

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2021 calendar year, or tax year beginning** and ending

|  |  |  |  |
|--|--|--|--|
| <b>B</b> Check if applicable:<br><br>Address change<br>Name change<br>Initial return<br>Final return/terminated<br>Amended return<br>Application pending | <b>C Name of organization</b><br><b>CENTER FOR CIVILIANS IN CONFLICT</b>   |  | <b>D Employer identification number</b><br><b>75-3130860</b> |
|  | Doing business as  |  | <b>E Telephone number</b><br><b>(202) 558-6958</b>           |
|  | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite   |  |
|  | <b>1828 L STREET NW</b>  | <b>1050</b>  | <b>G Gross receipts \$</b> <b>14,777,750.</b>                |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>WASHINGTON, DC 20036</b>  |  | <b>H(a) Is this a group return for subordinates? .....</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| <b>F Name and address of principal officer: FEDERICO BORELLO<br/>SAME AS C ABOVE</b>   |  | <b>H(b) Are all subordinates included? Yes No</b><br>If "No," attach a list. See instructions                                  |  |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527                                    |  | <b>H(c) Group exemption number</b> ▶   |  |
| <b>J Website:</b> ▶ <b>WWW.CIVILIANSINCONFLICT.ORG</b>   |  | <b>L Year of formation:</b> <b>2003</b>  | <b>M State of legal domicile:</b> <b>CA</b>                  |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation Trust Association Other ▶   |  |  |  |

**Part I Summary**

|   |  |  |   |
|---|--|--|---|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>                                       |  |   |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |   |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>10</b>                                 |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>10</b>                                 |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)  | <b>5</b>   | <b>0</b>                                  |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>10</b>                                 |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>0.</b>                                 |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11             | <b>7b</b>  | <b>0.</b>  |   |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b><br><b>9,075,506.</b>                                     | <b>Current Year</b><br><b>14,760,154.</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>0.</b>  | <b>0.</b>                                 |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>2,815.</b>  | <b>18,111.</b>                            |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>28,883.</b>   | <b>-515.</b>                              |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>9,107,204.</b>  | <b>14,777,750.</b>                        |
|   | <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <b>0.</b>                                 |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |  | <b>0.</b>  | <b>0.</b>                                 |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |  | <b>6,521,365.</b>  | <b>7,615,161.</b>                         |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |  | <b>0.</b>  | <b>0.</b>                                 |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>149,450.</b>        |  |  |   |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |  | <b>2,770,534.</b>  | <b>4,552,045.</b>                         |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         |  | <b>9,291,899.</b>  | <b>12,167,206.</b>                        |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | <b>-184,695.</b>   | <b>2,610,544.</b>  |   |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b><br><b>12,361,564.</b>                     | <b>End of Year</b><br><b>12,548,028.</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>2,187,708.</b>  | <b>6,613,143.</b>                         |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>10,173,856.</b>   | <b>5,934,885.</b>                         |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|   |   |                                |                              |   |                          |
|---|---|--------------------------------|------------------------------|---|--------------------------|
| <b>Sign Here</b>  | Signature of officer<br><i>Federico Borello</i>                             |                                | Date <b>15 November 2022</b> |   |                          |
|   | <b>FEDERICO BORELLO, EXECUTIVE DIRECTOR</b><br>Type or print name and title |                                |                              |   |                          |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name<br><b>AARON M. FOX</b>                           | Preparer's signature           | Date                         | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P01365820</b> |
|   | Firm's name ▶ <b>MARCUM LLP</b>   | Firm's EIN ▶ <b>11-1986323</b> |                              | Phone no. <b>(202) 227-4000</b>                 |                          |
| Firm's address ▶ <b>1899 L STREET, NW, SUITE 850<br/>WASHINGTON, DC 20036</b> |   |                                |                              |   |                          |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 11,547,306. including grants of \$ ) (Revenue \$ ) COUNTRY OPERATIONS: CIVIC'S MISSION IS TO IMPROVE THE PROTECTION FOR CIVILIANS CAUGHT IN CONFLICTS AROUND THE WORLD. WE CALL ON AND ADVISE INTERNATIONAL ORGANIZATIONS, GOVERNMENTS, MILITARIES, AND ARMED NON-STATE ACTORS TO ADOPT AND IMPLEMENT POLICIES TO PREVENT CIVILIAN HARM. WHEN CIVILIANS ARE HARMED WE ADVOCATE FOR THE PROVISION OF AMENDS AND POST-HARM ASSISTANCE. WE BRING THE VOICES OF CIVILIANS THEMSELVES TO THOSE MAKING DECISIONS AFFECTING THEIR LIVES.

THE ORGANIZATION WAS FOUNDED IN 2003 TO ADVOCATE FOR RECOGNITION AND ASSISTANCE FOR THE CIVILIAN VICTIMS OF THE IRAQ AND AFGHANISTAN WARS. MORE THAN A DECADE LATER, CIVI IS A GO-TO SOURCE FOR EFFECTIVE CIVILIAN PROTECTION POLICY AND PRACTICE, AND IS A LEADING VOICE FOR CIVILIANS

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 11,547,306.

