | | |
| С | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| | Applied to 2022 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, <i>explain in</i> Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| - | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| - | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| _ | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | EA0000 HOITI 2010 | | | | |

Schedule A (Form 990) 2022

c Excess from 2020d Excess from 2021e Excess from 2022

| Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17; Part IV, Section A, Ine. 3, 20, 30, 40, 40, 56, 58, 38, 98, 50; A1; 31, 10, and 117; Part IV, Section B, lines 1 and 2; Part IV, Section C, lines 1; Part IV, Section B, lines 1 and 2; Part IV, Section B, lines 1 and 2; Part IV, Section B, lines 1 and 2; Part IV, Section B, line 16; Part V, Section B, lines 2, 6, and 3; Part IV, Section E, lines 2, 5, and 6. Also complete this part for any saddinonal information. See instructions; J. And Part V, Section E, lines 2, 5, and 6. Also complete this part for any saddinonal information. | Schedule A | (Form 990) 2022 | CHILDREN | IN | CONFLICT, | INC. | 81-4282343 Page 8 |
|--|------------|--|--|---------------------------|--|--|---|
| | Part VI | Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and | rmation. Provide 1, 2, 3b, 3c, 4b, 4c, 5, lines 2 and 3: Part | the ex 5a, 6, V. Se | kplanations required 9a, 9b, 9c, 11a, 11b ction E. lines 1c. 2a. | by Part II, line 10; Part II, line 17a c , and 11c; Part IV, Section B, lines 2b, 3a, and 3b; Part V, line 1; Part | r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V. Section B. line 1e: Part V. |
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Schedule A (Form 990) 2022

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

2022
Open to Public

Open to Public Inspection

CIC____1

Name of the organization

CHILDREN IN CONFLICT, INC.

Employer identification number 81-4282343

| Par | t I Organizations Maintaining Donor Advise | ed Funds or Other S | Similar Funds or A | Accounts. Complete if the |
|-----|---|-------------------------------|-----------------------------|------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lir | ne 6. | | |
| | | (a) Donor advised | d 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 he | ld in donor advised fur | 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 gra | ant funds can be used | only |
| | for charitable purposes and not for the benefit of the donor | or donor advisor, or for ar | y other purpose confe | rring |
| _ | impermissible private benefit? | | | |
| Par | t II Conservation Easements. Complete if the or | ganization answered "Yes | s" on Form 990, Part IV | , line 7. |
| 1 | Purpose(s) of conservation easements held by the organizat | | | |
| | Preservation of land for public use (for example, recrea | ation or education) | | orically important land area |
| | Protection of natural habitat | | Preservation of a cert | ified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | ified conservation contrib | ution in the form of a co | |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | | | | 2b |
| C | Number of conservation easements on a certified historic sti | | | 2c |
| d | Number of conservation easements included in (c) acquired | • | | |
| _ | historic structure listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or t | erminated by the orgai | nization during the tax |
| | year | | | |
| 4 | Number of states where property subject to conservation ea | | to a la constitue a set | |
| 5 | Does the organization have a written policy regarding the pe | | | Yes No |
| 6 | violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting. | | nd onforcing consorret | |
| 6 | Stair and volunteer riodis devoted to monitoring, inspecting | , nandling of violations, at | id emorcing conservati | on easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and en | forcing conservation e | asements during the year |
| • | , and an experience meanined in mornitoring, inopositing, main | aming of violations, and on | roroning correct valuers of | acomerne dannig inc year |
| 8 | Does each conservation easement reported on line 2(d) about | ve satisfy the requiremen | ts of section 170(h)(4)(f | 3)(i) |
| | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservat | | | |
| | balance sheet, and include, if applicable, the text of the foot | | · · | |
| | organization's accounting for conservation easements. | · · | | |
| Par | t III Organizations Maintaining Collections of | of Art, Historical Tre | asures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Forn | n 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under FASB ASC 98 | 58, not to report in its reve | enue statement and ba | lance sheet works |
| | of art, historical treasures, or other similar assets held for pu | blic exhibition, education, | or research in furthera | nce of public |
| | service, provide in Part XIII the text of the footnote to its final | ncial statements that des | cribes these items. | |
| b | If the organization elected, as permitted under FASB ASC 95 | 58, to report in its revenue | e statement and balanc | e sheet works of |
| | art, historical treasures, or other similar assets held for public | c exhibition, education, or | research in furtherand | e of public service, |
| | provide the following amounts relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| | (ii) Assets included in Form 990, Part X | | | |
| 2 | If the organization received or held works of art, historical tre | easures, or other similar a | ssets for financial gain, | provide |
| | the following amounts required to be reported under FASB ${\it A}$ | ASC 958 relating to these | items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | |
| | Assets included in Form 990, Part X | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instruction | s for Form 990. | | Schedule D (Form 990) 2022 |

