Form **990**

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

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

Open to Public Inspection

ΑI	For the	2021 calendar year, or tax year beginning JUI	1, 2021 and	ending J	UN 30, 2022	
B	Check if applicable	C Name of organization			D Employer identific	cation number
	Address	NATIONAL CONFLICT RESOLU	JTION CENTER			
	Name change				33-04333	14
	Initial return	Number and street (or P.O. box if mail is not deliver	ed to street address)	Room/suite	E Telephone numbe	
	Final return/	530 B STREET, SUITE 1700			619-238-	2400
	termin- ated	City or town, state or province, country, and ZIF	or foreign postal code		G Gross receipts \$	8,054,179.
	Amende return	DAN DIEGO, CA 92101			H(a) Is this a group re	
	Applica tion pending	Finame and address of principal officer: PIP VI	EN DINKIN		for subordinates	
		SAME AS C ABOVE			H(b) Are all subordinates in	
		mpt status:	(insert no.) 4947(a)(1)	or 527	1	list. See instructions
		e: ► WWW • NCRCONLINE • COM	viation Other	1. 1/	H(c) Group exemptio	
		organization: X Corporation Trust Assoc	ciation Other	L Year	of formation: 1984 N	1 State of legal domicile: CA
F		Summary Briefly describe the organization's mission or most sign	maisia and a shimitia at DTQDI	TITE ME	DIATION & C	ONFI.T CT
Governance	1 E	rrienty describe the organization's mission or most sig	gnificant activities: DIBE	OIE ME	DIATION & C	ONFEICI
nar	-	Check this box if the organization disconting	ued its operations or dispos	sed of more	than 25% of its not as	eete
Ver	1	Number of voting members of the governing body (Pa			1 1	25
Ğ		Number of independent voting members of the gover				24
οğ		otal number of individuals employed in calendar yea				88
/itie		otal number of volunteers (estimate if necessary)				27
Activities &		otal unrelated business revenue from Part VIII, colun				0.
⋖		Net unrelated business taxable income from Form 99				0.
					Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)			3,848,260.	2,090,424.
nue	1				2,146,256.	5,233,690.
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, ar			5,452.	10,749.
<u></u>	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d	c, 10c, and 11e)		0.	317,294.
	12 T	otal revenue - add lines 8 through 11 (must equal Pa	rt VIII, column (A), line 12)		5,999,968.	7,652,157.
		Grants and similar amounts paid (Part IX, column (A),			0.	0.
		Benefits paid to or for members (Part IX, column (A), l			0.	0.
es	15 5	Salaries, other compensation, employee benefits (Par			2,817,844.	3,739,640.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line	11e)		0.	0.
Ϋ́	b 1	otal fundraising expenses (Part IX, column (D), line 2	5) \(\) 430,2	73.	2 102 015	2 020 721
_	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11			2,183,915. 5,001,759.	
		otal expenses. Add lines 13-17 (must equal Part IX, o			998,209.	
<u>_ s</u>	19 1	Revenue less expenses. Subtract line 18 from line 12				
ance	20 7	Total accets (Dort V. line 16)		Ве	ginning of Current Year 3,690,166.	End of Year 4,355,827.
Asse Bala	20 1	otal assets (Part X, line 16) otal liabilities (Part X, line 26)			1,163,341.	774,463.
Net Assets or Fund Balances	21 T	Net assets or fund balances. Subtract line 21 from lin	 ^ 20		2,526,825.	3,581,364.
	art II	Signature Block	0.20			0,002,002
_		ties of perjury, I declare that I have examined this return, inc	luding accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is				,
Sig	n	Signature of officer			Date	
Her		STEVEN DINKIN, PRESIDENT	ר			
		Type or print name and title				
			eparer's signature		Date Check	PTIN
Pai		RICHARD HOTZ		0	5/12/23 if self-employed	P00452784
		Firm's name CONSIDINE & CONSI		0.5.0	Firm's EIN	95-2694444
Use	Only	Firm's address 8989 RIO SAN DIEGO		250		0 001 1055
		SAN DIEGO, CA 9210			Phone no.61	9.231.1977
Mar	v the IR	S discuss this return with the preparer shown above	? See instructions			X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III	<u>-</u>
1		_
'	Briefly describe the organization's mission: DISPUTE MEDIATION & CONFLICT RESOLUTION	
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	_
3	If "Yes," describe these changes on Schedule O.	O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 5,076,848 • including grants of \$) (Revenue \$ 5,276,514 •)
	DURING FY2021-2022 NATIONAL CONFLICT RESOLUTION PROVIDED AND WAS	
	INVOLVED IN THE FOLLOWING:	
	MEDIATIONS; CONCILIATIONS; RESTORATIVE JUSTICE COMMUNITY CONFERENCES;	
	ADMINISTRATIVE HEARINGS; INTAKE; INFORMATION & REFERRALS; FOLLOW-UP;	_
	OUTREACH; MEDIATOR CREDENTIALING & PROGRAM EVALUATION FACILITATING LARGE GROUP MEDIATIONS & CONSENSUS PLANNING, TRAINING THE PUBLIC IN THE	
	SKILLS & TECHNIQUES OF ADR; TRAINING CORPORATE MANAGERS, SUPERVISORS	_
	AND STAFF IN COMMUNICATION AND CONFLICT RESOLUTION SKILLS; TEACHING	—
	COLLEGE LAW SCHOOL & GRADUATE SCHOOL COURSES IN THE THEORIES & PRACTICE	_
	OF ADR; PROVIDE ONGOING INFORMATION & EDUCATION TO THE JUSTICE SYSTEM	_
	OFFICIALS, MEMBERS OF THE LEGAL COMMUNITY & POLICY MAKING LEADERS ABOUT	<u>, </u>
	THE BENEFITS OF ADR; DEVELOPING NEW APPLICATIONS FOR ADR	_
4b	(Code:) (Expenses \$)
		_
		—
		—
		_
		_
		_
		_
4c	(Code:) (Expenses \$)
		_
		_
		—
		—
		—
		—
		—
		—
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 5,076,848.	_
	Form 990 (202	21)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	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
•	Schedule D, Part III	8		
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?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		22
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	4.415		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		22
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued
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Га	Officerist of nequired Schedules (continued)		ı	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	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			1
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	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			1
	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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	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			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_	
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			otacluster
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 52			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	1