**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)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....  | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....  |     | 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? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> .....  |     | X  |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....  |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | 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)? <i>If "Yes," complete Schedule D, Part X</i> .....  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? .....  | 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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... | X   |    |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....   |     | 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? <i>If "Yes," complete Schedule G, Part II</i> .....   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  |     | X  |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part 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 [X]

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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. |     |    |
|           | 1a   | 10  |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | 1b   | 10  |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | 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?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | 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?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</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?   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | X   |    |
| <b>12c</b> |  |     |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |
| <b>16b</b> |  |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 **FEDERICO BORELLO - (202) 558-6958**  
**1828 L STREET NW, 1050, WASHINGTON, DC 20036**

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

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

| (A)<br>Name and title                                    | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) FEDERICO BORELLO<br>EXECUTIVE DIRECTOR               | 40.00   |   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (2) SUSAN OSNOS<br>CHAIR                                 | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (3) DAN FELDMAN<br>VICE CHAIR - UNTIL 01/21              | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (4) SARA HOLEWINSKI<br>SECRETARY                         | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (5) AMY TOWERS<br>TREASURER                              | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (6) MAJ GEN PATRICK CAMMERT<br>MEMBER                    | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (7) TAWANDA MUTASAH<br>MEMBER                            | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (8) ARYEH NEIER<br>MEMBER                                | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (9) MELISSA ONG<br>MEMBER                                | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (10) PRINCE ZEID RAAD AL HUSSEIN<br>MEMBER - UNTIL 09/21 | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) ERIN SEGILLA CHASE<br>MEMBER                        | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) ELIZABETH SEULING<br>MEMBER                         | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) DARIAN SWIG<br>MEMBER                               | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |





**Part VIII Statement of Revenue**

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

|  |  |  | (A)                  | (B)                                | (C)                        | (D)  |  |
|--|--|--|----------------------|------------------------------------|----------------------------|--|--|
|  |  |  | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns .....  | <b>1a</b>            |                                    |                            |  |  |
|  | <b>b</b>   | Membership dues .....  | <b>1b</b>            |                                    |                            |  |  |
|  | <b>c</b>   | Fundraising events .....   | <b>1c</b>            |                                    |                            |  |  |
|  | <b>d</b>   | Related organizations .....  | <b>1d</b>            |                                    |                            |  |  |
|  | <b>e</b>   | Government grants (contributions) .....  | <b>1e</b>            | 12,490,668.                        |                            |  |  |
|  | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 2,269,486.                         |                            |  |  |
|  | <b>g</b>   | Noncash contributions included in lines 1a-1f                                      | <b>1g</b>            | \$                                 |                            |  |  |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f .....  |                      | 14,760,154.                        |                            |  |  |
| Program Service Revenue                                | <b>2 a</b>   | _____  | <b>Business Code</b> |                                    |                            |  |  |
|  | <b>b</b>   | _____  |                      |                                    |                            |  |  |
|  | <b>c</b>   | _____  |                      |                                    |                            |  |  |
|  | <b>d</b>   | _____  |                      |                                    |                            |  |  |
|  | <b>e</b>   | _____  |                      |                                    |                            |  |  |
|  | <b>f</b>   | All other program service revenue .....  |                      |                                    |                            |  |  |
|  | <b>g</b>   | <b>Total.</b> Add lines 2a-2f .....  |                      |                                    |                            |  |  |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) ..... |                      | 18,111.                            |                            | 18,111.  |  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds .....                           |                      |                                    |                            |  |  |
|  | <b>5</b>   | Royalties .....  |                      |                                    |                            |  |  |
|  | <b>6 a</b>   | Gross rents .....  | <b>6a</b>            | (i) Real                           |                            |  |  |
|  |  |  |                      | (ii) Personal                      |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  | <b>b</b>   | Less: rental expenses ...  | <b>6b</b>            |                                    |                            |  |  |
|  | <b>c</b>   | Rental income or (loss)  | <b>6c</b>            |                                    |                            |  |  |
|  | <b>d</b>   | Net rental income or (loss) .....  |                      |                                    |                            |  |  |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory .....                       | <b>7a</b>            | (i) Securities                     |                            |  |  |
|  |  |  |                      | (ii) Other                         |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  | <b>b</b>   | Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            |                                    |                            |  |  |
|  | <b>c</b>   | Gain or (loss) .....   | <b>7c</b>            |                                    |                            |  |  |
| <b>d</b>   | Net gain or (loss) .....   |  |                      |                                    |                            |  |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>  |                      |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....  | <b>8b</b>  |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from fundraising events .....   |  |                      |                                    |                            |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>  |                      |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....  | <b>9b</b>  |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from gaming activities .....  |  |                      |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances .....  | <b>10a</b>   |                      |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: cost of goods sold .....   | <b>10b</b>   |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from sales of inventory .....   |  |                      |                                    |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>  | TRANSFERS OUT  | <b>Business Code</b> | 900099                             | -515.                      | -515.  |  |
|  | <b>b</b>   | _____  |                      |                                    |                            |  |  |
|  | <b>c</b>   | _____  |                      |                                    |                            |  |  |
|  | <b>d</b>   | All other revenue .....  |                      |                                    |                            |  |  |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d .....  |                      |                                    | -515.                      |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions .....   |  |                      | 14,777,750.                        | 0.                         | 0.   |  |
|  |  |  |                      |                                    |                            | 17,596.  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   |                       |                                 |  |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 6,481,070.            | 6,327,103.                      | 90,842.                                | 63,125.                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 219,257.              | 214,048.                        | 3,073.                                 | 2,136.                      |
| <b>9</b> Other employee benefits .....  | 507,673.              | 495,612.                        | 7,116.                                 | 4,945.                      |
| <b>10</b> Payroll taxes .....   | 407,161.              | 397,488.                        | 5,707.                                 | 3,966.                      |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  | 31,332.               | 4,566.                          | 22,001.                                | 4,765.                      |
| <b>c</b> Accounting .....   | 131,097.              | 129,386.                        | 1,711.                                 |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 1,404,334.            | 1,379,866.                      | 1,686.                                 | 22,782.                     |
| <b>12</b> Advertising and promotion .....   | 21,278.               | 18,027.                         | 2,201.                                 | 1,050.                      |
| <b>13</b> Office expenses .....   | 373,870.              | 325,794.                        | 37,428.                                | 10,648.                     |
| <b>14</b> Information technology .....  | 156,541.              | 97,563.                         | 38,498.                                | 20,480.                     |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 694,931.              | 582,834.                        | 112,074.                               | 23.                         |
| <b>17</b> Travel .....  | 1,022,689.            | 977,310.                        | 30,024.                                | 15,355.                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 516,346.              | 516,346.                        |  |                             |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 54,373.               |                                 | 54,373.                                |                             |
| <b>23</b> Insurance .....   | 52,267.               | 579.                            | 51,688.                                |                             |
| <b>24</b> 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 O.) |                       |                                 |  |                             |
| <b>a</b> <b>EQUIPMENT PURCHASE</b>  | 72,492.               | 60,799.                         | 11,691.                                | 2.                          |
| <b>b</b> <b>STAFF DEVELOPMENT</b>   | 24,349.               | 23,772.                         | 341.                                   | 236.                        |
| <b>c</b> <b>REFUND</b>  | -3,854.               | -3,787.                         | -4.                                    | -63.                        |
| <b>d</b> _____  |                       |                                 |  |                             |
| <b>e</b> All other expenses _____   |                       |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 12,167,206.           | 11,547,306.                     | 470,450.                               | 149,450.                    |
| <b>26</b> <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year  |
|---|--|--------------------------|-------------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 5,806,147.               | <b>1</b>    | 6,398,677.          |
|   | <b>2</b> Savings and temporary cash investments .....  | 0.                       | <b>2</b>    | 3,244,894.          |
|   | <b>3</b> Pledges and grants receivable, net .....  | 6,169,714.               | <b>3</b>    | 1,773,674.          |
|   | <b>4</b> Accounts receivable, net .....  | 76,575.                  | <b>4</b>    | 863,671.            |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                     |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                     |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                     |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                     |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 116,785.                 | <b>9</b>    | 76,469.             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 351,609.      |             |                     |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 240,350.      | 115,192.    | <b>10c</b> 111,259. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>   |                     |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                     |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                     |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                     |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 77,151.                  | <b>15</b>   | 79,384.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 12,361,564.  | <b>16</b>                | 12,548,028. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 217,001.                 | <b>17</b>   | 843,306.            |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                     |
|   | <b>19</b> Deferred revenue .....   | 1,403,488.               | <b>19</b>   | 5,218,748.          |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                     |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 477,300.                 | <b>24</b>   | 502,018.            |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 89,919.                  | <b>25</b>   | 49,071.             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 2,187,708.               | <b>26</b>   | 6,613,143.          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                     |
|   | <b>27</b> Net assets without donor restrictions .....  | 1,767,315.               | <b>27</b>   | 5,713,072.          |
|   | <b>28</b> Net assets with donor restrictions .....   | 8,406,541.               | <b>28</b>   | 221,813.            |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                     |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                     |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                     |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                     |
|   | <b>32</b> Total net assets or fund balances .....  | 10,173,856.              | <b>32</b>   | 5,934,885.          |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 12,361,564.              | <b>33</b>   | 12,548,028.         |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 14,777,750. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 12,167,206. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 2,610,544.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 10,173,856. |
| 5  | Net unrealized gains (losses) on investments   | 5  |             |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  | -6,849,725. |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 210.        |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 5,934,885.  |