232051 09-01-22

| _ | | N IN CONFL | | | | | | | 82343 | | ige 2 |
|-----|---|------------------------|------------|----------------|----------------|-------------|----------------|------------|-------------------|---------|--------------|
| Par | t III Organizations Maintaining C | Collections of A | rt, Hist | torical Tr | easures, c | or Othe | er Simila | r Asse | ts (contin | ued) | |
| 3 | Using the organization's acquisition, access | ion, and other record | ls, checl | k any of the | following tha | t make s | ignificant ι | ise of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progra | am | | | | | |
| b | Scholarly research | е | | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explai | n how th | ney further t | he organizati | on's exer | mpt purpos | se in Par | XIII. | | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, hi | storical trea | sures, or oth | er similar | assets | | _ | | |
| | to be sold to raise funds rather than to be m | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | ete if the | organizatio | n answered ' | 'Yes" on | Form 990, | Part IV, | line 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | diary for | contribution | ns or other as | sets not | included | _ | - | | , |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing 1 | table: | | | | | | | |
| | | | | | | | | | Amount | | |
| С | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | | | | | |
| е | e Distributions during the year | | | | | | | | | | |
| f | f Ending balance 1f | | | | | | | | | | |
| | Did the organization include an amount on F | | | | | | • | ∟ | Yes | | No |
| _ | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | <u> </u> |
| Par | t V Endowment Funds. Complete | | | | | | | ara baak | (-) Four | vooro l | hool. |
| | | (a) Current year | (b) P | rior year | (c) Two year | S Dack | (a) Tillee ye | ars Dack | (e) Four | years | Jack |
| | Beginning of year balance | | | | | | | | | | |
| | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | - /! 4 | (- | ->> 11-1 | | | | | | |
| 2 | Provide the estimated percentage of the cur | • | | g, column (a | a)) neid as: | | | | | | |
| | Board designated or quasi-endowment | | _% | | | | | | | | |
| | Permanent endowment | % % | | | | | | | | | |
| С | | .′ • | | | | | | | | | |
| 20 | The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse | • | ation the | at are hold a | nd administs | rad for th | 20 | | | | |
| Sa | organization by: | ession of the organiza | ation the | at are rielu a | ina administe | ileu ioi ii | i c | | Г | Yes | No |
| | , | | | | | | | | 3a(i) | | |
| | (i) Unrelated organizations | | | | | | | | 3a(ii) | - | |
| h | If "Yes" on line 3a(ii), are the related organizations | | | | | | | | 3b | _ | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | 36 | | |
| | t VI Land, Buildings, and Equipn | | WITIETIL | iuiius. | | | | | | | |
| | Complete if the organization answere | |). Part I\ | /. line 11a. S | See Form 990 |). Part X. | line 10. | | | | |
| | Description of property | (a) Cost or o | | | or other | | cumulated | 1 | (d) Book | value | |
| | becomplied of property | basis (investr | | | (other) | | preciation | | (4) 2001 | , value | |
| | Land | - ' | , | | . , | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | | 6,198. | | 5,78 | 5. | | 41 | 13. |
| | Other | | | | - | | • | | | | |
| | Add lines 1a through 1e. (Column (d) must e | | X, colur | nn (B), line 1 | 10c.) | | | | | 41 | 13. |

Schedule D (Form 990) 2022

232053 09-01-22

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2022

CHILDREN IN CONFLICT, INC. Schedule D (Form 990) 2022 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,204,311. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2,969. **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2,969. e Add lines 2a through 2d 2e 4,201,342. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,284,779. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2,969. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 2,969. e Add lines 2a through 2d 2e 3,281,810. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 3,281,810. Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE F (Form 990)

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.