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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 88			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
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 transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	C -		X
L	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
·	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
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		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	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 Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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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			
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 1a 25			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process 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			37
	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			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA		\ ··	- 1- 1
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) avaıla	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)	: د ا	!-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u finai	icial	
00	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 ►			
	530 B STREET, SUITE 1700, SAN DIEGO, CA 92101			

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, 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.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	Ĭ		((C)	•		(D)	(E)	(F)
Name and title	Average	/da	not c	Pos	ition	than		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	d a d	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee/	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	Institutional trustee	_	Key employee	Highest compensated employee	<u></u>	1000 1120)		organizations
	line)	Indivi	Institi	Officer	Key e	Highe emplo	Former			
(1) STEVEN DINKIN	40.00									
PRESIDENT		1		х				228,718.	0.	15,984.
(2) DAVID JAY	40.00									
DIRECTOR OF FUND DEVELOPMENT		1				Х		117,262.	0.	0.
(3) LISA MAXWELL	40.00									
DIRECTOR OF TRAINING INSTITUTE						Х		104,410.	0.	3,417.
(4) BILL SAILER	3.00									
CHAIR				Х				0.	0.	0.
(5) BEN HADDAD	3.00									
VICE CHAIR				Х				0.	0.	0.
(6) NANCY M. GIBERSON	3.00									
SECRETARY				Х				0.	0.	0.
(7) JIM LINTHICUM	3.00									
TREASURER				Х				0.	0.	0.
(8) THOMAS W. TURNER JR.	3.00							_	_	_
IMMEDIATE PAST BOARD CHAIR				Х				0.	0.	0.
(9) JOHANNA AFSHANI	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) RICHARD BREGMAN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(11) MICHELLE CANDLAND	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) RUDY CASTRUITA	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(13) CAROL CHANG	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(14) KELLY DOUGLAS	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(15) IMAM TAHA HASSANE	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JANE HOWARD MARTIN	1.00									_
DIRECTOR		Х						0.	0.	0.
(17) STEPHEN JENNINGS	1.00									_
DIRECTOR		Х						0.	0.	0.

132007 12-09-21 Form **990** (2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)			9-
(A) Name and title	(B) Average hours per week	(do box offic	not c	Pos heck ss pe	c) itior more erson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	I	(F) Estimate amount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC, 1099-NEC)	/ oi	mpensa from th ganiza nd rela ganizat	ne tion ted
(18) PETER MACCRACKEN DIRECTOR	1.00	x						0.	().		0.
(19) SUSAN MCCLELLAN DIRECTOR	1.00	X						0.).		0.
(20) JUDY MCDONALD DIRECTOR	1.00	X						0.).		0.
(21) RICH PAUL DIRECTOR	1.00	X						0.).		0.
(22) TED ROTH DIRECTOR	1.00	X						0.).		0.
(23) ERIC SANDY DIRECTOR	1.00	x						0.).		0.
(24) JEFF SILBERMAN DIRECTOR	1.00	x						0.).		0.
(25) STEVEN SMITH DIRECTOR	1.00	x						0.).		0.
(26) PAUL VADEN DIRECTOR	1.00	x						0.).		0.
1b Subtotal	<u> </u>	_						450,390.			19,4	
c Total from continuation sheets to Part V	I, Section A						>	0.).	104	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n							10 re	450,390.	l).	19,4	:01.
compensation from the organization	or miniod to tr					o,						3
O Did the consciention list and formation	-15 A A A.						. In the	h t t - d	-1		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								mest compensated emp		3		Х
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d oth	ner compensation from	the organization		v	
and related organizations greater than \$150Did any person listed on line 1a receive or a									idual for services	4	X	
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son				5		X
Section B. Independent Contractors		-l					4	h at a si al a the a	\$100,000 of a common		- f	
 Complete this table for your five highest co the organization. Report compensation for 	-								· · · · · · · · · · · · · · · · · · ·	ensation	Trom	
(A) Name and business	address							(B) Description of s	services		(C) ensatio	on
JOHN EDWARDS, 530 B STREE SAN DIEGO, CA 92101	ET, SUI	ΓE	1	70(Ο,		¢	CONSULTING		2	45,4	34.
							\neg					

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

(A) Name and title Average hours (check all that apply) per week (list any hours for related (Ist any hours for related or related or related or related or related or related on the organization (W-2/1099-MISC) (B) (C) (C) (C) (D) (E) Reportable compensation compensation from related organizations organization (W-2/1099-MISC) (W-2/1099-MISC) (F) Reportable compensation organization (W-2/1099-MISC) (W-2/1099-MISC)	Form 990 NATIONAL	CONFLIC	T.	RI	<u> :SC</u>	ЭΓΙ	JT.	101	N CENTER	33-043	3314
Name and title Average Position Check all that apply) Position Compensation Compens	Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
week (list any hours for related organization related organization shown line) 227) PEDRO VILLEGAS 1.00 IRECTOR 1.01 IREC		Average	Position					ly)	Reportable	Reportable compensation	(F) Estimated amount of
DIRECTOR X O O O O O O O O O O O O		week (list any hours for related organizations below line)							the organization	organizations	compensation
		1.00	x						0.	0.	0
Total to Part VII, Section A, line 1c	BIRDETOR								•	•	0
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
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Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c			<u> </u>		_						
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
	Total to Part VII, Section A, line 1c										