**Part XII Financial Statements and Reporting**

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

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | X  |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____  |     |    |

Form 990 (2021)



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017  | (b) 2018 | (c) 2019  | (d) 2020 | (e) 2021  | (f) Total |
|--|-----------|----------|-----------|----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 10519836. | 6526772. | 11260881. | 9075506. | 14760154. | 52143149. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |           |          |           |          |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |           |          |           |          |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 10519836. | 6526772. | 11260881. | 9075506. | 14760154. | 52143149. |
| <b>5</b> 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) ..... |           |          |           |          |           | 5802330.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |          |           |          |           | 46340819. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017  | (b) 2018 | (c) 2019  | (d) 2020 | (e) 2021  | (f) Total                |
|---|-----------|----------|-----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 10519836. | 6526772. | 11260881. | 9075506. | 14760154. | 52143149.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 1,264.    | 15,362.  | 9,742.    | 2,815.   | 18,111.   | 47,294.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |           |          |           |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |           |          |           | 28,883.  |           | 28,883.                  |
| <b>11 Total support.</b> Add lines 7 through 10   |           |          |           |          |           | 52219326.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |           |          |           |          | 12        |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |           |          |           |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 88.74 %                             |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | <b>15</b> | 86.21 %                             |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**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**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                       | Enter 0.85 of line 1.   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (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           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|---|---|--|---|
| 1   | Distributable amount for 2021 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2021   |  |   |
| a   | From 2016   |  |   |
| b   | From 2017   |  |   |
| c   | From 2018   |  |   |
| d   | From 2019   |  |   |
| e   | From 2020   |  |   |
| f   | <b>Total</b> 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: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2021 distributable amount  |  |   |
| c   | 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   | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2017  |  |   |
| b   | Excess from 2018  |  |   |
| c   | Excess from 2019  |  |   |
| d   | Excess from 2020  |  |   |
| e   | Excess from 2021  |  |   |

Schedule A (Form 990) 2021

**Part VI**

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

Horizontal lines for supplemental information input.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