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Name of the organization | | | | | Employer identi | fication number |
|---|-----------------------|------------------------------|--|-----------------|--------------------|---------------------|
| CHILDREN IN CO | ONFLICT, I | NC. | | | 81-428234 | 13 |
| | | | tside the United States. Comple | te if the organ | | |
| Form 990, Pa | rt IV, line 14b. | | | | | |
| 1 For grantmakers. Do | oes the organization | n maintain record | ds to substantiate the amount of its gra | ints and other | | |
| the grantees' eligibilit | ty for the grants or | assistance, and | the selection criteria used to award the | grants or ass | istance? X | Yes No |
| | " · D · · · · | | | | | |
| 2 For grantmakers. Do United States. | escribe in Part V the | e organization's | procedures for monitoring the use of its | grants and o | ther assistance ou | side the |
| | (The following Don | t I lina 2 tabla ar | on he duplicated if additional appear is n | acadad) | | |
| 3 Activities per Region (a) Region | (b) Number of | | an be duplicated if additional space is noted (d) Activities conducted in the region | | vity listed in (d) | (f) Total |
| (2) 1109.011 | offices | employees, agents, and | (by type) (such as, fundraising, pro- | | 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 | | | | | | |
| ICELAND & GREENLAND) | | | | | | |
| - ALBANIA, ANDORRA, | | | PROGRAM SERVICES AND GRANTS | | | |
| AUSTRIA, BELGIUM | 0 | 1 | TO RECIPIENTS | | | 2,860,572. |
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| • | | | | | | 2 960 570 |
| 3 a Subtotal | 0 | 1 | | | | 2,860,572. |
| b Total from continuation sheets to Part I | | 0 | | | | 0. |
| c Totals (add lines 3a | | <u> </u> | | | | · · · |
| and 3b) | | 1 | | | | 2,860,572. |
| , | | | | | | |

 $\label{eq:LHA} \mbox{ Harmonic Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule F (Form 990) 2022

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, FMV appraisal, other) |
|----------------------------|---|-------------------|-----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|--|
| | | EUROPE (INCLUDING | TO SUPPORT THE WORK | | | | | |
| | | ICELAND & | OF WARCHILD UK IN WAR | | | | | |
| | | GREENLAND) - | AFFECTED COUNTRIES | | | | | |
| | | ALBANIA, ANDORRA, | AROUND THE WORLD | 2790606. | WIRE | 0. | | |
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Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
 Enter total number of other organizations or entities

Schedule F (Form 990) 2022

| Schedule F (Form 990) 2022 | CHILDREN IN C | ONFLICT, | INC. | 8 | 1-4282343 | | Page |
|------------------------------------|---------------------------|--------------------------|--------------------------|------------------------------------|----------------------------------|---------------------------------------|--|
| Part III Grants and Other Assistar | nce to Individuals Outsid | le the United St | ates. Complete i | if the organization answered "Yes" | on Form 990, Part | : IV, line 16. | |
| Part III can be duplicated if | additional space is neede | d. | | | | | |
| (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) |
| | | | | | | | |
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| Part | IV Foreign | Forms | | |
|------|---------------------------------------|---|-----------------|-------------|
| 1 | the organization | ization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," n may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign se Instructions for Form 926) | Yes | X No |
| 2 | be required to s Receipt of Cert | cation have an interest in a foreign trust during the tax year? If "Yes," the organization may separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and cain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a le Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | the organization | cation have an ownership interest in a foreign corporation during the tax year? If "Yes," in may be required to file Form 5471, Information Return of U.S. Persons With Respect to a Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | qualified electing Information Ret | ization a direct or indirect shareholder of a passive foreign investment company or a ng fund during the tax year? If "Yes," the organization may be required to file Form 8621, turn by a Shareholder of a Passive Foreign Investment Company or Qualified Electing uctions for Form 8621) | Yes | X No |
| 5 | the organization | ation have an ownership interest in a foreign partnership during the tax year? If "Yes," name may be required to file Form 8865, Return of U.S. Persons With Respect to Certain rights (see Instructions for Form 8865) | Yes | X No |
| 6 | "Yes," the organ | ation have any operations in or related to any boycotting countries during the tax year? If nization may be required to separately file Form 5713, International Boycott Report (see Form 5713; don't file with Form 990) | Yes | X No |
| | | | Schedule F (For | m 990) 2022 |