Ра	rt v	/						
			Check if Schedule O contains a respor	se or note to any li				
					(A)	(B)	(C) Unrelated	(D) Revenue excluded
					Total revenue	Related or exempt function revenue	business revenue	f
						Tanotion Tovonac		sections 512 - 514
ts	1	а	Federated campaigns 1a					
ran			Membership dues 1b					
Ğ,Ë			Fundraising events 1c	521,275.				
ifts ar A				, , , , , ,				
nils			Related organizations 1d Government grants (contributions) 1e	598,626.				
Sir			- · · · · · · · · · · · · · · · · · · ·	330,020	_			
uţi Je		'	All other contributions, gifts, grants, and	970,523.				
ri Ott			similar amounts not included above 1f	142,849	<u>'</u>			
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines 1a-1f		2 000 424			
OB		h	Total. Add lines 1a-1f		2,090,424.			
			C. T. T. T. C. T. T. T. C. T. T. T. C. T.	Business Code		4 000 140		
ice	2	а	CLIENT SERVICE FEES		4,283,140.	4,283,140.		
Program Service Revenue		b	TRAINING FEES	900099		948,550.		
n S		С	CREDENTIALING	900099	2,000.	2,000.		
ran ?ev		d		_				
.0g		е		_				
ď		f	All other program service revenue					
		g	Total. Add lines 2a-2f		5,233,690.			
	3		Investment income (including dividends, in	terest, and				
			other similar amounts)		11,059.			11,059.
	4		Income from investment of tax-exempt bor	d proceeds				
	5		Royalties	>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)	<u> </u>				
	7		Gross amount from sales of (i) Securities					
	·	_	assets other than inventory 7a 144,86	1.				
		h	Less: cost or other basis					
ē		~	and sales expenses 76 145 , 17 .	1.				
enr		_	Gain or (loss) 7c -31	7.	-			
Revenue			Net gain or (loss)	I	-310.			-310.
er	٥		Gross income from fundraising events (not		3200			3200
g	0	а	including \$ 521, 275. of					
			contributions reported on line 1c). See					
				_{8a} 531,321.				
		L		8b 256,851				
					274,470.			274,470.
			Net income or (loss) from fundraising event	s	2/4,4/0.			2/4,4/0.
	9	а	Gross income from gaming activities. See					
			′	9a	_			
				9b				
			Net income or (loss) from gaming activities	_				
	10	а	Gross sales of inventory, less returns					
				10a				
			J	10b				
		С	Net income or (loss) from sales of inventory					
sn			OMUED	Business Code		12 024		
ee ne	11		OTHER	_ 300039	42,824.	42,824.		
llar		b		_				
Miscellaneous Revenue		С		_				
Ξ̈́			All other revenue		12 024			
			Total. Add lines 11a-11d		42,824.		0	205 210
	12		Total revenue. See instructions	<u></u>	7,652,157.	p,4/0,514.	0.	285,219.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		4-0 400	4	
	trustees, and key employees	207,865.	172,438.	15,225.	20,202
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 252 524		000 445	0.40 ===
7	Other salaries and wages	3,079,584.	2,606,658.	230,147.	242,779
8	Pension plan accruals and contributions (include	20.000	0.4 0.07	0 107	0 01/
	section 401(k) and 403(b) employer contributions)	30,000.	24,887.	2,197.	2,916
9	Other employee benefits	167,486.	138,942.	12,267.	16,277
10	Payroll taxes	254,705.	211,295.	18,656.	24,754
11	Fees for services (nonemployees):				
а	Management	4 655		4 (55	
b	5	4,655.		4,655.	
С	5 ······	27,965.		27,965.	
d	Lobbying				
е	,				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
40	i i i i i i i i i i i i i i i i i i i	167,274.	36,298.	127,826.	3,150
12	Advertising and promotion	42,202.	24,244.	17,760.	198
13	Office expenses	42,202.	21,211.	17,700.	170
14	Information technology				
15	Royalties	327,092.	197,261.	116,046.	13,785
16 17	Occupancy	17,877.	15,990.	1,887.	13,703
17	Travel	17,0776	13,330.	1,007.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	.,				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	58,727.	46,394.	7,048.	5,285
23	Insurance	49,829.	29,605.	18,496.	1,728
24	Other expenses. Itemize expenses not covered				_,
• •	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MEDIATOR	906,677.	906,677.		
b	OUTSIDE SERVICES	432,268.	296,465.	57,247.	78,556
c	TECHNOLOGY	241,497.	44,554.	187,546.	9,397
d	SUBCONTRACTORS	136,472.	136,472.	,	- ,
e		427,196.	188,668.	227,282.	11,246
25 25	Total functional expenses. Add lines 1 through 24e	6,579,371.	5,076,848.	1,072,250.	430,273
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)				

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in	this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,898,077.	1	1,034,774.
	2	Savings and temporary cash investments		0.	2	271,489.
	3	Pledges and grants receivable, net		1,162,638.	3	2,343,072.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer,				
		trustee, key employee, creator or founder, substantial contribut	or, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as	s defined			
		under section 4958(f)(1)), and persons described in section 495	58(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ř	9	Prepaid expenses and deferred charges		40,438.	9	53,426.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	766,556.			
	b	Less: accumulated depreciation 10b	503,287.	199,519.	10c	263,269.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		310,703.	12	311,306.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		78,791.	15	78,491.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		3,690,166.	16	4,355,827
	17	Accounts payable and accrued expenses		274,002.	17	260,726.
	18	Grants payable			18	
	19	Deferred revenue		332,771.	19	364,162.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sched	dule D		21	
es	22	Loans and other payables to any current or former officer, direct	ctor,			
Liabilities		trustee, key employee, creator or founder, substantial contribut	or, or 35%			
jab		controlled entity or family member of any of these persons			22	
_	23	Secured mortgages and notes payable to unrelated third partie	s		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relate				
		parties, and other liabilities not included on lines 17-24). Compl	ete Part X	FF6 F60		140 555
		of Schedule D		556,568.	25	149,575.
	26	Total liabilities. Add lines 17 through 25		1,163,341.	26	774,463.
S		Organizations that follow FASB ASC 958, check here	X.			
nce.	l	and complete lines 27, 28, 32, and 33.		1 567 221		2 255 205
ala	27	Net assets without donor restrictions		1,567,331. 959,494.	27	2,355,305.
Net Assets or Fund Balances	28	Net assets with donor restrictions		959,494.	28	1,226,059.
<u>.</u> 5		Organizations that do not follow FASB ASC 958, check here	• ▶ □			
ō		and complete lines 29 through 33.				
ets	29	Capital stock or trust principal, or current funds			29	
SS	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
et A	31	Retained earnings, endowment, accumulated income, or other	_	2,526,825.	31	2 501 264
ž	32	Total net assets or fund balances			32	3,581,364.
	33	Total liabilities and net assets/fund balances		3,690,166.	33	4,355,827.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)		7,65 5,57		
3	Revenue less expenses. Subtract line 2 from line 1	3 1	.,07	$\frac{1}{2.7}$	86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		2,52		
5	Net unrealized gains (losses) on investments	5		8,2	
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	3,58	1,3	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the arganization changed its method of accounting from a prior year or changed "Other" overlain an School of			Yes	No
20	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		Za		
	separate basis Consolidated basis Both consolidated and separate basis	Jona			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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				ĺ
	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 Sci				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(0004)
			Form	330 ((2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization NATIONAL CONFLICT RESOLUTION CENTER Employer identification number 33-0433314