CENTER FOR CIVILIANS IN CONFLICT

Employer identification number

75-3130860

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

|   |   |
|---|---|
| Name of organization<br><b>CENTER FOR CIVILIANS IN CONFLICT</b> | Employer identification number<br><b>75-3130860</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 1          | EUROPEAN COMMISSION<br>SERVICE FOR FOREIGN POLICY<br>INSTRUMENTS, 1049<br><br>BRUSSELS, BELGIUM                                      | \$ 2,612,570.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 2          | OPEN SOCIETY INSTITUTE<br><br>224 WEST 57TH STREET<br><br>NEW YORK, NY 10019   | \$ 1,700,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 3          | SWEDISH INTERNATIONAL DEVELOPMENT<br>COOPERATION AGENCY<br><br>BOX 2025<br><br>SUNDBYBERG, SWEDEN 174 02                             | \$ 1,648,224.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 4          | GERMAN MINISTRY FOR FOREIGN AFFAIRS<br><br>4645 RESERVOIR ROAD NW<br><br>WASHINGTON, DC 20007  | \$ 1,626,889.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 5          | UNITED KINGDOM FOREIGN AND<br>COMMONWEALTH OFFICE<br>PLOT 1137, DIPLOMATIC DRIVE, CENTRAL<br>BUSINESS DISTRICT<br><br>ABUJA, NIGERIA | \$ 695,355.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 6          | DANISH MINISTRY OF FOREIGN AFFAIRS<br><br>ASIATISK PLADS 2<br><br>COPENHAGEN, DENMARK DK-1448  | \$ 507,064.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>CENTER FOR CIVILIANS IN CONFLICT</b> | Employer identification number<br><br><b>75-3130860</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 7          | U.S. SMALL BUSINESS ADMINISTRATION<br><br>409 3RD STREET SW<br><br>WASHINGTON, DC 20416 | \$ 477,300.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



|   |   |
|---|---|
| Name of organization<br><br><b>CENTER FOR CIVILIANS IN CONFLICT</b> | Employer identification number<br><br><b>75-3130860</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><br><b>CENTER FOR CIVILIANS IN CONFLICT</b> | Employer identification number<br><br><b>75-3130860</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization** CENTER FOR CIVILIANS IN CONFLICT **Employer identification number** 75-3130860

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds                                  | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year .....   |  |                              |
| 2 Aggregate value of contributions to (during year) .....   |  |                              |
| 3 Aggregate value of grants from (during year) .....  |  |                              |
| 4 Aggregate value at end of year .....  |  |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 8,524.                          | 7,888.                       | 636.           |
| d Equipment  |                                      | 277,796.                        | 197,966.                     | 79,830.        |
| e Other  |                                      | 65,289.                         | 34,496.                      | 30,793.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 111,259.       |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) DEFERRED RENT   | 49,071.        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 49,071.        |

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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |          |             |
|----------|--|-----------|----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b> | 14,893,567. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |          |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |          |             |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 115,607. |             |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |          |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 210.     |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> |          | 115,817.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b> | 14,777,750. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |          |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |          |             |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |          |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> |          | 0.          |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b> | 14,777,750. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |          |             |
|----------|---|-----------|----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b> | 12,282,813. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |          |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 115,607. |             |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |          |             |
| <b>c</b> | Other losses  | <b>2c</b> |          |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |          |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> |          | 115,607.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b> | 12,167,206. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |          |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |          |             |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |          |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> |          | 0.          |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b> | 12,167,206. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

TRANSLATION GAIN 210.



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

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |

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

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_





**Part IV Foreign Forms**

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

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**CENTER FOR CIVILIANS IN CONFLICT**

Employer identification number

**75-3130860**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes      | No       |
|-----------|----------|----------|
| <b>1b</b> |          | <b>X</b> |
| <b>2</b>  | <b>X</b> |          |
| <b>4a</b> |          | <b>X</b> |
| <b>4b</b> |          | <b>X</b> |
| <b>4c</b> |          | <b>X</b> |
| <b>5a</b> |          | <b>X</b> |
| <b>5b</b> |          | <b>X</b> |
| <b>6a</b> |          | <b>X</b> |
| <b>6b</b> |          | <b>X</b> |
| <b>7</b>  |          | <b>X</b> |
| <b>8</b>  |          | <b>X</b> |
| <b>9</b>  |          |          |

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

Schedule J (Form 990) 2021



**Part III Supplemental Information**

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

PART I, LINE 1B:

CIVIC'S BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE IS THE COMPENSATION COMMITTEE WHICH DETERMINES THE COMPENSATION PACKAGE AND ANNUAL INCREASE FOR THE EXECUTIVE DIRECTOR. THIS IS THEN DISCUSSED WITH THE OVERALL BOARD IN A CLOSED-DOOR SESSION ALONGSIDE THE ANNUAL PERFORMANCE EVALUATION. THE FULL BOARD OF DIRECTORS THEN AGREES UPON THE NEW COMPENSATION LEVEL FOR THE EXECUTIVE DIRECTOR.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

CENTER FOR CIVILIANS IN CONFLICT

Employer identification number

75-3130860

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

CENTER FOR CIVILIANS IN CONFLICT'S (CIVIC) MISSION IS TO WORK WITH ARMED ACTORS AND CIVILIANS IN CONFLICT TO DEVELOP AND IMPLEMENT SOLUTIONS TO PREVENT, MITIGATE, AND RESPOND TO CIVILIAN HARM. WE CALL ON AND ADVISE INTERNATIONAL ORGANIZATION, GOVERNMENTS, MILITARIES, AND ARMED NON-STATE ACTORS TO ADOPT AND IMPLEMENT POLICIES TO PREVENT CIVILIAN HARM. WHEN CIVILIANS ARE HARMED WE ADVOCATE FOR THE PROVISION OF AMENDS AND POST-HARM ASSISTANCE. WE BRING THE VOICES OF CIVILIANS THEMSELVES TO THOSE MAKING DECISION AFFECTING THEIR LIVES. THE ORGANIZATION WAS FOUNDED IN 2003 TO ADVOCATE FOR RECOGNITION AND ASSISTANCE FOR THE CIVILIAN VICTIMS OF THE IRAQ AND AFGHANISTAN WARS. MORE THAN A DECADE LATER, CIVIC IS A GO-TO SOURCE FOR EFFECTIVE CIVILIAN PROTECTION POLICY AND PRACTICE, AND IS A LEADING VOICE FOR CIVILIANS LIVING IN CONFLICT THROUGHOUT THE WORLD. CIVIC ENCOURAGES PARTIES INVOLVED IN CONFLICT TO ADOPT TOOLS, POLICIES, AND PRACTICES THAT HELP THEM IMPLEMENT THEIR LEGAL OBLIGATIONS AND TO GO ABOVE AND BEYOND WHAT IS LEGALLY REQUIRED BY IHL, THUS RAISING THE LEVEL OF PROTECTION AFFORDED TO CIVILIANS BEFORE, DURING, THROUGH THE MAKING OF AMENDS OR PROVISION OF POST-HARM ASSISTANCE.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