232074 10-17-22

| Schedule F (Form 990) 2022 CHILDREN IN CONFLICT, INC. | 81-4282343 | Page 5 |
|--|--------------------------------|---------------|
| Provide the information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); Pa | nod); and Part III, column (c) |) |
| 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 SU | CCESSFUL | |
| GRANTEES WILL PROVIDE REGULAR REPORTS ON THE PROGRESS OF | THEIR FUNDING | IN |
| LINE WITH THE ORGANIZATIONS EXPECTATIONS. THE BOARD MAINT | 'AINS FULL | |
| DISCRETION AND CONTROL OVER FUNDS RAISED AND GRANTS DISTR | IBUTED. | |
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Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

| Name of the organization | | | | | | | ntification number |
|---|---|---|---|--|---------|---|---|
| | N IN CONFLICT, INC | | | | | 81-4282 | |
| Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. | | | | | | | I filers are not |
| Indicate whether the organization rais a | e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu | ion of ion of fundra (includerofess | non-g gover lising o ding o ional f | overnment grants nment grants events fficers, directors, trus undraising services? | stees | Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have c or con contrib | ustody trol of | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
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| 「otal | | | | | | | |
| 3 List all states in which the organization or licensing. | | | | s or has been notified | d it is | exempt from re | egistration |
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232081 10-27-22

Schedule G (Form 990) 2022

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

Schedule G (Form 990) 2022

| Pa | ırt I | | _ | | | | | |
|-----------------|---|---|-----------------------------|--|-----------------------|--|--|--|
| | | of fundraising event contributions and gr | (a) Event #1 WINTER WASSAIL | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through col. (c)) | | |
| ne | | | (event type) | (event type) | (total number) | 351. (5)/ | | |
| Revenue | 1 | Gross receipts | 1,448,778. | | | 1,448,778. | | |
| | 2 | Less: Contributions | 1,109,865. | | | 1,109,865. | | |
| | 3 | Gross income (line 1 minus line 2) | 338,913. | | | 338,913. | | |
| | 4 | Cash prizes | | | | | | |
| S | 5 | Noncash prizes | | | | | | |
| Direct Expenses | 6 | Rent/facility costs | 115,884. | | | 115,884. | | |
| | 7 | Food and beverages | 50,750. | | | 50,750. | | |
| Ω | 8 | Entertainment | 405 005 | | | 47,042. 125,237. | | |
| | 9 10 | Other direct expenses | | 1 2 5 , 2 5 7 • | | | | |
| | 11 | | | | | 338,913. | | |
| Pá | irt l | | | | | | | |
| | | \$15,000 on Form 990-EZ, line 6a. | | , , | , , | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instan bingo/progressive bir | | (d) Total gaming (add col. (a) through col. (c)) | | |
| Be | 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 | nh 5 in column (d) | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | 7 from line 1, column (d) | | | | | |
| á | ls t | ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain: | activities in each of these | | | Yes No | | |
| | 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Ves No b If "Yes," explain: | | | | | | | |
| 2320 | 82 10 | 0-27-22 | | | Sche | edule G (Form 990) 2022 | | |

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| Schedule G (Form 990) 2022 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 forn | |
| to administer charitable gaming? | |
| 13 Indicate the percentage of gaming activity conducted in: | |
| a The organization's facility | 13a % |
| b An outside facility | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and | |
| THE LINE THE HAITE and address of the person who prepares the organization's garning/special events books and | records. |
| Name | |
| Name | |
| Address | |
| Address | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue | e? Yes No |
| h If "Vee " enter the amount of gaming revenue received by the expenientian | ne amount |
| | le 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: | |
| | |
| Name | |
| | |
| Gaming manager compensation \$ | |
| | |
| Description of services provided | |
| Description of services provided | |
| | |
| | |
| | |
| Director/officer Employee Independent contractor | |
| | |
| 17 Mandatory distributions: | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | |
| retain the state gaming license? | Yes No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s | spent in the |
| organization's own exempt activities during the tax year \$ | |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a | nd (v): and Part III. lines 9, 9b, 10b. |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | (-), |
| Too, Too, To, and Tro, as applicable, 7 less provide any additional minormation, 550 metastions. | |
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| Schedule G | (Form 990) | CHILDREN | IN | CONFLICT, | INC. | 81-4282343 | Page 4 |
|------------|--------------------------------------|-------------------------|----|-----------|------|---------------|--------|
| Part IV | (Form 990) Supplemental Infor | mation (continue | d) | | | | |
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232084 04-01-22

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

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

Schedule J (Form 990) 2022

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

232111 10-18-22

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

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

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

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

| (A) Name and Title | | (B) Breakdown of W | V-2 and/or 1099-MIS compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|----------------------|------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) TRACEY ALEXANDER | (i) | 138,662. | 0. | 0. | 0. | 14,718. | 153,380. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Schedule J (Form 990) 2022 | CHILDREN | IN CONFLICT, | INC. | | | 81-4282343 | Page 3 |
|--------------------------------------|----------|------------------------------|---------------------------|-----------------------------------|------------------------|---------------------------------|--------|
| Part III Supplemental Informatio | | | | | | | Ĭ |
| Provide the information, explanation | | quired for Part I, lines 1a, | 1b, 3, 4a, 4b, 4c, 5a, 5b | o, 6a, 6b, 7, and 8, and for Part | II. Also complete this | part for any additional informa | tion. |
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

CHILDREN IN CONFLICT, INC.

Employer identification number 81-4282343

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: YEMEN: THROUGHOUT 2022, YEMEN HAS REMAINED ONE OF THE WORST HUMANITARIAN CRISES OF OUR GENERATION. THE LATTER HALF OF $20\,21$ SAW A DRAMATIC INCREASE IN FIGHTING, AND IN OCTOBER 2022, THE UN-BROKERED COUNTRY-WIDE TRUCE WAS NOT RENEWED. AS THE WAR ENTERS ITS NINTH YEAR, 21.6 MILLION PEOPLE REQUIRE HUMANITARIAN ASSISTANCE, OF WHICH HALF ARE CHILDREN. DESPITE THE ONGOING CONFLICT DURING 2022, OUR PARTNERS WERE ABLE TO REACH 15,490 CHILDREN AND FAMILIES IN IBB, TAIZ AND ADEN GOVERNORATES OF YEMEN. EDUCATION WORK IN YEMEN FOCUSED ON CLASSROOM REHABILITATION, INCLUDING PROVISION OF GENDER SENSITIVE WASH FACILITIES, IN COLLABORATION WITH THE LOCAL EDUCATION AUTHORITIES, PROVIDING TEACHING KITS AND SCHOOL MATERIALS, PROVIDING CHILDREN WITH SCHOOL AND HYGIENE KITS, SUPPORTING SCHOOLS WITH RECREATIONAL KITS, TRAINING TEACHERS, AND ESTABLISHING TEMPORARY LEARNING SPACES. ALL EDUCATION PROGRAMMING FOCUSED ON PROVIDING SAFE AND INCLUSIVE EDUCATION TO CHILDREN AFFECTED BY CONFLICT. A LARGE PART OF THE WORK IN YEMEN FOCUSES ON CHILD PROTECTION. THIS IS DONE THROUGH THE PROVISION OF CASE MANAGEMENT SERVICES AND REFERRALS OF CASES WHERE NEEDED, ESTABLISHING CHILD FRIENDLY SPACES AND PROVIDING STRUCTURED AND UNSTRUCTURED PSYCHOSOCIAL SUPPORT THROUGH TRAINED FACILITATORS, DELIVERING POSITIVE PARENTING SESSIONS. OUR SUPPORT HAS ALSO DELIVERED MINE RISK EDUCATION, SUPPORTED CHILDREN WITH ACCESSING LEGAL DOCUMENTATION TO ENABLE THEM TO ATTEND SCHOOL AND ACCESS OTHER PUBLIC SERVICES, AND DELIVERED CASH FOR PROTECTION PROGRAMMING. WAR CHILD'S COMMUNITY-BASED APPROACH ENSURES THAT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** CHILDREN IN CONFLICT, INC. 81-4282343 COMMUNITIES, AND CHILDREN, REMAIN SAFE, EVEN ONCE PROJECTS HAVE FINISHED. WE HAVE ALSO CONTINUED SUPPORT OF CASH AND LIVELIHOODS SUPPORT WORK, PROVIDING HOUSEHOLDS IN IBB WITH UNCONDITIONAL CASH GRANTS THAT CAN BE USED TO SUPPORT HOUSEHOLDS' MOST BASIC NEEDS WHILE ENSURING DIGNITY AND CHOICE FOR THE HOUSEHOLDS IN DECIDING HOW TO SPEND THEIR MONEY. THE DEMOCRATIC REPUBLIC OF CONGO: THE POPULATION HAS BEEN SIGNIFICANTLY AFFECTED BY THE NEW ARMED CONFLICT SITUATION WHICH STARTED IN MARCH 2022 WITH AN ESTIMATED 27.3 MILLION PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE. IN THE STABLE PROVINCES OF THE WEST, THE POPULATION BECAME INCREASINGLY POOR AND HELPLESS FACING THE INFLATIONARY ECONOMIC SITUATION CAUSED BY THE COVID-19 PANDEMIC WITH LITTLE INVESTMENTS OR MEANS TO ENABLE THEM TO ACQUIRE NEW INCOME SOURCES. DESPITE THE KASA PROVINCES BEING DECLARED A PRIORITY FOR THE DEVELOPMENT NEXUS, THE POPULATIONS CONTINUED TO STRUGGLE IN THEIR TRANSITION FROM EMERGENCY TO DEVELOPMENT AS THE NEXUS APPROACH FAILED. HUMANITARIAN DONORS LEFT, AND NO DEVELOPMENT DONOR TRANSITIONED, AS WAS THE CASE BEFORE THE INVESTMENTS IN THE NEXUS. HOWEVER, IN 2022 WITH FUNDING FROM CHILDREN IN CONFLICT, UNICEF, US DRL, FCDO, AS WELL AS OTHER PRIVATE FOUNDATIONS LIKE LERI CHARITABLE, EVAN CORNISH AND GOEFF HERRINGTON FOUNDATIONS, AND SOLUTION FIFTY-EIGHT, THE DRC PROGRAM REACHED 19,647 PARTICIPANTS ALL TOGETHER, AN INCREASE OF 8% FROM 2021, OF WHOM 12,352 WERE CHILDREN. THE DRC PROGRAM CONTINUED EXCLUSIVELY IN THE NORTH KIVU PROVINCE TO: STRENGTHEN OUR CONTRIBUTION TO COMMUNITY AND INSTITUTIONAL CHILD PROTECTION EFFORTS PROVIDING AN ENVIRONMENT THAT IS SAFER, MORE INCLUSIVE, AND MORE ENGAGED TOWARDS THEIR SOCIAL, ECONOMIC, AND

Schedule O (Form 990) 2022

232212 10-28-22

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** CHILDREN IN CONFLICT, INC. 81-4282343 CULTURAL REINTEGRATION. SUPPORT CHILDREN AND YOUNG PEOPLE TO ACCESS QUALITY PROTECTION SERVICES WITHIN THEIR COMMUNITY. EQUIP COMMUNITIES AND YOUNG LEADERS WITH THE SKILLS AND KNOWLEDGE TO REINTEGRATE CHILDREN AND YOUNG PEOPLE FORMERLY ASSOCIATED WITH ARMED GROUPS. IMPROVE ACCESS TO EDUCATION, LIFE SKILLS TRAINING, AND SUPPORT FOR CHILDREN AND YOUNG PEOPLE AFFECTED BY CONFLICT OR AT RISK OF EXCLUSION. CENTRAL AFRICAN REPUBLIC: OVER THE PAST DECADE, THE CENTRAL AFRICAN REPUBLIC HAS BEEN FACING MAJOR POLITICAL CRISES LEADING TO UNPRECEDENTED POPULATION DISPLACEMENTS AND RECURRING ARMED VIOLENCE AGAINST THE POPULATION. THE RESULT OF RECURRING CRISES IN THE COUNTRY HAS BEEN THE DETERIORATION OF SOCIO-ECONOMIC STRUCTURES, SLOW REDEPLOYMENT OF STATE AUTHORITIES FOLLOWING THOSE CRISES THEREBY GIVING RISE TO LOW PRESENCE OF TECHNICAL SERVICE PROVIDERS OUTSIDE OF THE CAPITAL BANGUI. FURTHERMORE, THE OVERALL BREAKDOWN OF SOCIAL COHESION DUE TO THE RECURRENCE OF CRISES HAS HAD CONSIDERABLE HUMANITARIAN CONSEQUENCES. IN PARTICULAR, THE YEAR 2022 SAW AN INCREASE IN VIOLENCE AGAINST CIVILIANS AND HUMANITARIAN WORKERS. THE LACK OF, OR VERY LOW RESOURCES TO ADDRESS THE OVERWHELMING PROTECTION ISSUES FURTHER UNDERMINED HUMANITARIAN AND STATE ACTORS' EFFORTS TO RESTORE BASIC SERVICES. DESPITE THE FOREGONE CHALLENGES, WCUK WAS ABLE TO MAINTAIN ITS STRATEGIC PRESENCE IN THE COUNTRY, OPERATING IN THE NORTH (BAMINGUI-BANGORAN) AND NORTHWEST (OUHAM-PEND) WHERE CHILDREN CONTINUE TO BE MORE AND MORE EXPOSED TO TRAUMA DUE TO THE NEGATIVE IMPACTS OF RECURRING ARMED CONFLICTS IN THE REGIONS.

Schedule O (Form 990) 2022 Page 2

Name of the organization CHILDREN IN CONFLICT, INC.

Employer identification number 81-4282343

THE YEAR 2022 ENDED WITH FUNDING FROM UNICEF, AND TWO COMPLIMENTARY

FOUNDATION GRANTS FROM STANLEY THOMAS JOHNSON FOUNDATION AND GUERNSEY'S

OVERSEA AID & DEVELOPMENT COMMISSION (GOAC) WHICH WERE USED TO SUPPORT

UNICEF'S ACTIONS TO COVER SOME OF THE UNRESOLVED PROTECTION NEEDS OF

THE AFFECTED POPULATIONS.

WITH THOSE FUNDS, OUR PARTNER WAS ABLE TO REACH 42,091 AFFECTED PERSONS

OF WHOM 29,396 WERE CHILDREN, MORE THAN TWICE THE NUMBER REACHED IN

2021. FURTHERMORE, WCUK CONTINUED TO MOBILIZE ADDITIONAL FUNDS BY

ESTABLISHING LOCAL PARTNERSHIPS, IDENTIFYING POTENTIAL FUNDERS AND

ORGANIZING FUNDRAISING ACTIVITIES TO SUPPORT PROGRAMMING.

IRAQ: CIC AND WCUK'S CURRENT SUPPORT RESPONSE IN IRAQ IS FOCUSED ON

EDUCATION - SPECIFICALLY EARLY CHILDHOOD DEVELOPMENT (ECD), PROTECTION,

AND PSYCHOSOCIAL SUPPORT (PSS) PROGRAMS IN MOSUL, BAGHDAD, FALLUJAH,

RAMADI AND BASRA. THE 2022 HUMANITARIAN NEEDS OVERVIEW ESTIMATES THAT

THERE ARE 2.5 MILLION PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE IN

IRAQ. THIS FIGURE IS A DRAMATIC REDUCTION FROM 2021 WHEN 4.1 MILLION

PEOPLE NEEDED HUMANITARIAN ASSISTANCE. THIS IS BECAUSE OCHA HAS

TIGHTENED ITS DEFINITION OF HUMANITARIAN NEED TO FOCUS ONLY ON THOSE

WITH THE DEEPEST LEVELS OF VULNERABILITY. AS A RESULT, THERE ARE

COUNTLESS MORE PEOPLE IN NEED OF ASSISTANCE, WITH A LARGE PROPORTION OF

THOSE YOUTH AND CHILDREN.

IN 2022, WAR CHILD WAS ABLE TO REACH 4,524 PEOPLE - 2,764 CHILDREN AND 1,760 ADULTS - WITHIN THE GOVERNORATES OF ANBAR, BAGHDAD, BASRA AND NINEWA.

THIS YEAR WE DELIVERED ACTIVITIES CENTERED AROUND QUALITY ECD, ACCESS

TO EDUCATION FOR CHILDREN AND YOUNG PEOPLE WHOSE EDUCATION HAS BEEN

DISRUPTED BY CONFLICT AND YOUTH EMPOWERMENT AND EMPLOYMENT.

232212 10-28-22

Schedule O (Form 990) 2022

DocuSign Envelope ID: 0974CEC5-2A03-44EA-A2DF-2CEF4C068342 Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** CHILDREN IN CONFLICT, INC. 81-4282343 ECD ACTIVITIES HAVE BEEN DELIVERED THROUGH THE PROVISION OF IN-PERSON CLASSES FOR CHILDREN IN IDP CAMPS AND IN MULTI-PURPOSE COMMUNITY CENTERS. THESE CLASSES PROVIDE CHILDREN WITH BASIC LEARNING SKILLS SO THEY ARE BETTER EQUIPPED TO ENTER THE FORMAL EDUCATION SYSTEM. RECOGNIZING THE NEED FOR A HOLISTIC APPROACH, WE HAVE ALSO BEEN PROVIDING CAREGIVERS AND PARENTING SKILLS SESSIONS SO THAT THEY CAN PROVIDE HOME-LEARNING SUPPORT TO THEIR CHILDREN. OUR OTHER EDUCATION CENTERED ACTIVITIES HAVE FOCUSED ON MAKING SCHOOLS MORE ACCESSIBLE THROUGH INFRASTRUCTURE REHABILITATION, CATCH-UP CLASSES AND ACCELERATED LEARNING, COMMUNITY-LED BACK TO SCHOOL CAMPAIGNS, AS WELL AS PROTECTION, WELL-BEING AND EDUCATION SYSTEMS STRENGTHENING. THROUGH OUR YOUTH WORK, WE HELPED EMPOWER MARGINALIZED YOUTH WITH LIFE AND JOB SKILLS TO SUPPORT THEM IN THEIR FUTURE CAREERS. THIS WAS DELIVERED THROUGH TRAININGS INCLUDING COMPUTER SKILLS AND LIFE SKILLS, APPRENTICESHIP PLACEMENTS AND THE FORMATION OF YOUTH ADVOCACY GROUPS. MOREOVER, WE PROVIDED PSYCHOSOCIAL SUPPORT AND CONTEXTUALIZED PROTECTION ASSISTANCE TO HIGHLY VULNERABLE CHILDREN AND YOUTH THROUGH THE PROVISION OF CASE MANAGEMENT, AS WELL AS THE DELIVERY OF SPECIALIZED PSYCHO-SOCIAL SUPPORT SESSIONS. OUR TEAMS ALSO WORKED WITH COMMUNITY MEMBERS, LEADERS, PARENTS AND CAREGIVERS, AND YOUTH TO FORM AND STRENGTHEN DIFFERENT COMMUNITY- BASED GROUPS TO SUPPORT CHILD PROTECTION AND EDUCATION WITHIN THEIR COMMUNITIES. 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.

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| Name of the organization CHILDREN IN CONFLICT, INC. | Employer identification number 81-4282343 |
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| 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 DI | SCLOSURE FORM IS |
| REQUIRED TO BE FILLED OUT EACH YEAR BY BOARD MEMBERS, OFF | 'ICERS AND KEY |
| EMPLOYEES. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED EV | ERY YEAR BY THE |
| BOARD. A REVIEW OF RECENT COMPARATIVE INFORMATION, INCLUD | ING VARIOUS |
| COMPENSATION SURVEYS OF SIMILAR SIZED NONPROFIT ORGANIZAT | IONS IN THE NY |
| METROPOLITAN AREA, IS PERFORMED BEFORE DETERMINING AND AF | PROVING A |
| REASONABLE AND COMPETITIVE COMPENSATION LEVEL FOR THE EXE | CUTIVE DIRECTOR. |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| AVAILABLE UPON REQUEST | |
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