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	organ	nization is not a private found	dation because it is: ((For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch			•	•		
2		A school described in sect	*				-NN-1-	
3	一	A hospital or a cooperative				//h//1//Δ//ii	ii)	
4	一	A medical research organiz	. •				•	the hospital's name
_	ш	•	ation operated in co	rijuriction with a nospital	described	a iii Sectio	ii iro(b)(i)(A)(iii). Liitei	the nospital s hame,
_		city, and state:		H		L		1 %
5		An organization operated for		niege or university owner	or opera	ted by a g	overnmental unit descrit	pea in
_		section 170(b)(1)(A)(iv). (C						
6	37	A federal, state, or local go						
7	X	An organization that norma		intial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the colleg	e or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)			·		
11		An organization organized a		ively to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	-	•	-			e purposes of one or
		more publicly supported or	-	•	•		•	• •
		lines 12a through 12d that	-					
а		Type I. A supporting orga	* *			•	· · · · · · · · · · · · · · · · · · ·	, aivina
_		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•			
		organization. You must o			. majority	or tine dire		apporting
b		Type II. A supporting org	-		tion with it	e eunnort	ed organization(s), by ha	wing
~	, <u> </u>	control or management o	· · · · · · · · · · · · · · · · · · ·					-
		organization(s). You mus			arrie perso	JIIS IIIAI CC	ontrol of manage the sup	ported
		7			in connoc	tion with	and functionally integrat	ad with
C			-				• •	eu wiiii,
	. —	its supported organizatio		•				!+!(-)
C								• •
		that is not functionally int	-	• •	-		•	iveness
		requirement (see instruct	•					
e	•	□ Check this box if the organization in the control of th					a Type I, Type II, Type III	
	_	functionally integrated, or		nally integrated supporti	ing organi	zation.		
f		er the number of supported o						
		vide the following information (i) Name of supported			(iv) Is the orga	nization listed	(v) American of many atoms	(vi) Amount of other
	,	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See metractions)	Support (See motradions)
Tota	al							
	ul.						I	i

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

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

Sec	ction A. Public Support	,,		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	,	()	` '	()	()	
	membership fees received. (Do not						
	include any "unusual grants.")	2,745,827.	2,955,056.	2,164,891.	5,999,968.	2,090,424.	15,956,166.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,745,827.	2,955,056.	2,164,891.	5,999,968.	2,090,424.	15,956,166.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						15,956,166.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2,745,827.	2,955,056.	2,164,891.	5,999,968.	2,090,424.	15,956,166.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	279.	2,064.	4,773.	2,141.	11,059.	20,316.
_	and income from similar sources	413.	2,004.	4,113.	2,141.	11,039.	20,310.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						15,976,482.
12	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (soo instructio	one)			12	13,370,402.
	First 5 years. If the Form 990 is for the	•		ourth, or fifth tay w			
10	organization, check this box and stor						ightharpoonup
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2021 (<u>-</u>	olumn (f))		14	99.87 %
	Public support percentage from 2020					15	99.94 %
						nore, check this bo	
	16a 33 1/3 % support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X						
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop here	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	neck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and sto	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶∐

Schedule A (Form 990) 2021

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

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

Sec	qualify under the tests listed beat ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	inone under coetion 512						
4							
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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons Amounts included on lines 2 and 3 received		+				
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		/-\ 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>							<u> </u>
	ction C. Computation of Publ					T I	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					127	
17						17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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		
	0		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	- 3		
	10b		000:
dule	A (Forr	n 990)	2021

Par	t IV S	upporting Organizations _(continued)			
				Yes	No
11	Has the c	organization accepted a gift or contribution from any of the following persons?			
а	A person	who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c belov	w, the governing body of a supported organization?	11a		
b	A family r	nember of a person described on line 11a above?	11b		
С	A 35% co	ontrolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in F		11c		
Sect	ion B.	Type I Supporting Organizations			
				Yes	No
1		overning body, members of the governing body, officers acting in their official capacity, or membership of one or			
		ported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s), operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ion, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		d organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the o	rganization operate for the benefit of any supported organization other than the supported			
	•	ion(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI h	ow providing such benefit carried out the purposes of the supported organization(s) that operated,			
		d, or controlled the supporting organization.	2		
Sect	ion C.	Type II Supporting Organizations			
				Yes	No
1		najority of the organization's directors or trustees during the tax year also a majority of the directors			
		es of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	_	ement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>		orted organization(s).	1		
Seci	ion D. A	All Type III Supporting Organizations		T	
				Yes	No
1		rganization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ion's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•		ion's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ion(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ization maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	n of the relationship described on line 2, above, did the organization's supported organizations have a			
3	-	It voice in the organization's investment policies and in directing the use of the organization's			
	U	r assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		d organizations played in this regard.	3		
Sect		Type III Functionally Integrated Supporting Organizations			
1		e box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		e organization satisfied the Activities Test. Complete line 2 below.	-		
b		e organization is the parent of each of its supported organizations. Complete line 3 below.			
С		e organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities	Test. Answer lines 2a and 2b below.		Yes	No
а	Did subst	tantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supp	orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those su	pported organizations and explain how these activities directly furthered their exempt purposes,			
	how the	organization was responsive to those supported organizations, and how the organization determined			
	that these	e activities constituted substantially all of its activities.	2a		
b	Did the a	ctivities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or me	ore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI th	ne reasons for the organization's position that its supported organization(s) would have engaged in			
	these act	ivities but for the organization's involvement.	2b		
3	Parent of	Supported Organizations. Answer lines 3a and 3b below.			
а		rganization have the power to regularly appoint or elect a majority of the officers, directors, or			
		of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the o	rganization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2021

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

Sche	dule A (Form 990) 2021 NATIONAL CONFLICT RESOI	UTIO	N CENTER	33-0433314 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust o	n Nov. 20, 1970 (explain	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t comple	te Sections A through E	Ξ
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year

	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
	instructions).			