CENTER FOR CIVILIANS IN CONFLICT'S (CIVIC) MISSION IS TO WORK WITH ARMED ACTORS AND CIVILIANS IN CONFLICT TO DEVELOP AND IMPLEMENT SOLUTIONS TO PREVENT, MITIGATE, AND RESPOND TO CIVILIAN HARM. WE CALL ON AND ADVISE INTERNATIONAL ORGANIZATION, GOVERNMENTS, MILITARIES, AND

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

Schedule O (Form 990) 2021

|  |  |
|--|--|
| Name of the organization<br>CENTER FOR CIVILIANS IN CONFLICT | Employer identification number<br>75-3130860 |
|--|--|

ARMED NON-STATE ACTORS TO ADOPT AND IMPLEMENT POLICIES TO PREVENT CIVILIAN HARM. WHEN CIVILIANS ARE HARMED WE ADVOCATE FOR THE PROVISION OF AMENDS AND POST-HARM ASSISTANCE. WE BRING THE VOICES OF CIVILIANS THEMSELVES TO THOSE MAKING DECISION AFFECTING THEIR LIVES. THE ORGANIZATION WAS FOUNDED IN 2003 TO ADVOCATE FOR RECOGNITION AND ASSISTANCE FOR THE CIVILIAN VICTIMS OF THE IRAQ AND AFGHANISTAN WARS. MORE THAN A DECADE LATER, CIVIC IS A GO-TO SOURCE FOR EFFECTIVE CIVILIAN PROTECTION POLICY AND PRACTICE, AND IS A LEADING VOICE FOR CIVILIANS LIVING IN CONFLICT THROUGHOUT THE WORLD. CIVIC ENCOURAGES PARTIES INVOLVED IN CONFLICT TO ADOPT TOOLS, POLICIES, AND PRACTICES THAT HELP THEM IMPLEMENT THEIR LEGAL OBLIGATIONS AND TO GO ABOVE AND BEYOND WHAT IS LEGALLY REQUIRED BY IHL, THUS RAISING THE LEVEL OF PROTECTION AFFORDED TO CIVILIANS BEFORE, DURING, THROUGH THE MAKING OF AMENDS OR PROVISION OF POST-HARM ASSISTANCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
LIVING IN CONFLICT THROUGHOUT THE WORLD.

CIVIC ENCOURAGES PARTIES INVOLVED IN CONFLICT TO ADOPT TOOLS, POLICIES, AND PRACTICES THAT HELP THEM IMPLEMENT THEIR LEGAL OBLIGATIONS AND TO GO ABOVE AND BEYOND WHAT IS LEGALLY REQUIRED BY IHL, THUS RAISING THE LEVEL OF PROTECTION AFFORDED TO CIVILIANS BEFORE, DURING, AND AFTER CONFLICT. WHERE PREVENTION FAILS, HARM MUST BE APPROPRIATELY ADDRESSED THROUGH THE MAKING OF AMENDS OR PROVISION OF POST-HARM ASSISTANCE.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:  
AFGHANISTAN, CENTRAL AFRICAN REP, IRAQ, KENYA,



|  |  |
|--|--|
| Name of the organization<br>CENTER FOR CIVILIANS IN CONFLICT | Employer identification number<br>75-3130860 |
|--|--|

MALI, NIGER, NIGERIA, SWITZERLAND,  
UNITED KINGDOM, UKRAINE, YEMEN (ADEN)

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

PRIOR TO FILING FORM 990, THE SR. DIRECTOR, OPERATIONS SUBMITTED TO THE BOARD MEMBERS THE COMPLETE COPY VIA EMAIL REQUESTING THEM TO REVIEW AND PROVIDE ANY QUESTIONS OR CONCERN VIA RETURN EMAIL.

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

PER CIVIC POLICY, "TO ENSURE CIVIC OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS: A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION (IF REASONABLY AVAILABLE), AND THE RESULT OF ARM'S LENGTH BARGAINING. B. WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS, IF ANY, CONFORM TO CIVIC'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT."

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

COMPENSATION OF OUR EXECUTIVE DIRECTOR IS SET ANNUALLY BY OUR BOARD OF DIRECTORS. SINCE 2014, THE BOARD HAS MADE AN ANNUAL DECISION ON ED COMPENSATION BASED ON THE FINDINGS OF THE 360 PERFORMANCE REVIEW TO INFORM ANY MERIT INCREASE, AND COST OF LIVING AND/OR SALARY INCREASES PROPOSED FOR ALL STAFF BY THE SMT. PERFORMANCE IS REVIEWED AND COMPENSATION DETERMINED AT THE JANUARY BOARD MEETING, BUT NO OUTSIDE DATA IS CONSIDERED.

Name of the organization

CENTER FOR CIVILIANS IN CONFLICT

Employer identification number

75-3130860

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

THE CENTER MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC, UPON REQUEST, 990 DOCUMENTS ARE AVAILABLE ON OUR WEBSITE AT WWW.CIVILIANSINCONFLICT.ORG/990.