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

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

Schedule A (Form 990) 2021

Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

1

2

3 4

5

Fai	t v Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	ailizations (continu	<u> , ied</u>	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 the	ne organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
۵	Excess from 2021				

Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

	NATIONAL CONFLICT RESOLUTION CENTER	33-0433314					
Organization type (che	eck one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
, ,	tion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.					
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor	• •					
Special Rules							
sections 509(a contributor, d	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, d literary, or edu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (I /, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF						

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page

Name of organization Employer identification number

NATIONAL CONFLICT RESOLUTION CENTER

33-0433314

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
1		\$ 250,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 250,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 127,535. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
	Name, address, and ZIP + 4	\$ 50,000. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ 122,465. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NATIONAL CONFLICT RESOLUTION CENTER

33-0433314

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	STOCK	\$122,465 .	05/05/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
100450 11 11		\$	Schoolule D (Farmy 2001/2004)

Name of organization Employer identification number

NATIONAL CONFLICT RESOLUTION CENTER

33-0433314

Part III		ions to organizations desc through (e) and the followicharitable, etc., contributions of §	na line entry. For a	i01(c)(7), (8), or (10) that total more than \$1,000 for the year organizations the year. (Enter this info. once.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held		
-		(e) Transf	er of gift			
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held		
_	Transferee's name, address, ar	(e) Transf		elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-	Transferee's name, address, ar	(e) Transf	-	elationship of transferor to transferee		
-	Hansieree's Hame, address, at	IU ZIF + 4		erationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
_		(e) Transf				
	Transferee's name, address, ar	na ∠IP + 4		elationship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL CONFLICT RESOLUTION CENTER

Employer identification number 33-0433314

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Delies da libera la libera	(2)
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	L	ad funde
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	• •		
Par		ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶	,	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pul		•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
	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) 2021

132051 10-28-21

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	reasures, o	or Othe	r Similaı	r Asse	t s (contir	ued)	. <u>g-</u>
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following tha	t make si	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change progra	am					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how tl	ney further t	the organizati	on's exen	npt purpos	e in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, h	istorical trea	asures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?			\square	Yes		No
Pai	t IV Escrow and Custodial Arrang								line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contributio	ns or other as	sets not i	included				
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	:	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has beer	n provided on	Part XIII					
Pai							0.				
		(a) Current year	(b) F	rior year	(c) Two year	rs back (d) Three yea	ars back	(e) Four	years l	oack
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end haland	re (line 1	a column (a)) held as:				<u>I</u>		
	Board designated or quasi-endowment	one your one balanc	%	9, 00,0,1,1,1	a)) 1101d do.						
	Permanent endowment	%									
·	The percentages on lines 2a, 2b, and 2c shou										
32	Are there endowment funds not in the posses	•	ation th	at are held s	and administe	ered for th	ne organiza	tion			
ou	by:	331011 Of the organiza	ation the	at are ricid t	and administ	ica ioi tii	ic organiza	LIOIT	ſ	Yes	No
	(i) Unrelated organizations								3a(i)	+	
											
h	(ii) Related organizations	tions listed as requi	rod on S	Schodulo P?)				3b		
4	Describe in Part XIII the intended uses of the								. 30	L	
Ė	t VI Land, Buildings, and Equipm		WITHELL	iuiius.							
. u	Complete if the organization answered) Part I	/ line 11a !	See Form 990) Part X	line 10				
				<u> </u>					(d) Doo		
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulated reciation		(d) Boo	(value	,
	Land	`	nent)	Dasis	(Ott ICI)	uep	TOGIALIOIT				
	Land										
	Buildings							+			
	Leasehold improvements							+			
	Equipment			76	6,556.	5	03,28	7	26	3,26	50
	Other		Y colum				, , , , , ,			$\frac{3,2}{3,2}$	
เบเส	· Aud mies ra miougn re. (Column (a) must et	quai i Uiiii 330, Pail	A, COIUI	וווו <i>(ט),</i> וווו כ	100./			_ 1	20	-, - \	•

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 NATIONAL CO.	NFLICT RESOLU	TION CENTER	33-0433314	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) 457(B) DEFERRED				
(B) COMPENSATION PLAN ASSETS	149,575.	END-OF-YEAR	MARKET VALUE	
(C) JEWISH COMMUNITY				
(D) FOUNDATION	76,027.	END-OF-YEAR	MARKET VALUE	
(E) RANCHO SANTA FE	05 504			
(F) FOUNDATION	85,704.	END-OF-YEAR	MARKET VALUE	
(G)				
(H)	211 206			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	311,306.			
Part VIII Investments - Program Related.	5 000 D 1 1 1 / 1 /	14 O E 000 D 11	l' 40	
Complete if the organization answered "Yes"	-			
(a) Description of investment	(b) Book value	(c) Method of Valuatio	n: Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1d. See Form 990, Part X	line 15.	
	Description	, ,	(b) Book v	/alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990,	Part X, line 25.	
1. (a) Description of liability			(b) Book v	/alue
(1) Federal income taxes				
(2) 457(B) DEFERRED COMPENSAT	ION PLAN			
(3) LIABILITY			149	,575.
(4)				
(5)				
(6)				
(7)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2021

149,575.

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

(8)

	NATIONAL GONDLIGH DEGOLUM	TON GEN		22 /	0422214
	edule D (Form 990) 2021 NATIONAL CONFLICT RESOLUT rt XI Reconciliation of Revenue per Audited Financial Staten				0433314 Page 4
Pai			nevellue per n	eturr	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				8,157,968.
1	Total revenue, gains, and other support per audited financial statements			1	0,137,900.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	10 247		
	Net unrealized gains (losses) on investments		-18,247.	-	
	Donated services and use of facilities		338,492.	-	
	Recoveries of prior year grants		056 051	-	
	Other (Describe in Part XIII.)	2d	256,851.		FFF 00 <i>C</i>
е	Add lines 2a through 2d			2e	577,096.
3	Subtract line 2e from line 1			3	7,580,872.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	71,285.		
С	Add lines 4a and 4b			4c	71,285.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,652,157.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments Witl	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total expenses and losses per audited financial statements			1	7,103,429.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	338,492.		
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		256,851.		
	Add lines 2a through 2d			2e	595,343.
3	Subtract line 2e from line 1			3	6,508,086.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				.,,
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		71,285.	1	
				4c	71,285.
				5	6,579,371.
5 Da	rt XIII Supplemental Information.			5	0,313,311.
			101 5 11/1	4.5.	V. II. O. D. I.VII.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			4, Part	A, IIIIe Z, Part AI,
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
SPI	ECIAL EVENT EXPENSES				256,851.
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
SPI	ECIAL EVENT: DIRECT BENEFITS TO DONORS				71,285.
—— PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
	•				

SPECIAL EVENT EXPENSES 256,851.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT: DIRECT BENEFITS TO DONORS

71,285.