## FORM 990, PART IX, LINE 11G, OTHER FEES:

## CONSULTANTS:

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 692,522. |
| MANAGEMENT AND GENERAL EXPENSES | 819.     |
| FUNDRAISING EXPENSES            | 11,447.  |
| TOTAL EXPENSES                  | 704,788. |

## INTERNATIONAL CONSULTANTS:

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 474,640. |
| MANAGEMENT AND GENERAL EXPENSES | 561.     |
| FUNDRAISING EXPENSES            | 7,845.   |
| TOTAL EXPENSES                  | 483,046. |

## TRANSLATION:

|                                 |         |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES        | 27,673. |
| MANAGEMENT AND GENERAL EXPENSES | 33.     |
| FUNDRAISING EXPENSES            | 457.    |
| TOTAL EXPENSES                  | 28,163. |

## ACTIVITY/TRAINING CONSULTANTS:

|                                 |         |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES        | 35,817. |
| MANAGEMENT AND GENERAL EXPENSES | 42.     |

|   |   |
|---|---|
| Name of the organization<br><b>CENTER FOR CIVILIANS IN CONFLICT</b> | Employer identification number<br><b>75-3130860</b> |
|---|---|

|                             |                |
|-----------------------------|----------------|
| <b>FUNDRAISING EXPENSES</b> | <b>592.</b>    |
| <b>TOTAL EXPENSES</b>       | <b>36,451.</b> |

**PROFESSIONAL SERVICES:**

|  |                 |
|--|-----------------|
| <b>PROGRAM SERVICE EXPENSES</b>        | <b>145,131.</b> |
| <b>MANAGEMENT AND GENERAL EXPENSES</b> | <b>172.</b>     |
| <b>FUNDRAISING EXPENSES</b>            | <b>2,400.</b>   |
| <b>TOTAL EXPENSES</b>                  | <b>147,703.</b> |

**PAYROLL PROCESSING FEES:**

|   |                   |
|---|-------------------|
| <b>PROGRAM SERVICE EXPENSES</b>                               | <b>4,083.</b>     |
| <b>MANAGEMENT AND GENERAL EXPENSES</b>                        | <b>59.</b>        |
| <b>FUNDRAISING EXPENSES</b>                                   | <b>41.</b>        |
| <b>TOTAL EXPENSES</b>   | <b>4,183.</b>     |
| <b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b> | <b>1,404,334.</b> |

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

|                         |             |
|-------------------------|-------------|
| <b>TRANSLATION GAIN</b> | <b>210.</b> |
|-------------------------|-------------|

# California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **CENTER FOR CIVILIANS IN CONFLICT** California corporation number: **2560659**

Additional information. See instructions. FEIN: **75-3130860**

Street address (suite or room): **1828 L STREET NW, NO. 1050** PMB no. \_\_\_\_\_

City: **WASHINGTON** State: **DC** ZIP code: **20036**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**A** First return  Yes  No

**B** Amended return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final information return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
 If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** Is the organization a limited liability company?  Yes  No

**M** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**N** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**O** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

|   |  |  |   |                                    |
|---|--|--|---|------------------------------------|
| <b>Receipts and Revenues</b>  | 1  | Gross sales or receipts from other sources. From Side 2, Part II, line 8   | 17,596  | 00                                 |
|   | 2  | Gross dues and assessments from members and affiliates   |   | 00                                 |
|   | 3  | Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>   | 14,760,154                                      | 00                                 |
|   | 4  | Total gross receipts for filing requirement test. Add line 1 through line 3.<br><b>This line must be completed. If the result is less than \$50,000, see General Information B</b> | 14,777,750                                      | 00                                 |
|   | 5  | Cost of goods sold   | 5   | 00                                 |
|   | 6  | Cost or other basis, and sales expenses of assets sold   | 6   | 00                                 |
|   | 7  | Total costs. Add line 5 and line 6   |   | 00                                 |
|   | 8  | Total gross income. Subtract line 7 from line 4  | 14,777,750                                      | 00                                 |
| <b>Expenses</b>   | 9  | Total expenses and disbursements. From Side 2, Part II, line 18  | 12,112,833                                      | 00                                 |
|   | 10   | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  | 2,664,917                                       | 00                                 |
| <b>Filing Fee</b>   | 11   | Total payments   |   | 00                                 |
|   | 12   | Use tax. See General Information K   |   | 00                                 |
|   | 13   | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11   |   | 00                                 |
|   | 14   | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  |   | 00                                 |
|   | 15   | Penalties and interest. See General Information J  |   | 00                                 |
|   | 16   | <b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result   |   | 00                                 |
| <b>Sign Here</b>  | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |  |   |                                    |
|   | Signature of officer   | Title<br><b>EXECUTIVE DIRE</b>   | Date  | Telephone                          |
| <b>Paid Preparer's Use Only</b>   | Preparer's signature   | Date   | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P01365820</b>           |
|   | Firm's name (or yours, if self-employed) and address   |  |   | Firm's FEIN<br><b>11-1986323</b>   |
|   |  |  |   | Telephone<br><b>(202) 227-4000</b> |
| May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |   |                                    |

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

|                                    |                                   |  |   |    |           |            |    |
|------------------------------------|-----------------------------------|--|---|----|-----------|------------|----|
| <b>Receipts from Other Sources</b> | 1                                 | Gross sales or receipts from all business activities. See instructions   | •   | 1  |           | 00         |    |
|                                    | 2                                 | Interest   | •   | 2  | 18,111    | 00         |    |
|                                    | 3                                 | Dividends  | •   | 3  |           | 00         |    |
|                                    | 4                                 | Gross rents  | •   | 4  |           | 00         |    |
|                                    | 5                                 | Gross royalties  | •   | 5  |           | 00         |    |
|                                    | 6                                 | Gross amount received from sale of assets (See instructions)   | •   | 6  |           | 00         |    |
|                                    | 7                                 | Other income <b>SEE STATEMENT 2</b>  | •   | 7  | -515      | 00         |    |
|                                    | 8                                 | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | •   | 8  | 17,596    | 00         |    |
|                                    | 9                                 | Contributions, gifts, grants, and similar amounts paid   | •   | 9  |           | 00         |    |
|                                    | 10                                | Disbursements to or for members  | •   | 10 |           | 00         |    |
|                                    | 11                                | Compensation of officers, directors, and trustees <b>SEE STATEMENT 3</b>   | •   | 11 | 0         | 00         |    |
|                                    | 12                                | Other salaries and wages   | •   | 12 | 6,481,070 | 00         |    |
|                                    | <b>Expenses and Disbursements</b> | 13   | Interest  | •  | 13        |            | 00 |
|                                    |                                   | 14   | Taxes   | •  | 14        | 407,161    | 00 |
|                                    |                                   | 15   | Rents   | •  | 15        | 694,931    | 00 |
|                                    |                                   | 16   | Depreciation and depletion (See instructions)   | •  | 16        |            | 00 |
|                                    |                                   | 17   | Other expenses and disbursements <b>SEE STATEMENT 4</b>   | •  | 17        | 4,529,671  | 00 |
|                                    |                                   | 18   | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | •  | 18        | 12,112,833 | 00 |

| <b>Schedule L Balance Sheet</b>                      | Beginning of taxable year |            | End of taxable year |            |
|--|---------------------------|------------|---------------------|------------|
|  | (a)                       | (b)        | (c)                 | (d)        |
| <b>Assets</b>  |                           |            |                     |            |
| 1 Cash   |                           | 5,806,147  |                     | 9,643,571  |
| 2 Net accounts receivable                            |                           | 76,575     |                     | 863,671    |
| 3 Net notes receivable                               |                           |            |                     |            |
| 4 Inventories  |                           |            |                     |            |
| 5 Federal and state government obligations           |                           |            |                     |            |
| 6 Investments in other bonds                         |                           |            |                     |            |
| 7 Investments in stock                               |                           |            |                     |            |
| 8 Mortgage loans                                     |                           |            |                     |            |
| 9 Other investments                                  |                           |            |                     |            |
| 10 a Depreciable assets                              | 301,169                   |            | 351,609             |            |
| b Less accumulated depreciation                      | ( 185,977 )               | 115,192    | ( 240,350 )         | 111,259    |
| 11 Land  |                           |            |                     |            |
| 12 Other assets <b>STMT 5</b>                        |                           | 6,363,650  |                     | 1,929,527  |
| 13 <b>Total assets</b>                               |                           | 12,361,564 |                     | 12,548,028 |
| <b>Liabilities and net worth</b>                     |                           |            |                     |            |
| 14 Accounts payable                                  |                           | 217,001    |                     | 843,306    |
| 15 Contributions, gifts, or grants payable           |                           |            |                     |            |
| 16 Bonds and notes payable                           |                           |            |                     |            |
| 17 Mortgages payable                                 |                           |            |                     |            |
| 18 Other liabilities <b>STMT 6</b>                   |                           | 1,970,707  |                     | 5,769,837  |
| 19 Capital stock or principal fund                   |                           |            |                     |            |
| 20 Paid-in or capital surplus. Attach reconciliation |                           |            |                     |            |
| 21 Retained earnings or income fund                  |                           | 10,173,856 |                     | 5,934,885  |
| 22 <b>Total liabilities and net worth</b>            |                           | 12,361,564 |                     | 12,548,028 |

| <b>Schedule M-1 Reconciliation of income per books with income per return</b>                          |   |           |  |
|--|---|-----------|--|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. |   |           |  |
| 1 Net income per books   | • | 2,664,917 | 7 Income recorded on books this year not included in this return. Attach schedule      |
| 2 Federal income tax   | • |           | 8 Deductions in this return not charged against book income this year. Attach schedule |
| 3 Excess of capital losses over capital gains  | • |           | 9 Total. Add line 7 and line 8   |
| 4 Income not recorded on books this year. Attach schedule  | • |           | 10 Net income per return. Subtract line 9 from line 6                                  |
| 5 Expenses recorded on books this year not deducted in this return. Attach schedule                    | • |           |  |
| 6 Total. Add line 1 through line 5   |   | 2,664,917 |  |
|  |   |           | 2,664,917  |

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

| CONTRIBUTOR'S NAME                                   | CONTRIBUTOR'S ADDRESS  | DATE OF GIFT | AMOUNT     |
|--|--|--------------|------------|
| EUROPEAN COMMISSION                                  | SERVICE FOR FOREIGN POLICY INSTRUMENTS, 1049 BRUSSELS BELGIUM        |              | 2,612,570. |
| OPEN SOCIETY INSTITUTE                               | 224 WEST 57TH STREET NEW YORK, NY 10019                              |              | 1,700,000. |
| SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY | BOX 2025 SUNDBYBERG SWEDEN 174 02                                    |              | 1,648,224. |
| GERMAN MINISTRY FOR FOREIGN AFFAIRS                  | 4645 RESERVOIR ROAD NW WASHINGTON, DC 20007                          |              | 1,626,889. |
| UNITED KINGDOM FOREIGN AND COMMONWEALTH OFFICE       | PLOT 1137, DIPLOMATIC DRIVE, CENTRAL BUSINESS DISTRICT ABUJA NIGERIA |              | 695,355.   |
| DANISH MINISTRY OF FOREIGN AFFAIRS                   | ASIATISK PLADS 2 COPENHAGEN DENMARK DK-1448                          |              | 507,064.   |
| U.S. SMALL BUSINESS ADMINISTRATION                   | 409 3RD STREET SW WASHINGTON, DC 20416                               |              | 477,300.   |
| TOTAL INCLUDED ON LINE 3                             |  |              | 9,267,402. |

CA 199

OTHER INCOME

STATEMENT 2

| DESCRIPTION                        | AMOUNT |
|------------------------------------|--------|
| TRANSFERS OUT                      | -515.  |
| TOTAL TO FORM 199, PART II, LINE 7 | -515.  |

CA 199                      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                      STATEMENT 3

| NAME AND ADDRESS  | TITLE AND<br>AVERAGE HRS WORKED/WK  | COMPENSATION |
|---|-------------------------------------|--------------|
| FEDERICO BORELLO<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036  | EXECUTIVE DIRECTOR<br>40.00         | 0.           |
| MIKE FUHRER<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036       | SR. DIRECTOR, OPERATIONS<br>40.00   | 0.           |
| MARTA MARTINELLI<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036  | SR. DIRECTOR, PROGRAMS<br>40.00     | 0.           |
| JESSICA GINTHER<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036   | SR. DIRECTOR, OPERATIONS-T<br>40.00 | 0.           |
| SHANNON GREEN<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036     | SR. DIRECTOR, PROGRAMS-TIL<br>40.00 | 0.           |
| ULI HELLMAN<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036       | DEVELOPMENT DIRECTOR<br>40.00       | 0.           |
| SAHR MUHAMMEDALLY<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036 | PROGRAM DIRECTOR<br>40.00           | 0.           |
| BEATRICE GODEFROY<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036 | PROGRAM DIRECTOR<br>40.00           | 0.           |

|   |                                  |    |
|---|----------------------------------|----|
| WILLIAM MEEKER<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036              | PROGRAM DIRECTOR<br>40.00        | 0. |
| LEE SUTTON<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036                  | SENIOR ADVISOR<br>40.00          | 0. |
| SUSAN OSNOS<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036                 | CHAIR<br>1.00                    | 0. |
| DAN FELDMAN<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036                 | VICE CHAIR - UNTIL 01/21<br>1.00 | 0. |
| SARA HOLEWINSKI<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036             | SECRETARY<br>1.00                | 0. |
| AMY TOWERS<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036                  | TREASURER<br>1.00                | 0. |
| MAJ GEN PATRICK CAMMERT<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036     | MEMBER<br>1.00                   | 0. |
| TAWANDA MUTASAH<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036             | MEMBER<br>1.00                   | 0. |
| ARYEH NEIER<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036                 | MEMBER<br>1.00                   | 0. |
| MELISSA ONG<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036                 | MEMBER<br>1.00                   | 0. |
| PRINCE ZEID RAAD AL HUSSEIN<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036 | MEMBER - UNTIL 09/21<br>1.00     | 0. |
| ERIN SEGILLA CHASE<br>1828 L STREET NW, 1050<br>WASHINGTON, DC 20036          | MEMBER<br>1.00                   | 0. |



CENTER FOR CIVILIANS IN CONFLICT

75-3130860

ELIZABETH SEULING MEMBER 1.00 0.  
 1828 L STREET NW, 1050  
 WASHINGTON, DC 20036

DARIAN SWIG MEMBER 1.00 0.  
 1828 L STREET NW, 1050  
 WASHINGTON, DC 20036

TOTAL TO FORM 199, PART II, LINE 11 0.

| CA 199                              | OTHER EXPENSES | STATEMENT 4 |
|-------------------------------------|----------------|-------------|
| DESCRIPTION                         |                | AMOUNT      |
| EQUIPMENT PURCHASE                  |                | 72,492.     |
| STAFF DEVELOPMENT                   |                | 24,349.     |
| REFUND                              |                | -3,854.     |
| PENSION PLAN CONTRIBUTIONS          |                | 219,257.    |
| OTHER EMPLOYEE BENEFITS             |                | 507,673.    |
| LEGAL FEES                          |                | 31,332.     |
| ACCOUNTING FEES                     |                | 131,097.    |
| OTHER PROFESSIONAL FEES             |                | 1,404,334.  |
| ADVERTISING AND PROMOTION           |                | 21,278.     |
| OFFICE EXPENSES                     |                | 373,870.    |
| INFORMATION TECHNOLOGY              |                | 156,541.    |
| TRAVEL                              |                | 1,022,689.  |
| CONFERENCES AND CONVENTIONS         |                | 516,346.    |
| INSURANCE                           |                | 52,267.     |
| TOTAL TO FORM 199, PART II, LINE 17 |                | 4,529,671.  |

| CA 199                                 | OTHER ASSETS | STATEMENT 5 |
|--|--------------|-------------|
| DESCRIPTION                            | BEG. OF YEAR | END OF YEAR |
| PLEDGES AND GRANTS RECEIVABLE          | 6,169,714.   | 1,773,674.  |
| PREPAID EXPENSES AND DEFERRED CHARGES  | 116,785.     | 76,469.     |
| DEPOSIT                                | 76,084.      | 86,191.     |
| EMPLOYEE ADVANCE                       | 0.           | 3,708.      |
| OTHER ASSETS                           | 1,067.       | -10,515.    |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 6,363,650.   | 1,929,527.  |

| CA 199                                 | OTHER LIABILITIES | STATEMENT 6  |             |
|--|-------------------|--------------|-------------|
| DESCRIPTION                            |                   | BEG. OF YEAR | END OF YEAR |
| DEFERRED RENT                          |                   | 89,919.      | 49,071.     |
| DEFERRED REVENUE                       |                   | 1,403,488.   | 5,218,748.  |
| UNSECURED NOTES AND LOANS PAYABLE      |                   | 477,300.     | 502,018.    |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 |                   | 1,970,707.   | 5,769,837.  |

| CA 199                                 | FUND BALANCES | STATEMENT 7  |             |
|--|---------------|--------------|-------------|
| DESCRIPTION                            |               | BEG. OF YEAR | END OF YEAR |
| NET ASSETS WITHOUT DONOR RESTRICTIONS  |               | 1,767,315.   | 5,713,072.  |
| NET ASSETS WITH DONOR RESTRICTIONS     |               | 8,406,541.   | 221,813.    |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 |               | 10,173,856.  | 5,934,885.  |