Schedule D	(Form 990) 2021	NATIONAL	CONFLICT	RESOLUTION	CENTER	33-0433314 Page 5
Part XIII	(Form 990) 2021 Supplemental Infor	mation (continue	ed)			
	•					
						_

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

2021

Open to Public Inspection

Name of the organization

NATIONAL CONFLICT RESOLUTION CENTER

Employer identification number 33-0433314

Schedule G (Form 990) 2021

1/111 1 01/11	D COMITETOR REPORT			_,	33 0133					
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not				
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.										
a Mail solicitations		-		overnment grants						
b Internet and email solicitations				nment grants						
c Phone solicitations	g Special									
d In-person solicitations			Ū							
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ding o	fficers, directors, true	stees, or					
key employees listed in Form 990, Pa						☐ No				
				~		oe .				
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.										
(i) Name and address of individual		(iii)	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid				
or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con	ustody trol of	from activity	fundraiser	to (or retained by) organization				
, ,		contrib	utions?	_	listed in col. (i)	organization				
		Yes	No							
Total	n is registered at licensed to colicit a		utions	ar has been notifie	d it is avament from r					
3 List all states in which the organizatio or licensing.	in is registered or licerised to solicit	COLLLIN	utions	s of has been notined	a it is exempt from re	egistration				
or neoricing.										

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

132082 10-21-21

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

	_	of fundraising event contributions and gr	i e			pts greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events			
			PEACE MAKER		MONE	(add col. (a) through			
Revenue Direct Expenses Revenue			(event type)	(event type)	(total number)	col. (c))			
nue			71 7	71 7	,				
Reve	1	Gross receipts	1,052,596.			1,052,596.			
	2	Less: Contributions	521,275.			521,275.			
	3	Gross income (line 1 minus line 2)	531,321.			531,321.			
	4	Cash prizes							
Ø	5	Noncash prizes	24,293.			24,293.			
pense	6	Rent/facility costs	40.			40.			
Direct Ex	7	Food and beverages	71,285.			71,285.			
ʿ□		Entartainment	2,500.			2,500.			
	8	Entertainment Other direct expenses	158,733.			158,733.			
	10				•	256,851.			
	11					274,470.			
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than									
		\$15,000 on Form 990-EZ, line 6a.							
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
/en			., ,	bingo/progressive bingo	., .	col. (a) through col. (c))			
Re	١.								
_	1	Gross revenue							
	,	Cash prizes							
ses	-	Odsit prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	Ť	Cutof direct expenses	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•				
			. ,						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>				
		ter the state(s) in which the organization condu	· · · -						
		the organization licensed to conduct gaming a				Yes No			
b	it "	No," explain:							
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	vear?	Yes No			
		Yes," explain:			<i>y</i>				
		· · · · · · · · · · · · · · · · · · ·							
									

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 NATIONAL CONFLICT RESOLUTION CENTER	33-0433314 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 form	ned
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	
Enter the name and address of the person who prepares the organization's gaming/special events books and	records.
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	? L Yes L No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	e amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
on 155, one ham address of the thing party.	
Nome •	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
Description of services provided P	
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 ▶ \$, F =
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) an	nd (v): and Part III lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(v), and r are m, miss s, ss, rss,
100, 100, 10, and 170, as applicable. Also provide any additional mormation. See instructions.	

Schedule G	(Form 990)	NATIONAL	CONFLICT	RESOLUTION	CENTER	33-0433314 Page 4
Part IV	(Form 990) Supplemental Info	rmation (continue	ed)			

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

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Part I

NATIONAL CONFLICT RESOLUTION CENTER

Employer identification number 33-0433314

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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 Compensation survey or study			
	Form 990 of other organizations 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:			37
а	1,	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
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 10 15 15 15 15 15 15 15 15 15 15 15 15 15			
_	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: The organization?	52		х
a h	The organization?	5a 5b		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	JD		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
а		6a		х
h	The organization? Any related organization?	6b		X
J	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	00		
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		х
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		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of V	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)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEVEN DINKIN	(i)	228,718.	0.	0.	15,984.	0.		0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

NATIONAL CONFLICT RESOLUTION CENTER

Employer identification number 33-0433314

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contributio	•	ts
1	Art - Works of art						,
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	3	142,849.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21 22	Taxidermy						
23	Historical artifacts Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions			,
	for which the organization completed Form 82	83, Part V, D	Donee Acknowledg	gement 29			
						Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	sed for		
	exempt purposes for the entire holding period	?			30	0a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	itions?3	31	X
32a	Does the organization hire or use third parties		-	· · ·	_	20	x
L						2a	
	If "Yes," describe in Part II.	olumo (a) fa	r a type of propert	y for which column (a) is she	cked		
33	If the organization didn't report an amount in o	olumni (C) TO	ı a type oi propen	y for writeri column (a) is che	ckeu,		
	describe in Part II.						

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

NATIONAL CONFLICT RESOLUTION CENTER

Employer identification number 33-0433314

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TRANSFERABILITY TO OTHER REGIONS; COMMUNITY OUTREACH; PEACEMAKERS

AWARDS & SPEAKERS' BUREAU. DURING FISCAL YEAR 2021-2022 NUMBER CALLS

RECEIVER - OVER 10,000. NUMBER OF VOLUNTEER MEDIATIONS - OVER 100.

NUMBER OF COMMUNITY PRESENTATIONS - OVER 75.

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

FORM 990 IS PREPARED USING BOARD APPROVED AUDITED FIGURES WHICH ARE
REVIEWED AND SIGNED BY THE BOARD AUTHORIZED PRESIDENT. FORM 990 IS MADE
AVAILABLE TO THE BOARD OF DIRECTORS.

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

THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY.

BOARD LIAISON OFFICIATES THE PROCESS. COPIES ARE PROVIDED AN NEW MEMBERS

SIGNATURES ARE OBTAINED AND REVIEWED BY THE BOARD GOVERNANCE COMMITTEE.

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

THE PRESIDENT IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE. THE PRESIDENT HIRES STAFF.

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

NATIONAL CONFLICT RESOLUTION CENTERS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON INSPECTION.

FORM 990, PART XII, LINE 2C

THERE WAS NO CHANGE DURING THE YEAR.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 20					Page 2
Name of the organization	NATIONAL	CONFLICT	RESOLUTION	CENTER	Employer identification number 33-0433314

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
60	SONICWALL-UPS-SWITCH	07/09/21	SL	5.00	1	16	3,938.				3,938.			788.	788.
61	MIRA MESA FURNITURE	08/01/21	SL	5.00	1	16	2,263.				2,263.			415.	415.
62	EXTREME FLOOR CLEAN-SEALANT	08/01/21	SL	5.00	1	16	1,600.				1,600.			293.	293.
63	JDI OFFICE CONSTRUCTION	08/02/21	SL	5.00	1	16	45,350.				45,350.			8,314.	8,314.
64	FURNITURE & EQUIPMENT	08/06/21	SL	5.00	1	16	17,980.				17,980.			3,296.	3,296.
65	JEROMES FURNITURE	08/31/21	SL	5.00	1	16	1,157.				1,157.			193.	193.
66	ORANGE CHAIRS & SHELVES	08/31/21	SL	5.00	1	16	1,236.				1,236.			206.	206.
67	DESK CONVERTERS & TABLES	08/31/21	SL	5.00	1	16	1,051.				1,051.			175.	175.
	SHORE TRAINING TABLES	08/31/21	SL	5.00	1	16	2,036.				2,036.			339.	339.
	3 DELL LATITUDE 5420, I5 16 GB RAM, 256 SSD	01/21/22	SL	5.00	1	16	5,526.				5,526.			461.	461.
	2 DELL LATITUDE 5420, I5 16 GB RAM, 256 SSD + MEMORY AND	02/18/22	SL	5.00	1	16	4,620.				4,620.			308.	308.
	6 DELL COMPUTERS AND INSTALLATION	02/28/22	SL	5.00	1	16	9,761.				9,761.			651.	651.
72	WEBSITE MIGRATION & REBUILD	03/07/22	SL	5.00	1	16	45,000.				45,000.			3,000.	3,000.
73	SIGN - REFURBISH - 2055 MONTIEL RD	03/19/22	SL	5.00	1	16	11,245.				11,245.			562.	562.
74	COUCH FOR OUTSIDE STEVE'S OFFICE	03/31/22	SL	5.00	1	16	1,427.				1,427.			71.	71.
75	PAINTING @ SAN MARCOS	03/31/22	SL	5.00	1	16	2,457.				2,457.			123.	123.
76	REFURBISH WALL SIGN DOWNTOWN OFFICE	05/01/22	SL	5.00	1	16	1,290.				1,290.			43.	43.
	2 LATERAL FILE CREDENZA, INSTALLATION AND TAX	05/03/22	SL	5.00	1	16	2,950.				2,950.			98.	98.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
78	6 DELL LATITUDE 5420, I5 16 GB RAM, 256 SSD	05/20/22	SL	5.00	1	.6	11,655.				11,655.			194.	194.
	WINDOW COVERINGS-PARK & MARKET	05/20/22	SL	5.00	1	.6	1,489.				1,489.			25.	25.
80	6 DELL LATITUDE 5420, I5 16 GB RAM, 256 SSD	06/15/22	SL	5.00	1	.6	11,655.				11,655.			194.	194.
	CUBICLES, 2 DESKS W/PANEL WALLS, DESIGN, INSTALLATION	06/23/22	SL	5.00	1	.6	4,234.				4,234.			0.	
1	DELL SERVER AND LAPTOPS	11/03/09	SL	5.00	1	.6	3,218.				3,218.	3,218.		0.	3,218.
2	DELL SERVER UPGRADE	06/30/11	SL	5.00	1	.6	31,710.				31,710.	31,710.		0.	31,710.
3	SERVER UPGRADE	08/30/11	SL	5.00	1	.6	4,793.				4,793.	4,793.		0.	4,793.
4	5 COMPUTERS	05/02/12	SL	5.00	1	.6	4,141.				4,141.	4,141.		0.	4,141.
5	FUND DEVELOPMENT SOFTWARE	09/01/12	SL	5.00	1	.6	18,110.				18,110.	18,110.		0.	18,110.
	LABOR & SOFTWARE INSTALLATION	09/01/12	SL	5.00	1	.6	6,248.				6,248.	6,248.		0.	6,248.
7	COMPUTER REPLACEMENT	06/04/13	SL	5.00	1	.6	5,536.				5,536.	5,536.		0.	5,536.
8	COMPUTER REPLACEMENT	06/04/13	SL	10.00	1	.6	1,893.				1,893.	1,893.		0.	1,893.
9	HARDWARE	07/07/14	SL	5.00	1	.6	2,832.				2,832.	2,832.		0.	2,832.
10	PHONES	03/03/15	SL	5.00	1	.6	9,387.				9,387.	9,387.		0.	9,387.
11	CENTRAL - PHONES	08/04/15	SL	5.00	1	.6	1,338.				1,338.	1,338.		0.	1,338.
12	COMPUTER	08/04/15	SL	5.00	1	.6	1,069.				1,069.	1,069.		0.	1,069.
13	COMPUTER	09/04/15	SL	5.00	1	.6	1,289.				1,289.	1,289.		0.	1,289.
14	STARPOINT - SESD OFFICE	06/02/16	SL	5.00	1	.6	2,928.				2,928.	2,928.		0.	2,928.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	_ine No. C	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
15	OFFICE SERVER	03/01/17	SL	5.00	1	.6	28,438.				28,438.	24,648.		3,790.	28,438.
16	COMPUTERS	04/03/18	SL	5.00	1	.6	27,479.				27,479.	17,862.		5,496.	23,358.
17	COMPUTERS	10/31/19	SL	5.00	1	.6	1,523.				1,523.	533.		305.	838.
18	COMPUTERS	11/01/19	SL	5.00	1	.6	8,927.				8,927.	2,975.		1,785.	4,760.
19	COMPUTERS	12/31/19	SL	5.00	1	.6	8,927.				8,927.	2,827.		1,785.	4,612.
20	COMPUTERS	04/27/20	SL	5.00	1	.6	3,732.				3,732.	933.		746.	1,679.
21	COMPUTERS	06/19/20	SL	5.00	1	.6	3,519.				3,519.	763.		704.	1,467.
48	COMPUTERS	07/08/20	SL	5.00	1	.6	8,145.				8,145.	1,629.		1,629.	3,258.
49	7 DELL COMPUTERS	01/14/21	SL	5.00	1	.6	12,438.				12,438.	1,244.		2,488.	3,732.
50	10 DELLS & MONITORS	04/29/21	SL	5.00	1	.6	18,421.				18,421.	614.		3,684.	4,298.
51	3 COMPUTERS	10/15/20	SL	5.00	1	.6	5,330.				5,330.	800.		1,066.	1,866.
52	REPLACEMENT LAPTOP	11/20/20	SL	5.00	1	.6	1,776.				1,776.	207.		355.	562.
53	2 LAPTOPS	11/30/20	SL	5.00	1	.6	3,553.				3,553.	415.		711.	1,126.
54	2 DELL COMPUTERS	12/07/20	SL	5.00	1	.6	3,536.				3,536.	413.		707.	1,120.
	* 990 PAGE 10 TOTAL -						420,156.				420,156.	150,355.		45,000.	195,355.
22	SHORE OFFICE FURNITURE & JC PENNEY	06/30/10	SL	5.00	1	.6	2,372.				2,372.	2,372.		0.	2,372.
23	SHORE OFFICE FURNITURE	10/14/10	SL	5.00	1	.6	2,670.				2,670.	2,670.		0.	2,670.
24	FIRE ALARM SYSTEM	10/18/10	SL	5.00	1	.6	1,345.				1,345.	1,345.		0.	1,345.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
25	CONFERENCE TABLE/CHAIR/STORAGE	11/02/11	SL	5.00	1	L6	10,275.				10,275.	10,275.		0.	10,275.
26	STORAGE CABINET/SOFA/CHAIR	12/02/11	SL	5.00	1	L6	825.				825.	825.		0.	825.
27	SIDE CHAIR/ CONFERENCE	01/03/12	SL	7.00	1	L6	3,724.				3,724.	3,724.		0.	3,724.
28	DESK, CORNER DESK, BOOK CASE CHAIR	, 04/03/12	SL	5.00	1	L6	3,135.				3,135.	3,135.		0.	3,135.
29	COUNTERTOP/CABINETS/DRYWALL	04/10/12	SL	5.00	1	L6	6,635.				6,635.	6,635.		0.	6,635.
30	FURNITURE	02/25/15	SL	5.00	1	L6	5,001.				5,001.	5,001.		0.	5,001.
31	OFFICE FURNITURE	04/09/15	SL	5.00	1	L6	6,979.				6,979.	6,979.		0.	6,979.
32	OFFICE FURNITURE	04/09/15	SL	5.00	1	L6	4,805.				4,805.	4,805.		0.	4,805.
33	FRIDGE/MICROWAVE	05/23/16	SL	5.00	1	L6	4,030.				4,030.	4,030.		0.	4,030.
34	BLINDS	08/29/16	SL	5.00	1	L6	2,117.				2,117.	2,080.		37.	2,117.
35	OFFICE FURNITURE - CHAIR	10/31/17	SL	5.00	1	L6	1,700.				1,700.	1,275.		340.	1,615.
36	OFFICE FURNITURE	02/02/18	SL	5.00	1	L6	2,072.				2,072.	1,415.		414.	1,829.
37	EXECUTIVE CHAIR	05/02/19	SL	5.00	1	L6	4,115.				4,115.	1,783.		823.	2,606.
38	VARIOUS FURNITURES	02/07/20	SL	5.00	1	L6	35,501.				35,501.	10,058.		7,100.	17,158.
	* 990 PAGE 10 TOTAL -						97,301.				97,301.	68,407.		8,714.	77,121.
39	FIBER OPTIC CABLING	04/01/15	SL	5.00	1	L6	16,573.				16,573.	16,573.		0.	16,573.
40	LEASEHOLD IMPROVEMENTS	04/30/15	SL	5.00	1	L6	95,584.				95,584.	95,584.		0.	95,584.
41	FIBER OPTIC CABLING	05/04/15	SL	5.00	1	L6	1,875.				1,875.	1,875.		0.	1,875.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	_{ine} Ur lo. Cos	nadjusted st Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
42	OFFICE SIGN	05/08/15	SL	5.00	1	6	3,081.				3,081.	3,081.		0.	3,081.
43	CABLING - CCC OFFICE	04/04/16	SL	5.00	1	6	1,299.				1,299.	1,299.		0.	1,299.
44	CABLING - CCC OFFICE	05/01/16	SL	5.00	1	6	2,418.				2,418.	2,418.		0.	2,418.
45	SIGN AT EUCLID	05/06/16	SL	5.00	1	6	4,977.				4,977.	4,977.		0.	4,977.
46	REMODEL	06/01/16	SL	5.00	1	6	92,671.				92,671.	92,671.		0.	92,671.
47	SIGN AT EUCLID	06/07/16	SL	5.00	1	6	5,569.				5,569.	5,569.		0.	5,569.
58	KITCHEN COUNTERTOP	09/09/20	SL	5.00	1	6	6,893.				6,893.	1,148.		1,379.	2,527.
59	LEASEHOLD IMPROVEMENTS	04/27/21	SL	5.00	1	6	18,160.				18,160.	604.		3,634.	4,238.
	* 990 PAGE 10 TOTAL -					2	49,100.				249,100.	225,799.		5,013.	230,812.
	* GRAND TOTAL 990 PAGE 10 DEPR					7	66,557.				766,557.	444,561.		58,727.	503,288.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE				П	5	76,637.			0.	576,637.	444,561.			483,539.
	ACQUISITIONS					1	.89,920.			0.	189,920.	0.			19,749.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE					7	66,557.			0.	766,557.	444,561.			503,288.
	ENDING ACCUM DEPR											503,288.			
	ENDING BOOK VALUE											263,269.			

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone