** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047 Open to Public

| | | | 1 Offisso for instructions an | | | | | | | | | | |
|--------------------------------|--------------------|--|-------------------------------------|---------------|-----------------------------|---------------------------------|--|--|--|--|--|--|--|
| A F | or the | 2019 calendar year, or tax year beginning | and | ending | 1 | | | | | | | | |
| B c | heck if oplicabl | INTERNATIONAL CENTER FOR NOT-FOR- | PROFIT | | D Employer identifi | cation number | | | | | | | |
| | Addre chang | | | | | | | | | | | | |
| | Name chang | Doing business as | | | 52-1818273 | | | | | | | | |
| |]Initial return | Number and street (or P.O. box if mail is not del | ivered to street address) | Room/suite | E Telephone numbe | er | | | | | | | |
| | Final return | 1126 16TH STREET, N.W., STE 400 | , | 400 | (202)452-860 | | | | | | | | |
| | termin ated | | ZIP or foreign postal code | • | G Gross receipts \$ | 8,877,900. | | | | | | | |
| | Amen | | Zii di leleigii poetai oodo | | H(a) Is this a group r | | | | | | | | |
| | Applic | | AS RUTZEN | | for subordinates | | | | | | | | |
| | pendi | g SAME AS C ABOVE | | | H(b) Are all subordinates i | — | | | | | | | |
| | OV 0V | | | or 527 | 1 | list. (see instructions) | | | | | | | |
| | | e: WWW.ICNL.ORG | (mscrtno.) = 4347 (a)(1) | 01 321 | H(c) Group exemption | • | | | | | | | |
| | | | sociation Other > | I Vear | <u></u> | M State of legal domicile: DE | | | | | | | |
| | rt I | Summary | occidation curor > | L I Gai | or formation, 1992 I | VI State of legal dofficile. DE | | | | | | | |
| 1 6 | | | -iifitti-iti DECEAD | CH ODGANT | ZATION ON THE | | | | | | | | |
| 9 | | Briefly describe the organization's mission or most | | | ZATION ON THE | | | | | | | | |
| Jan | | LEGAL FRAMEWORK FOR CIVIL SOCIETY, PHILANTHROPY, AND PARTICIPATION. | | | | | | | | | | | |
| Governance | | Check this box if the organization disco | | | I _ | I | | | | | | | |
| Ĝ | | Number of voting members of the governing body | | 3 | 9 | | | | | | | | |
| જ | | Number of independent voting members of the go | | | | 9 | | | | | | | |
| ties | | Total number of individuals employed in calendar y | | | | 36 | | | | | | | |
| Activities & | | Total number of volunteers (estimate if necessary) | | | | 0 | | | | | | | |
| Ac | | Total unrelated business revenue from Part VIII, co | | | | 0. | | | | | | | |
| | b | Net unrelated business taxable income from Form | 990-T, line 39 | | | 0. | | | | | | | |
| | | | | | Prior Year | Current Year | | | | | | | |
| ne | | Contributions and grants (Part VIII, line 1h) | | | 15,027,325. | 7,378,771. | | | | | | | |
| en | | Program service revenue (Part VIII, line 2g) | | 6,700. | 54,095. | | | | | | | | |
| Revenue | | nvestment income (Part VIII, column (A), lines 3, 4 | | 35,649. | 54,735. | | | | | | | | |
| _ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8d | | 172,993. | 5,984. | | | | | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal | | 15,242,667. | 7,493,585. | | | | | | | | |
| | | Grants and similar amounts paid (Part IX, column (| | | 1,359,237. | 1,434,296. | | | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A | A), line 4) | | 0. | 0. | | | | | | | |
| es | | Salaries, other compensation, employee benefits (| | | 3,506,538. | 4,552,261. | | | | | | | |
| Sue | 16a | Professional fundraising fees (Part IX, column (A), | ine 11e) | | 0. | 0. | | | | | | | |
| Expenses | b | Total fundraising expenses (Part IX, column (D), lin | e 25) 1 36 | ,376. | | | | | | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d | , 11f-24e) | | 4,288,349. | 4,376,982. | | | | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part I | X, column (A), line 25) | | 9,154,124. | 10,363,539. | | | | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line | 12 | | 6,088,543. | -2,869,954. | | | | | | | |
| Net Assets or Fund Balances | | | | Ве | ginning of Current Year | End of Year | | | | | | | |
| set | 20 | Total assets (Part X, line 16) | | | 14,338,706. | 11,357,178. | | | | | | | |
| t As | 21 | Total liabilities (Part X, line 26) | | | 1,364,321. | 1,157,637. | | | | | | | |
| 환. | | Net assets or fund balances. Subtract line 21 from | line 20 | | 12,974,385. | 10,199,541. | | | | | | | |
| | rt II | Signature Block | | | | | | | | | | | |
| | | ties of perjury, I declare that I have examined this return, | | | | y knowledge and belief, it is | | | | | | | |
| true, | correc | t, and complete. Declaration of <mark>prep&াঞ্চ প্রেণাণণ ম</mark> ংলা office | r) is based on all information of w | hich preparer | has any knowledge. | | | | | | | | |
| | | Douglas Rutzen | , | | | ly 10, 2020 | | | | | | | |
| Sign | 1 | Signature of officer 80961ACEE4FA403 | | | Date | | | | | | | | |
| Her | е | DOUGLAS RUTZEN, PRESIDENT | | | | | | | | | | | |
| | | Type or print name and title | | | | | | | | | | | |
| | | Print/Type preparer's name | Preparer's signature | | Date Check Check | PTIN | | | | | | | |
| Paid | | STEVEN C. DARR, CPA, CMA | | | self-employ | | | | | | | | |
| Prep | arer | Firm's name CALIBRE CPA GROUP PLLC | | | Firm's EIN | 47-0900880 | | | | | | | |
| Use | Only | Firm's address 7501 WISCONSIN AVENUE, S | UITE 1200 WEST | | | | | | | | | | |
| | | BETHESDA, MD 20814 | | | Phone no.202 | 331-9880 | | | | | | | |
| Mav | the II | RS discuss this return with the preparer shown abo | ove? (see instructions) | | | X Yes No | | | | | | | |

| | 1990 (2019) LAW, INC. | 52-181827 | 3 Page 2 |
|----------------|--|------------------|------------------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: | | |
| | THE INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW IS AN INTERNATIONAL | | |
| | RESEARCH ORGANIZATION THAT PROMOTES AN ENABLING LEGAL ENVIRONMENT FOR | | |
| | CIVIL SOCIETY, PHILANTHROPY, AND PUBLIC PARTICIPATION AROUND THE | | _ |
| | WORLD. | | _ |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | | Yes X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | > | Yes X No |
| _ | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | s measured by | evnenses |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth | • | • |
| | revenue, if any, for each program service reported. | crs, the total c | Aponoco, and |
| 4a | (Code:) (Expenses \$ 8,074,180. including grants of \$ 1,434,296.) (Rever | | 54,095.) |
| 4 a | ICNL IS A RESOURCE ON LEGAL ISSUES AFFECTING CIVIL SOCIETY. | iue \$ | 31,033. |
| | PHILANTHROPY, AND CIVIC PARTICIPATION. IN 2019, ICNL UNDERTOOK | | |
| | PROJECTS IN ASIA, AFRICA, THE AMERICAS, THE MIDDLE EAST, EUROPE, AND | | |
| | | | |
| | EURASIA. ACTIVITIES INCLUDE TECHNICAL ASSISTANCE ON THE ENABLING | | |
| | ENVIRONMENT FOR CIVIL SOCIETY, CONFERENCES, RESEARCH AND PUBLICATIONS, | | |
| | UNIVERSITY INITIATIVES, AND A PUBLICLY AVAILABLE ON-LINE LIBRARY OF NGO | | |
| | LEGAL MATERIALS, IN MULTIPLE LANGUAGES. | | |
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| 4b | (Code:) (Expenses \$ | ıue \$ |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Rever | | 1 |
| 70 | (Code:) (Expenses a | | |
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| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | |) |
| 4e | Total program service expenses ▶ 8,074,180. | | |
| | <u> </u> | | Form 990 (2019) |

Part IV | Checklist of Required Schedules

| | | | Yes | No |
|-----|--|------------|------|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | ۱,, |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 44. | | х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| a | 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 | 444 | | х |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d 11e | Х | Λ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | - 21 | |
| ' | the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| u | Schedule D, Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| - | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 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? If "Yes," complete Schedule F, Parts III and IV | 16 | X | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | l |

932003 01-20-20

| Ра | rt IV Checklist of Required Schedules (continued) | | V | No |
|---------|---|----------|-----|--|
| 00 | Did the every institute was set as one of 000 of every to an other assistance to surface demonstrational and individuals are | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | <u> </u> |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 26 | | x |
| 27 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 20 | | |
| 21 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//f | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | ,, |
| 00 | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 33 | х | |
| 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33 | Λ | |
| J-1 | Part V, line 1 | 34 | x | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | \vdash |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | - | | |
| _ | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | х | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| _ | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | X |
| 4 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable |) | Yes | No |
| ıa b | The state and the state of the | - | | |
| C | | - | | |
| Ū | (gambling) winnings to prize winners? | 1c | х | |
| | | <u> </u> | | |

932004 01-20-20

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | |
|-----|---|-----|-----|--|--|--|
| | | | Yes | No | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | 1 | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 36 | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | l | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | |
| b | If "Yes," enter the name of the foreign country > SEE SCHEDULE O | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | l | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | |
| | were not tax deductible? | 6b | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | |
| | to file Form 8282? | 7с | | Х | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0- | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | |
| | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a | | | | | |
| | Gross income from members or shareholders | | | | | |
| | amounts due or received from them.) | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| - | organization is licensed to issue qualified health plans | | | | | |
| С | Enter the amount of reserves on hand 13c | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | |
| | excess parachute payment(s) during the year? | 15 | | х | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |

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.

| | 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 | | | Х |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 9 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b | 9 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Х | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Х | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►IL,NY,NM,MI,WA | | | |
| 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 | /) avail | able |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a | nd fina | ncial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | DARLA MECHAM - (202)452-8600 | | | |
| | 1126 16TH STREET, N.W., NO.400, WASHINGTON, DC 20036 | | | |

932006 01-20-20 Form **990** (2019)

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

Х

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

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

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

| Check this box if neither the organization n (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|---|------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|--|----------------------------------|-----------------------|
| Name and title | Average | /da | | Pos | ition | than | | Reportable | Reportable compensation | Estimated |
| | hours per | box | , unle | ss pe | rson | is bot | h an | compensation | | amount of |
| | week | _ | cer an | a a a | irecto | r/trus | tee) | from | from related | other |
| | (list any hours for | irecto | | | | | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | e or d | stee | | | sated | | (W-2/1099-MISC) | (88-271099-181130) | organization |
| | organizations | Individual trustee or director | Institutional trustee | | yee | Highest compensated employee | | (** = . ******************************** | | and related |
| | below | /idual | tution | ia | Key employee | est co loyee | Jer. | | | organizations |
| | line) | Indi | Insti | Officer | Key | High emp | Former | | | |
| (1) EMILE VAN DER DOES DE WILLEBOIS | 4.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (2) BARBARA IBRAHIM | 4.00 | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (3) SUNEETA KAIMAL | 4.00 | | | | | | | | | |
| SECRETARY/TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (4) MARY BETH GOODMAN | 4.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (5) FELICIANO REYNA GANTEAUME | 4.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) BINDU SHARMA | 4.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) W. AUBREY WEBSON | 4.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) RUTH MADRIGAL | 4.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) MYLES MCGREGOR-LOWNDES | 4.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) OONAGH BREEN (THROUGH JUNE 2019 | 4.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 1,000. | 0. | 0. |
| (11) DOUGLAS RUTZEN | 40.00 | | | | | | | | | |
| PRESIDENT | | | | Х | | | | 187,765. | 0. | 33,906. |
| (12) DARLA MECHAM | 40.00 | | | | | | | | | |
| VICE PRESIDENT, FINANCE | | | | Х | | | | 137,667. | 0. | 32,932. |
| (13) CATHERINE SHEA | 40.00 | 1 | | | | | | | _ | |
| VICE PRESIDENT, PROGRAMS | | | | | Х | | | 173,658. | 0. | 32,255. |
| (14) DAVID MOORE | 40.00 | - | | | | | | | | |
| VICE PRESIDENT, LEGAL AFFAIRS | 40.00 | <u> </u> | _ | | | Х | | 169,638. | 0. | 24,911. |
| (15) A. NILDA BULLAIN | 40.00 | - | | | | | | 450 451 | _ | 24.64 |
| VICE PRESIDENT, OPERATIONS | 40.00 | | | | | Х | | 163,494. | 0. | 31,401. |
| (16) NATALIA BOURJAILY | 40.00 | - | | | | | | 450 3-3 | _ | |
| VICE PRESIDENT, EURASIA | 40.00 | | | | | Х | | 152,879. | 0. | 21,029. |
| (17) JOCELYN NIEVA | 40.00 | 1 | | | | | | 140 440 | • | 05.011 |
| SR.LEGAL ADVISOR, LATIN AMERICA | | | | | | Х | | 140,410. | 0. | 27,914. |

Form 990 (2019) LAW, INC. 52-1818273 Page 8

Part VIII Section A. Officers. Directors. Trustees. Key Employees, and Highest Compensated Employees (continued)

| Section A. Officers, Directors, Trus | itees, Key Em | pioy | ees/ | , and | a Hi | gne | st (| Compensated Employe | es (continuea) | | | | |
|---|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------------|--|--|-------|----------------|--------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | | | (F) | |
| Name and title | Average | (do | | Pos | | than | one | Reportable Reportable | | | Es | timate | ∍d |
| | hours per | box | , unle | ss pe | rson | is bot or/trus | h an | ' | compensation | | | ount | of |
| | week (list any | _ | 1 | | | T | T | from the | from related organizations | | | other pensa | ation |
| | hours for | direct | | | | - O | | organization | (W-2/1099-MISC | | | om th | |
| | related | tee or | ıstee | | | en sa te | | (W-2/1099-MISC) | (** = ** * * * * * * * * * * * * * * * * | | | anizat | |
| | organizations | ll trus | nal tru | | oyee | e duo | | | | | and | d relat | .ed |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | (| orga | ınizati | ons |
| (10) GLAUDIA GUADANUG | · | 트 | l s | #0 | , Ke | :£,@ | 훈 | | | + | | | |
| (18) CLAUDIA GUADAMUZ SENIOR LEGAL ADVISOR - LATIN AMERICA | 40.00 | - | | | | x | | 127,062. | | 0. | | 23 | ,789. |
| (19) NOSHIR H. DADRAWALA | 4.00 | | | | | A | | 127,002. | | + | | 25 | , 105. |
| FORMER DIRECTOR | 1.55 | 1 | | | | | х | 16,200. | | 0. | | | 0. |
| | | | | | | | | | | + | | | |
| | | 1 | | | | | | | | | | | |
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| | | 1 | | | | | | | | | | | |
| | | | | | | | | | | + | | | |
| | | - | | | | | | | | | | | |
| 1b Subtotal | <u> </u> | | | | | <u> </u> | | 1,269,773. | | 0. | | 228 | ,137. |
| c Total from continuation sheets to Part V | | | | | | | | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,269,773. | | 0. | | 228 | ,137. |
| 2 Total number of individuals (including but n | | | | | | | | | ,000 of reportable | | | | |
| compensation from the organization | | | | | | | | | | | | | 18 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | | | | | | | | | | | | | |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | <u>L</u> | 3 | Х | |
| 4 For any individual listed on line 1a, is the su | • | | | | | | | • | the organization | | | | |
| and related organizations greater than \$15 | | | | | | | | | | 📙 | 4 | Х | |
| 5 Did any person listed on line 1a receive or a | | | | | - | | elat | ted organization or indiv | dual for services | | | | ., |
| rendered to the organization? If "Yes," com Section B. Independent Contractors | ipiete Scheaui | e J i | or s | ucn | pers | son . | | | | <u> </u> | 5 | | Х |
| Complete this table for your five highest co | mponeated in | don | ando | ont c | ont | racto | orc : | that received more than | \$100,000 of comp | | ion f | rom | |
| the organization. Report compensation for | = | - | | | | | | | · · | 51 ISali | JOH | 10111 | |
| (A) | tric calcridar y | Cai | criai | iiig v | VICII | OI W | | (B) | ycar. | | (C | :) | |
| Name and business | address | | | | | | | Description of s | ervices | Con | | nsatio | n |
| LEGAL TEAM CO LTD, MALY ZNAMENSKAY PI | ER, | | | | | | | | | | | | |
| OFFICE 1 BLD 6 3/5, MOSCOW, RUSSIA | | | | | | | | TO SUPPORT NGO LAW | REFORM | | | 232 | ,000. |
| MG CONSULTING | | | | | | | | | | | | | |
| SAT PLAZA, 4TH FLOOR, BAKU, AZERBAIJA | AN | | | | | | | TO SUPPORT NGO LAW | REFORM | | | 150 | ,241. |
| MAINSPRING, 8 E SECOND STREET, SUITE | 205, | | | | | | | | | | | | |
| FREDERICK, MD 21701 | | | | | | | | TO SUPPORT NGO LAW | REFORM | | | 124 | ,425. |
| | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | - 1 | 1 | I | | | | |

Form **990** (2019)

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

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Related or exempt Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 6,415,572. f All other contributions, gifts, grants, and similar amounts not included above 963,199 1f g Noncash contributions included in lines 1a-1f 1g |\$ 7,378,771 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a CONTRACT INCOME 900099 54,095. 54,095 b f All other program service revenue 54,095. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 34,415. other similar amounts) 34,415 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 1,404,635 assets other than inventory b Less: cost or other basis Other Revenue 1,384,315 7b and sales expenses 20,320. c Gain or (loss) 20,320. 20,320. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a MISCELLANEOUS INCOME 900099 5,984 5,984. b d All other revenue 5,984 e Total. Add lines 11a-11d ... 7,493,585 54,095 60,719. **Total revenue.** See instructions 12

932009 01-20-20

Part IX Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must com | olete all columns. All oth | ner organizations must co | omplete column (A). | |
|------|---|----------------------------|------------------------------|-------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respon | se or note to any line in | this Part IX | | Х |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 15,421. | 15,421. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 1,418,875. | 1,418,875. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 599,185. | 320,470. | 243,533. | 35,182. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 2,964,182. | 2,226,242. | 675,439. | 62,501. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 196,157. | 150,634. | 41,896. | 3,627. |
| 9 | Other employee benefits | 512,084. | 367,908. | 130,413. | 13,763. |
| 10 | Payroll taxes | 280,653. | 205,323. | 68,054. | 7,276. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 47,644. | 1,200. | 46,444. | |
| С | Accounting | 63,411. | 9,400. | 54,011. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 1,850,300. | 1,738,237. | 103,842. | 8,221. |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 230,725. | 94,837. | 135,835. | 53. |
| 14 | Information technology | 308,761. | 34,859. | 273,902. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 387,462. | 242,503. | 139,881. | 5,078. |
| 17 | Travel | 1,122,924. | 1,007,165. | 115,703. | 56. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 188,004. | 145,115. | 42,791. | 98. |
| 20 | Interest | 6,705. | 6,705. | | |
| 21 | Payments to affiliates | 44 505 | | 44 505 | |
| 22 | Depreciation, depletion, and amortization | 41,585. | | 41,585. | |
| 23 | Insurance Other expanses, Itamize expanses not severed | 39,654. | | 39,654. | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | TRANSLATIONS | 89,807. | 89,286. | | 521. |
| b | | , | , | | |
| c | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 10,363,539. | 8,074,180. | 2,152,983. | 136,376. |
| 26 | Joint costs. Complete this line only if the organization | | | | • |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

52-1818273 Form 990 (2019) Page **11**

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 229,334, Cash - non-interest-bearing 1 114,721. 6,172,381. 4,970,741. Savings and temporary cash investments 2 Pledges and grants receivable, net 6,698,208. 3 4,494,157. 3 13,552. 2,206. 4 Accounts receivable, net 4 **5** Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use R Prepaid expenses and deferred charges 96,980, 9 189,286. **10a** Land, buildings, and equipment: cost or other 331,232 basis. Complete Part VI of Schedule D _____ 10a 144,101. b Less: accumulated depreciation 10b 0 187,131. 10c Investments - publicly traded securities 1,009,035, 1,163,770. 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 119,216 235,166. 15 15 14,338,706. 11,357,178. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 568,466. 697,992. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 795,855. 25 459,645. 1,157,637. 1,364,321. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,301,541 27 2,417,273. 27 Net assets with donor restrictions 10,672,844. 7,782,268. 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

> 11,357,178. Form 990 (2019)

10,199,541.

31

32

33

12,974,385.

14,338,706.

31

32

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

| Form | 990 (2019) LAW, INC. 52-18182 | 273 | Pa | ge 12 |
|------|--|-----|-------|---------------|
| Pa | rt XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | Ш |
| | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 7,493 | <u>,585</u> . |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 1 | 0,363 | ,539. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | 2,869 | ,954. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4 | 1 | 2,974 | ,385. |
| 5 | Net unrealized gains (losses) on investments 5 | | 95 | ,110. |
| 6 | Donated services and use of facilities 6 | | | |
| 7 | Investment expenses 7 | | | |
| 8 | Prior period adjustments 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | |
| | column (B)) | 1 | 0,199 | ,541. |
| Pa | rt XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | Х |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Х |
| | 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: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, | | | |
| | consolidated basis, or both: | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | 2c | х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| За | 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? | 3a | х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | | |
| ~ | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | х | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization INTERNATIONAL CENTER FOR NOT-FOR-PROFIT Employer identification number 52-1818273 T.AW TNC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Total

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

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

| Sec | ction A. Public Support | 71 | | , | | | |
|------|--|-----------------------|---------------------|-------------|-------------|---------------------|---------------|
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Gifts, grants, contributions, and | , | , , | ` ' | `, | , , | ., |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 8,206,763. | 7,299,578. | 10,017,617. | 15,027,325. | 7,378,771. | 47,930,054. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 8,206,763. | 7,299,578. | 10,017,617. | 15,027,325. | 7,378,771. | 47,930,054. |
| | 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) | | | | | | 3,243,399. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 44,686,655. |
| | ction B. Total Support | | | | | | , , |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 4 | 8,206,763. | 7,299,578. | 10,017,617. | 15,027,325. | 7,378,771. | 47,930,054. |
| | Gross income from interest, | | | , , | | , , | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 14,841. | 26,024. | 23,222. | 31,579. | 34,415. | 130,081. |
| 9 | Net income from unrelated business | , | , | , | , | , | , |
| - | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 16,553. | 1,569. | 1,702. | 172,993. | 5,984. | 198,801. |
| 11 | Total support. Add lines 7 through 10 | , - | , - | , - | , - | , . | 48,258,936. |
| | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 926,694. |
| | First five years. If the Form 990 is for | • | , | | | | , |
| | organization, check this box and stor | J | | , | • | ()() | |
| Sec | ction C. Computation of Publ | | | | | | |
| 14 | Public support percentage for 2019 (| line 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 92.60 % |
| | Public support percentage from 2018 | | | | | 15 | 92.55 % |
| | 33 1/3% support test - 2019. If the | | | | | nore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ▶ X |
| b | 33 1/3% support test - 2018. If the | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | - | |
| b | 10% -facts-and-circumstances tes | | | | | | |
| - | more, and if the organization meets the | _ | | | | | |
| | organization meets the "facts-and-cire | | | | - | | ightharpoons |
| 18 | Private foundation. If the organization | | - | • | | | s > |
| _ | | | , . 55 | . , , , | | dule A (Form 990 | |

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

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

| | qualify under the tests listed b | elow, please com | plete Part II.) | | | | |
|------|--|--------------------------|--------------------|-----------------------|-------------------|--------------------------|-----------|
| Sec | ction A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | <u> </u> | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | 1 | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sed | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | the erecei | o first assert the | العادية عاديد | 1 | on F01/5\/0\ ' | L |
| 14 | First five years. If the Form 990 is for | _ | | | - | | |
| 800 | check this box and stop here ction C. Computation of Publ | | | | | | <u></u> |
| | Public support percentage for 2019 (I | | | actumn (f)) | | 15 | 0. |
| | | | | | | | 9 |
| | Public support percentage from 2018 ction D. Computation of Investigation | | | | | 16 | 9/ |
| | - | | | | | 47 | 0. |
| | Investment income percentage for 20 | | | | | | 9/ |
| | Investment income percentage from 2 | | | | | 18 22.1/20/ and line 1 | 7 is not |
| | 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box at | nd stop here. The | organization qual | ifies as a publicly s | supported organiz | zation | ▶□ |
| b | 33 1/3% support tests - 2018. If the | | | | | | |
| 20 | line 18 is not more than 33 1/3%, che Private foundation. If the organizatio | | | | | | |

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Schedule A (Form 990 or 990-EZ) 2019

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | | \ <u>'</u> | |
|-----|----------|------------|------|
| | | Yes | No |
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Orgar | izations | |
|------|--|--------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | g trust on | Nov. 20, 1970 (explain in | Part VI). See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | mplete Se | ctions A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6 | Multiply line 5 by .035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integrate | ed Type III supporting org | ganization (see |
| | instructions) | | | |

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| Par | t V Type III Non-Functionally Integrated 509 | a(a)(3) Supporting Orga | anizations _(continued) | |
|---------|--|--------------------------------|--|---|
| Section | on D - Distributions | | , | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exem | pt purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | ses of supported organization | S | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is responsive |) | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Section | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| С | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| е | Excess from 2019 | | | |

| Schedule A | (Form 990 or 990-EZ) 2019 LAW, INC. | 52-1818273 | Page 8 |
|------------|--|--|--------|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 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; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.) | es 1 and 2; Part IV, Secti art V, Section B, line 1e; l | on C, |
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INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

| LAW, INC. | | 52-1818273 | |
|--|---|---|--|
| Organization type (check | one): | | |
| Filers of: | Section: | | |
| Form 990 or 990-EZ | | | |
| | 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 | | |
| | is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F | lule. See instructions. | |
| General Rule | | | |
| | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor | | |
| Special Rules | | | |
| sections 509(a)(1 any one contribu | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amo Z, line 1. Complete Parts I and II. | a, or 16b, and that received from | |
| 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, II, and III. | | | |
| year, contributior is checked, enter purpose. Don't c | on described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled refer the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it ole, etc., contributions totaling \$5,000 or more during the year | more than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i> | |
| | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its | | |

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| Name of organization | Employer identification number |
|---|--------------------------------|
| INTERNATIONAL CENTER FOR NOT-FOR-PROFIT | |
| LAW, INC. | 52-1818273 |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed. | |
|--------------|---|-------------------------------------|--|
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 | | - \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 2 | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 3 | | - \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. <u>4</u> | Name, address, and ZIP + 4 | Total contributions - \$ 2,293,893. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ 390,250. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. 6 | Name, address, and ZIP + 4 | Total contributions - \$ 894,878. | Person X Payroll |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| , , , | <u> </u> |
|---|--------------------------------|
| Name of organization | Employer identification number |
| INTERNATIONAL CENTER FOR NOT-FOR-PROFIT | |
| LAW, INC. | 52-1818273 |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| . , , , , , , , , , , , , , , , , , , , | <u> </u> |
|---|--------------------------------|
| Name of organization | Employer identification number |
| INTERNATIONAL CENTER FOR NOT-FOR-PROFIT | |
| LAW INC. | 52-1818273 |

| Noncash Property (see instructions). Use duplicate copies of Par | rt II if additional space is needed. | |
|---|--|--|
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | (b) Description of noncash property given (b) Description of noncash property given | Description of noncash property given (c) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) |

| Schedule I | B (Form 990, 990-EZ, or 990-PF) (2019) | | Page 4 | | |
|-----------------|--|--|---|--|--|
| Name of o | rganization | | Employer identification number | | |
| INTERNAT | CIONAL CENTER FOR NOT-FOR-PROFIT | | | | |
| LAW, INC | | | 52-1818273 | | |
| Part III | Exclusively religious, charitable, etc., contribu | itions 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 completing Part III, enter the total of exclusively religious, | a) through (e) and the following line el charitable etc. contributions of \$1 000 o | ntry. For organizations | | |
| | Use duplicate copies of Part III if additiona | I space is needed. | Tess for the year (Either Bills IIII). Office.) | | |
| (a) No. | · | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
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| - | | (a) Transfer of si | # | | |
| | | (e) Transfer of gi | ıı | | |
| | Transferenia nome address s | and 7ID + 4 | Polationship of transferor to transferoe | | |
| <u> </u> | Transferee's name, address, a | and ZIF + 4 | Relationship of transferor to transferee | | |
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| (a) No. | | | | | |
| `from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
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| f | | (e) Transfer of gi | ft | | |
| | (e) transier of gift | | | | |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | |
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| (a) No. | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
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| | (e) Transfer of gift | | | | |
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| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | |
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| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| Part I | (b) i di poco oi giit | (0) 000 01 gill | (a) Boomption of now girt to note | | |
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| | | (e) Transfer of gi | ft | | |
| | | 1710 4 | B . 10 11 41 41 41 41 41 | | |
| } | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | |
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

| Tax) (see separate instructions), then | | ., , (| , | , , |
|---|--------------------------------------|------------------------|---|---|
| • Section 501(c)(4), (5), or (6) organiza | | | T= . | |
| • | NAL CENTER FOR NOT-FOR-PI | ROFIT | Empi | oyer identification number |
| LAW, INC. | \ ovice a costion EO7 o | 52-1818273 | | |
| Part I-A Complete if the org | ganization is exempt und | ier section 50 i(c | or is a section 527 o | rganization. |
| Provide a description of the organize | vation's direct and indirect politic | al campaign activities | s in Part IV. | |
| 2 Political campaign activity expendit | • | | | |
| 3 Volunteer hours for political campa | | | | |
| <u> </u> | | | | |
| | ganization is exempt und | | | |
| 1 Enter the amount of any excise tax | | | > \$ | |
| 2 Enter the amount of any excise tax | incurred by organization manage | ers under section 495 | 5►\$ | |
| 3 If the organization incurred a section | | | | |
| 4a Was a correction made? | | | | Yes No |
| b If "Yes," describe in Part IV. Part I-C Complete if the org | ranization is exempt und | ler section 501/c | Avcent section 501/ | (0)(3) |
| · | • | | • | (C)(O). |
| 1 Enter the amount directly expended | | | *************************************** | |
| 2 Enter the amount of the filing organ | | | | |
| exempt function activities 3 Total exempt function expenditures | | | | |
| | | | | |
| line 17b | | | | Yes No |
| 4 Did the filing organization file Form5 Enter the names, addresses and er | | | | |
| 5 Enter the names, addresses and er made payments. For each organiza | | | | |
| contributions received that were pr | · | | | • |
| political action committee (PAC). If | | | • . | no oogreganoa rama or a |
| (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| (a) Name | (b) Address | (0) = 111 | filing organization's | contributions received and |
| | | | funds. If none, enter -0 | promptly and directly |
| | | | | delivered to a separate political organization. |
| | | | | If none, enter -0 |
| | | | | · |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT Schedule C (Form 990 or 990-EZ) 2019 LAW, INC. 52-1818273 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ► 🔟 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group **Limits on Lobbying Expenditures** organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) 13,907 13,907 c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures 10,349,632. 10,363,539 e Total exempt purpose expenditures (add lines 1c and 1d) 668,177. Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) 167,044 0. h Subtract line 1g from line 1a. If zero or less, enter -0-0. i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 」No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | | |
|---|-----------------|-----------------|-----------------|-----------------|------------|--|--|--|--|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total | | | | |
| 2a Lobbying nontaxable amount | 629,157. | 507,704. | 607,706. | 668,177. | 2,412,744. | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 3,619,116. | | | | |
| c Total lobbying expenditures | 21,700. | 2,785. | 8,752. | 13,907. | 47,144. | | | | |
| d Grassroots nontaxable amount | 157,289. | 126,926. | 151,927. | 167,044. | 603,186. | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 904,779. | | | | |
| f Grassroots lobbying expenditures | | | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 LAW, INC.

52-1818273

Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (a) | | (b) | |
|----------------------------|--|----------------|----------------|---------------------|---------|
| of the | e lobbying activity. | Yes | No | Amount | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or | | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| | or referendum, through the use of: | | | | |
| а | Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| С | Media advertisements? | | | | |
| d | | | | | |
| е | Publications, or published or broadcast statements? | | | | |
| f | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i | Other activities? | | | | |
| j | Total. Add lines 1c through 1i | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section | on 501(c)(5 |), or se | ction | |
| | 501(c)(6). | | | | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | . 2 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 5 | ne prior year? | 3 | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | | | ction III-A, lin | e 3, i |
| 1 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members | "No" OR (| b) Part | | e 3, is |
| 1 2 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) | "No" OR (| b) Part | | e 3, is |
| 2 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). | "No" OR (| b) Part | | e 3, is |
| 2 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) | "No" OR (| b) Part | | e 3, is |
| 2 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). | "No" OR (| b) Part | | e 3, is |
| 2 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total | "No" OR (| 2a 2b 2c | | e 3, is |
| 2 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | "No" OR (| 2a 2b 2c | | e 3, is |
| a b c | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total | "No" OR (| 2a 2b 2c | | e 3, is |
| a b c | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | "No" OR (| 2a 2b 2c | | e 3, is |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? | "No" OR (| 2a 2b 2c | | e 3, is |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) | "No" OR (| 2a 2b 2c 3 | | e 3, is |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) tiv Supplemental Information | "No" OR (| 2a 2b 2c 3 4 5 | III-A, lin | e 3, i |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups) | "No" OR (| 2a 2b 2c 3 4 5 | III-A, lin | e 3, i |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) tiv Supplemental Information | "No" OR (| 2a 2b 2c 3 4 5 | III-A, lin | e 3, i |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups) | "No" OR (| 2a 2b 2c 3 4 5 | III-A, lin | e 3, is |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups) | "No" OR (| 2a 2b 2c 3 4 5 | III-A, lin | e 3, is |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups) | "No" OR (| 2a 2b 2c 3 4 5 | III-A, lin | e 3, is |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups) | "No" OR (| 2a 2b 2c 3 4 5 | III-A, lin | e 3, is |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups) | "No" OR (| 2a 2b 2c 3 4 5 | III-A, lin | e 3, is |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups) | "No" OR (| 2a 2b 2c 3 4 5 | III-A, lin | e 3, is |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups) | "No" OR (| 2a 2b 2c 3 4 5 | III-A, lin | e 3, is |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups) | "No" OR (| 2a 2b 2c 3 4 5 | III-A, lin | e 3, is |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups) | "No" OR (| 2a 2b 2c 3 4 5 | III-A, lin | e 3, is |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Employer identification number

| | LAW, INC. | | 52-1818273 |
|-----|---|---|----------------------------------|
| Pai | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds or <i>I</i> | Accounts.Complete if the |
| | organization answered "Yes" on Form 990, Part IV, lir | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | | nds |
| | are the organization's property, subject to the organization's | s exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor | | |
| | for charitable purposes and not for the benefit of the donor | or donor advisor, or for any other purpose confe | erring |
| | impermissible private benefit? | | Yes No |
| Pai | | | |
| 1 | Purpose(s) of conservation easements held by the organizat | tion (check all that apply). | |
| | Preservation of land for public use (for example, recreated | ation or education) Preservation of a hist | orically important land area |
| | Protection of natural habitat | Preservation of a cert | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qual | ified conservation contribution in the form of a c | onservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic st | | 2c |
| d | Number of conservation easements included in (c) acquired | | |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | | nization during the tax |
| | year > | , , , , | C |
| 4 | Number of states where property subject to conservation ea | asement is located ▶ | |
| 5 | Does the organization have a written policy regarding the pe | | |
| | violations, and enforcement of the conservation easements | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | | |
| | > | ,g | |
| 7 | Amount of expenses incurred in monitoring, inspecting, han | dling of violations, and enforcing conservation e | asements during the year |
| | ▶ \$ | , , | 3 , |
| 8 | Does each conservation easement reported on line 2(d) abo | eve satisfy the requirements of section 170(h)(4)(| B)(i) |
| | and section 170(h)(4)(B)(ii)? | • | Yes No |
| 9 | In Part XIII, describe how the organization reports conservat | | ement and |
| | balance sheet, and include, if applicable, the text of the foot | note to the organization's financial statements t | hat describes the |
| | organization's accounting for conservation easements. | · | |
| Pai | t III Organizations Maintaining Collections of | of Art, Historical Treasures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 9 | 58, not to report in its revenue statement and ba | alance sheet works |
| | of art, historical treasures, or other similar assets held for pu | iblic exhibition, education, or research in further | ance of public |
| | service, provide in Part XIII the text of the footnote to its final | ancial statements that describes these items. | |
| b | If the organization elected, as permitted under FASB ASC 9 | 58, to report in its revenue statement and balan | ce sheet works of |
| | art, historical treasures, or other similar assets held for publi | | |
| | provide the following amounts relating to these items: | | • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical tre | | |
| | the following amounts required to be reported under FASB | | . • |
| а | Revenue included on Form 990, Part VIII, line 1 | - | > \$ |
| | Assets included in Form 990. Part X | | ··· |

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

| | dule D (Form 990) 2019 LAW, INC. | | | | | | | 52-18182 | | | ge 2 |
|------------|---|------------------------|------------|----------------|-----------------|--------------|-------------------|------------|-------------------|---------|-------------|
| Pai | t III Organizations Maintaining (| Collections of A | rt, His | torical Tr | easures, o | r Other | r Simila | ar Asse | ts (contin | ued) | |
| 3 | Using the organization's acquisition, access | ion, and other record | ds, chec | k any of the | following that | make sig | gnificant | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | : L | Loan or exc | hange prograi | m | | | | | |
| b | Scholarly research | e | • 🗌 | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explai | in how tl | ney further t | he organizatio | n's exem | pt purpo | se in Par | t XIII. | | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, h | istorical trea | sures, or othe | r similar a | assets | | _ | | |
| | to be sold to raise funds rather than to be m | aintained as part of | the orga | nization's co | ollection? | | | | Yes | | No |
| Pai | t IV Escrow and Custodial Arran | igements. Compl | ete if the | organizatio | n answered " | Yes" on F | orm 990 | , Part IV, | line 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custoo | lian or other intermed | diary for | contribution | ns or other ass | sets not ir | ncluded | | _ | | |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| | | | | | | | | | Amount | | |
| С | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| 2 a | Did the organization include an amount on F | form 990, Part X, line | 21, for | escrow or co | ustodial accou | unt liabilit | y? | L | Yes | Ш | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| Pai | t V Endowment Funds. Complete | if the organization ar | swered | "Yes" on Fo | orm 990, Part | IV, line 10 |). | | | | |
| | | (a) Current year | (b) F | rior year | (c) Two years | back (c | d) Three y | ears back | (e) Four | years b | ack |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end baland | ce (line 1 | g, column (a | a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Term endowment | <u></u> % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation th | at are held a | ınd administer | ed for the | e organiz | ation | - | | |
| | by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | owment | funds. | | | | | | | |
| Pai | t VI Land, Buildings, and Equipn | | | | | | | | | | |
| | Complete if the organization answere | 1 | | · | | Part X, li | ne 10. | | | | |
| | Description of property | (a) Cost or o | | | or other | | cumulate | d | (d) Book | value | |
| | | basis (investr | ment) | basis | (other) | depr | eciation | | | | |
| | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | 280,024. | | | 893. | | 187,1 | |
| d | Equipment | | | | 51,208. | | 51, | 208. | | | 0. |
| | Other | | | | | | | | | | |
| Total | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, colur | mn (B), line 1 | 10c.) | | | | | 187,1 | 131. |

LAW, INC. 52-1818273 Schedule D (Form 990) 2019 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)Total. (Col. (b) must equal Form 990, Part X, 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) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3) (4)(5) (6)(7) (8) (9)Total. (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 (a) Description of liability (b) Book value (1) Federal income taxes REFUNDABLE ADVANCES 375,476. DEFERRED RENT 84,169 (3)(4)(5) (6)(7)(8)(9)459,645. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

932053 10-02-19

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..

INC. LAW Schedule D (Form 990) 2019 Page 4 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. 8,207,233. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a **b** Donated services and use of facilities c Recoveries of prior year grants 2c 618,538. d Other (Describe in Part XIII.) e Add lines 2a through 2d 713,648. 2e 7,493,585. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 7 493 585. 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 10,980,465. Total expenses and losses per audited financial statements 1 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) 616 926 616,926. e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 10,363,539. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 0. 4c 10,363,539. Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE CENTER HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS POLICY THE CENTER MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES. BASED ON THE TECHNICAL MERITS OF THE MANAGEMENT HAS EVALUATED THE CENTER'S TAX POSITIONS AND HAS POSTTTON CONCLUDED THAT THE CENTER HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDELINE,

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

| Schedule D (Form 990) 2019 LAW, INC. | | 52-1818273 | Page 5 |
|--|-----------|------------|---------------|
| Part XIII Supplemental Information (continued) | | | |
| | | | |
| | | | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | | | |
| | | | |
| REVENUE OF CONSOLIDATED AFFILIATE | 752,205. | | |
| | | | |
| REVENUE ELIMINATED IN CONSOLIDATION | -133,667. | | |
| MOMAL MO COMEDINE D. DADM AT LINE OD | 610 520 | | |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 618,538. | | |
| | | | |
| | | | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | | | |
| | | | |
| EXPENSES OF CONSOLIDATED AFFILIATE | 750,593. | | |
| EXPENSES ELIMINATED IN CONSOLIDATION | -133,667. | | |
| | 133,007. | | |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 616,926. | | |
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SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

► Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Employer identification number

52-1818273

LAW TNC General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ______X_Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (a) Region (c) Number of (d) Activities conducted in the region (f) Total émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND NGO LEGAL ENABLING THE CARIBBEAN PROGRAM SERVICES ENVIRONNMENT INITIATIVES 65,904. CENTRAL AMERICA AND GRANTS TO RECIPIENTS THE CARIBBEAN 0 LOCATED IN THE REGION 91,640. EAST ASIA AND THE NGO LEGAL ENABLING ENVIRONNMENT INITIATIVES PACIFIC 0 PROGRAM SERVICES 122,239. EAST ASIA AND THE GRANTS TO RECIPIENTS PACIFIC 0 LOCATED IN THE REGION 110,033. EUROPE (INCLUDING ICELAND AND NGO LEGAL ENABLING GREENLAND) 3 PROGRAM SERVICES ENVIRONNMENT INITIATIVES 298,038. EUROPE (INCLUDING TCELAND AND GREENLAND) 0 BOARD MEETING 22,523. EUROPE (INCLUDING ICELAND AND GREENLAND) 0 GRANTS TO RECIPIENTS 501,458. MIDDLE EAST AND NGO LEGAL ENABLING NORTH AFRICA ENVIRONNMENT INITIATIVES 3 PROGRAM SERVICES 424,148. 3 a Subtotal 6 1,635,983. **b** Total from continuation sheets to Part I 16 2,714,402. c Totals (add lines 3a 4,350,385. and 3b)

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

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

LAW, INC. 52-1818273 Schedule F (Form 990) Page 1 Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) Part I (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total offices employees or (by type) (i.e., fundraising, is a program service, expenditures for region in the region agents in program services, grants to describe specific type recipients located in the region) of service(s) in region region MIDDLE EAST AND GRANTS TO RECIPIENTS NORTH AFRICA 0 LOCATED IN THE REGION 133,487. NGO LEGAL ENABLING NORTH AMERICA 0 PROGRAM SERVICES ENVIRONNMENT INITIATIVES 127,385. RUSSIA AND THE NEWLY NGO LEGAL ENABLING INDEPENDENT STATES 14 PROGRAM SERVICES ENVIRONNMENT INITIATIVES 1,257,378. RUSSIA AND THE NEWLY GRANTS TO RECIPIENTS LOCATED IN THE REGION INDEPENDENT STATES 0 39,043. NGO LEGAL ENABLING ENVIRONNMENT INITIATIVES 0 PROGRAM SERVICES SOUTH AMERICA 84,268. GRANTS TO RECIPIENTS SOUTH AMERICA 0 LOCATED IN THE REGION 149,163. NGO LEGAL ENABLING SOUTH ASIA 2 PROGRAM SERVICES ENVIRONNMENT INITIATIVES 161,983. GRANTS TO RECIPIENTS LOCATED IN THE REGION SOUTH ASIA 0 47,716. NGO LEGAL ENABLING SUB-SAHARAN AFRICA 0 PROGRAM SERVICES ENVIRONNMENT INITIATIVES 367,645. GRANTS TO RECIPIENTS 0 LOCATED IN THE REGION SUB-SAHARAN AFRICA 346,334. 16 2,714,402. **Totals**

Schedule F (Form 990) 2019 LAW, INC. 52–1818273 Page 2

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|---|----------------------------------|------------------------------|--------------------------|---------------------------------|--|---------------------------------------|---|
| | | | TO SUPPORT NGO LAW REFORM | 15,500. | WIRE TRANSFER | 0. | | |
| | | CENTRAL AMERICA AND CARIBBEAN | TO SUPPORT NGO LAW REFORM | 17,000. | WIRE TRANSFER | 0. | | |
| | | | TO SUPPORT NGO LAW REFORM | 21,281. | WIRE TRANSFER | 0. | | |
| | | | TO SUPPORT NGO LAW | 37,859, | WIRE TRANSFER | 0. | | |
| | | | TO SUPPORT NGO LAW | | WIRE TRANSFER | 0. | | |
| | | | TO SUPPORT NGO LAW | 15,842. | WIRE TRANSFER | 0. | | |
| | | | TO SUPPORT NGO LAW | 15,000. | WIRE TRANSFER | 0. | | |
| | | | TO SUPPORT NGO LAW REFORM | 6,784. | WIRE TRANSFER | 0. | | |

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

26 12

Schedule F (Form 990) LAW, INC. 52-1818273 Page 2

| | F (Form 990) | n 990) LAW, INC. 52-1818273 Pi | | | | | | | | | | |
|--------------|-------------------|--|-------------------------------------|---------------------------|--------------------------|---------------------------------|---|--|---|--|--|--|
| Part II | Continuation o | uation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | | | |
| 1 (a) Nam | e 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | | | |
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| | | | | TO GUDDODE NGO I NU | | | | | | | | |
| | | | PACIFIC | TO SUPPORT NGO LAW REFORM | 10 000. | WIRE TRANSFER | 0. | | | | | |
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| | | | | TO SUPPORT NGO LAW | | | | | | | | |
| | | | PACIFIC | REFORM | 15,131. | WIRE TRANSFER | 0. | | | | | |
| | | | | | | | | | | | | |
| | | | EAST ASIA AND THE | TO SUPPORT NGO LAW | | | | | | | | |
| | | | PACIFIC | REFORM | 13,615. | WIRE TRANSFER | 0. | | | | | |
| | | | EUROPE (INCLUDING | | | | | | | | | |
| | | | ICELAND AND | TO SUPPORT NGO LAW | | | | | | | | |
| | | | GREENLAND) | REFORM | 501,459. | WIRE TRANSFER | 0. | | | | | |
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| | | | MIDDLE EAST AND NORTH AFRICA | TO SUPPORT NGO LAW REFORM | 61 576 | WIRE TRANSFER | 0. | | | | | |
| | | | NORTH MIRICA | KIII OKII | 01,370. | WIKE IKINDIEK | • | | | | | |
| | | | | | | | | | | | | |
| | | | MIDDLE EAST AND | TO SUPPORT NGO LAW | | | | | | | | |
| | | | NORTH AFRICA | REFORM | 43,878. | WIRE TRANSFER | 0. | | | | | |
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| | | | MIDDLE EAST AND | TO SUPPORT NGO LAW | | | | | | | | |
| | | | NORTH AFRICA | REFORM | 23,772. | WIRE TRANSFER | 0. | | | | | |
| | | | DUGGIA AND 500 | | | | | | | | | |
| | | | RUSSIA AND THE NEWLY INDEPENDENT | TO SUPPORT NGO LAW | | | | | | | | |
| | | | STATES | REFORM | 11,530. | WIRE TRANSFER | 0. | | | | | |
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| | | | RUSSIA AND THE | | | | | | | | | |
| | | | NEWLY INDEPENDENT STATES | TO SUPPORT NGO LAW | 5 572 | WIRE TRANSFER | 0. | | | | | |
| | | | DIVIED | REFORM | <u> </u> | MIKE IVWNSLEK | υ. | | | | | |

Schedule F (Form 990) LAW, INC. 52-1818273 Page 2

| Schedule | F (Form 990) | LAW, INC | Ξ. | | | 52-18182 | 273 | | Page 2 | | |
|--------------|-------------------|--|---|------------------------------|------------|---------------------------------|-----------------------------------|--|---|--|--|
| Part II | Continuation of | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | | |
| 1 (a) Nam | o of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | | |
| | | | RUSSIA AND THE NEWLY INDEPENDENT STATES | TO SUPPORT NGO LAW REFORM | 11,572. | WIRE TRANSFER | 0. | | | | |
| | | | RUSSIA AND THE NEWLY INDEPENDENT STATES | TO SUPPORT NGO LAW REFORM | 8,245. | WIRE TRANSFER | 0. | | | | |
| | | | SOUTH AMERICA | TO SUPPORT NGO LAW REFORM | 19,187. | WIRE TRANSFER | 0. | | | | |
| | | | SOUTH AMERICA | TO SUPPORT NGO LAW | 15,000. | WIRE TRANSFER | 0. | | | | |
| | | | SOUTH AMERICA | TO SUPPORT NGO LAW | 14,398. | WIRE TRANSFER | 0. | | | | |
| | | | SOUTH AMERICA | TO SUPPORT NGO LAW | 16,426. | WIRE TRANSFER | 0. | | | | |
| | | | SOUTH AMERICA | TO SUPPORT NGO LAW | 19,998. | WIRE TRANSFER | 0. | | | | |
| | | | SOUTH AMERICA | TO SUPPORT NGO LAW | 20,000. | WIRE TRANSFER | 0. | | | | |
| | | | SOUTH ASIA | TO SUPPORT NGO LAW REFORM | 42,716. | WIRE TRANSFER | 0. | | | | |

Schedule F (Form 990) LAW, INC. 52-1818273 Page 2

| Schedule | F (Form 990) | 1990) LAW, INC. 52-1818273 | | | | | | | | | | |
|--------------|--------------------|--|-----------------------|------------------------------|--------------------------|---------------------------------|---|--|---|--|--|--|
| Part II | Continuation of | uation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | | | |
| 1 (a) Nam | ne 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | | | |
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| | | | | TO SUPPORT NGO LAW | | | | | | | | |
| | | | SOUTH ASIA | REFORM | 5,000. | WIRE TRANSFER | 0. | | | | | |
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| | | | SUB-SAHARAN AFRICA | TO SUPPORT NGO LAW REFORM | 16 000 | WIRE TRANSFER | 0. | | | | | |
| | | | III KI CII | KIII OKI | 10,000. | WIKE IKINDIEK | | | + | | | |
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| | | | SUB-SAHARAN | TO SUPPORT NGO LAW | | | | | | | | |
| | | | AFRICA | REFORM | 51,474. | WIRE TRANSFER | 0. | | + | | | |
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| | | | SUB-SAHARAN | TO SUPPORT NGO LAW | | | | | | | | |
| | | | AFRICA | REFORM | 6,836. | WIRE TRANSFER | 0. | | | | | |
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| | | | SUB-SAHARAN | TO SUPPORT NGO LAW | | | | | | | | |
| | | | AFRICA | REFORM | 46,017. | WIRE TRANSFER | 0. | | | | | |
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| | | | SUB-SAHARAN | TO SUPPORT NGO LAW | | | | | | | | |
| | | | AFRICA | REFORM | 27,320. | WIRE TRANSFER | 0. | | | | | |
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| | | | SUB-SAHARAN AFRICA | TO SUPPORT NGO LAW REFORM | 7 704 | WIRE TRANSFER | 0. | | | | | |
| | | | AFRICA | KEFORM | 7,704. | WIKE IKANSPEK | 0. | | | | | |
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| | | | | TO SUPPORT NGO LAW | | | | | | | | |
| | | | AFRICA | REFORM | 16,208. | WIRE TRANSFER | 0. | | | | | |
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| | | | SUB-SAHARAN | TO SUPPORT NGO LAW | | | | | | | | |
| | | | AFRICA | REFORM | 47,418. | WIRE TRANSFER | 0. | | | | | |

Schedule F (Form 990) LAW, INC. 52-1818273 Page 2

| Schedule | F (Form 990) | LAW, INC | Ξ. | | | 52-18182 | 273 | | Page 2 | | |
|--------------|--------------|--|-------------|------------------------------|------------|---------------------------------|---|--|---|--|--|
| Part II | | uation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | | |
| 1 (a) Nam | fiti | (b) IRS code section and EIN (if applicable) | (a) Danier | (d) Purpose of grant | (e) Amount | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | | |
| | | | | | | | | | | | |
| | | | SUB-SAHARAN | TO SUPPORT NGO LAW | | | | | | | |
| | | | AFRICA | REFORM | 17,260. | WIRE TRANSFER | 0. | | | | |
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| | | | | TO SUPPORT NGO LAW | | | | | | | |
| | | | AFRICA | REFORM | 69,676. | WIRE TRANSFER | 0. | | | | |
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| | | | | TO SUPPORT NGO LAW REFORM | 26 205. | WIRE TRANSFER | 0. | | | | |
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Schedule F (Form 990) 2019 LAW, INC. 52-1818273 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

| | additional space is need | cu. | | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | |
| TO SUPPORT NGO LAW REFORM | SOUTH AMERICA | 2 | 34,189. | WIRE TRANSFER | 0. | | |
| TO SUPPORT NGO LAW REFORM | SUB-SAHARAN AFRICA | 1 | 6 000 | WIRE TRANSFER | 0. | | |
| 10 SUPPORT NGO LAW REPORM | AFRICA | 1 | 8,000. | WIRE TRANSFER | 0. | | |
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Schedule F (Form 990) 2019 LAW, INC.

Part IV Foreign Forms

| 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) | X Yes | No |
| | Corporation (See Instructions for Form S25) | 163 | 140 |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization | | |
| | may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign | | |
| | Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign | | |
| | Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| | , | | |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," | | |
| | the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to | | |
| | Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| | | | |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a | | |
| | qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, | | |
| | Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund | | |
| | (see Instructions for Form 8621) | Yes | X No |
| | | | |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," | | |
| | the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain | | |
| | Foreign Partnerships (see Instructions for Form 8865) | . Yes | X No |
| | | | |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If | | |
| | "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see | | |
| | Instructions for Form 5713; don't file with Form 990) | X Yes | ☐ No |
| | | | |

Schedule F (Form 990) 2019

52-1818273

Page 4

Schedule F (Form 990) 2019 LAW, INC.

52-1818273

Page 5

Part V | Supplemental Information

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

PART I, LINE 2:

FOR COST REIMBURSEMENT GRANTS, THE GRANTEE RECEIVES AN INITIAL ADVANCE,

BASED ON THEIR CALCULATED NEEDS FOR THE ADVANCE PERIOD. THE GRANTEE MUST

THEN SUBMIT A REPORT WHICH LIQUIDATES THE ADVANCE AND A REQUEST FOR THE

NEXT DISBURSEMENT. GENERALLY, GRANTEES SUBMIT MONTHLY REPORTS, GRANTEES

WITH SUCCESSFUL HISTORY OF SUBMITTING REPORTS ON DEADLINE REPORT ON A

QUARTERLY BASIS. THE LIQUIDATION REPORT INCLUDES A COMPARISON OF ACTUAL

COSTS TO THE APPROVED BUDGET, AND MAY ALSO INCLUDE COPIES OF SUPPORTING

DOCUMENTATION, RECEIPTS, ETC.

FOR FIXED AMOUNT AWARDS (FAA), PAYMENT CORRESPONDS TO SUCCESSFUL

COMPLETION OF MILESTONES, I.E. APPROVED TASKS, GOALS OR PRODUCTS. EACH

MILESTONE IS LISTED IN THE FAA AGREEMENT, AND GENERALLY HAS THREE PARTS:

(1) A DESCRIPTION OF THE PRODUCT, TASK OR GOAL TO BE ACCOMPLISHED; (2) A

DESCRIPTION OF HOW THE RECIPIENT WILL DOCUMENT COMPLETION OF THE PRODUCT

TASK OR GOAL; AND (3) THE AMOUNT ICNL WILL PAY WHEN THE MILESTONE IS

SUCCESSFULLY COMPLETED. AFTER COMPLETING A MILESTONE, THE GRANTEE

SUBMITS A VOUCHER REQUESTING PAYMENT. THE VOUCHER LISTS THE MILESTONE

AND THE AMOUNT DUE AND IS ACCOMPANIED BY DOCUMENTATION AS REQUIRED WITHIN

THE FAA AGREEMENT. ONCE ICNL CONFIRMS THAT THE MILESTONE WAS SUCCESSFULLY

COMPLETED, PAYMENT IS RELEASED.

PART IV, LINE 6:

IN 2019, ICNL PROGRAM INCLUDED ACTIVITIES IN, OR WITH NATIONALS OF,

COUNTRIES IDENTIFIED BY THE U.S. TREASURY AS PARTICIPATING IN

INTERNATIONAL BOYCOTTS NOT SANCTIONED BY THE U.S. GOVERNMENT. THIS

INCLUDES IRAQ, LEBANON, SAUDI ARABIA, LIBYA AND YEMEN.

Schedule F (Form 990) 2019

| Schedule F | (Form 990) 2019 | LAW, INC. | 52-1818273 | Page 5 |
|------------|-------------------|---|----------------------------------|--------|
| Part V | Supplementa | | | |
| | | nation required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (ac | ccounting method: amounts of | |
| | | | | |
| | | expenditures per region); Part II, line 1 (accounting method); Part III (accounting | |) |
| | (estimated number | r of recipients), as applicable. Also complete this part to provide any additiona | l information. See instructions. | |
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Schedule F (Form 990) 2019

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization INTERNATIONAL | CENTER FOR NO | | 0.901/1 01111000 10 | | | | Employer identification number | | | |
|--|----------------------|---------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|---|--|--|--|
| LAW, INC. | | | | | | | 52-1818273 | | | |
| Part I General Information on Grants a | | | | | | | | | | |
| Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro | stance? | | | | | | tion X Yes No | | | |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | | |
| REGENTS OF THE UNIVERSITY OF MINNESOTA - 200 OAK STREET SE, SUITE 450 - MINNEAPOLIS, MN 55455 | 41-6007513 | 501(C)(3) | 15,421. | 0. | | | SUPPORTING UN SPECIAL RAPPORTEUR WORK ON CIVIC SPACE ISSUES | | | |
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| | | | | | | | | | | |
| 2 Enter total number of section 501(c)(3) a | | | | | | | | | | |
| 3 Enter total number of other organization | s listed in the line | 1 table | | | | |) 0. | | | |

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) LAW, INC. 52-1818273 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: PAYMENT FOR FIXED AMOUNT AWARDS IS GENERALLY MADE ACCORDING TO ASSIGNED DISBURSEMENT SCHEDULE; WITH THE FINAL DISBURSEMENT ISSUED ONCE THE FINAL REPORT HAS BEEN FILED. THE FORMAT OF THE FINAL REPORT IS DETERMINED BY THE APPROVED ACTIVITY TO BE SUPPORTED BY THE GRANT. FOR RESEARCH GRANTS. THE FINAL REPORT IS THE FINISHED RESEARCH PAPER. FOR GRANTS WHICH SUPPORT OTHER TYPES OF PROGRAM ACTIVITIES, SUCH AS WORKSHOPS, THE FINAL REPORT DETAILS THE ACCOMPLISHMENTS.

| Schedule I (Form 990) LAW, INC. | 52-1818273 | Page 2 |
|---|------------|--------|
| Part IV Supplemental Information | | |
| FOR COST REIMBURSEMENT GRANTS, THE GRANTEE TYPICALLY RECEIVES AN INITIAL | | |
| ADVANCE, BASED ON THEIR CALCULATED NEEDS FOR THE ADVANCE PERIOD. THE | | |
| GRANTEE MUST THEN SUBMIT A REPORT WHICH LIQUIDATES THE ADVANCE AND CAN | | |
| REQUEST THE NEXT ADVANCEMENT OF GRANT FUNDS. THE LIQUIDATION REPORTS | | |
| INCLUDE A COMPARISON OF ACTUAL COSTS TO THE APPROVED BUDGET, AND MAY ALSO | | |
| INCLUDE COPIES OF SUPPORTING DOCUMENTATION, RECEIPTS, ETC. | | |
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Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW, INC.

Employer identification number 52-1818273

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

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

Schedule J (Form 990) 2019

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2019 LAW, INC. 52-1818273 Page 2

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

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

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

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------------------------|------|--------------------------|-------------------------------------|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | benefits | (B)(I)-(D) | reported as deferred on prior Form 990 |
| (1) DOUGLAS RUTZEN | (i) | 187,765. | 0. | 0. | 19,245. | 14,661. | 221,671. | 0. |
| PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) DARLA MECHAM | (i) | 137,667. | 0. | 0. | 15,000. | 17,932. | 170,599. | 0. |
| VICE PRESIDENT, FINANCE | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) CATHERINE SHEA | (i) | 173,658. | 0. | 0. | 17,534. | 14,721. | 205,913. | 0. |
| VICE PRESIDENT, PROGRAMS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) DAVID MOORE | (i) | 169,638. | 0. | 0. | 16,909. | 8,002. | 194,549. | 0. |
| VICE PRESIDENT, LEGAL AFFAIRS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) A. NILDA BULLAIN | (i) | 163,494. | 0. | 0. | 16,909. | 14,492. | 194,895. | 0. |
| VICE PRESIDENT, OPERATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) NATALIA BOURJAILY | (i) | 152,879. | 0. | 0. | 15,511. | 5,518. | 173,908. | 0. |
| VICE PRESIDENT, EURASIA | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) JOCELYN NIEVA | (i) | 140,410. | 0. | 0. | 14,159. | 13,755. | 168,324. | 0. |
| SR.LEGAL ADVISOR, LATIN AMERICA | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) CLAUDIA GUADAMUZ | (i) | 127,062. | 0. | 0. | 12,770. | 11,019. | 150,851. | 0. |
| SENIOR LEGAL ADVISOR - LATIN AMERICA | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) NOSHIR H. DADRAWALA | (i) | 16,200. | 0. | 0. | 0. | 0. | 16,200. | 0. |
| FORMER DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Schedule J (Form 990) 2019 LAW, INC. | 52-10102/3 | Page 3 |
|---|---|--------|
| 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 complet | e this part for any additional information. | |
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Schedule J (Form 990) 2019

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Inspection

Internal Revenue Service

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Name of the organization **Employer identification number** LAW 52-1818273 FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: JORDAN, HUNGARY, KAZAKHSTAN, KYRGYZSTAN, TAJIKISTAN, RUSSIA, UKRAINE FORM 990, PART VI, SECTION B, LINE 11B: THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE DRAFT 990 WAS SUBMITTED TO THE AUDIT COMMITTEE AND THEN TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW BEFORE FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, ICNL STAFF SENDS THE CONFLICT OF INTEREST AND DISCLOSURE POLICY FORM TO EACH BOARD MEMBER AND EACH STAFF MEMBER DIRECTOR. AND ADVISORY COUNCIL MEMBER. ALL OF WHOM ARE REQUIRED TO COMPLETE AND RETURN THE FORM. ON AN ONGOING BASIS, RECIPIENTS ARE REQUIRED TO FILE AN UPDATED DISCLOSURE FORM, SHOULD RELEVANT CIRCUMSTANCES CHANGE. CONFLICTS INVOLVING A DIRECTOR, ADVISORY COUNCIL MEMBER, OR KEY EMPLOYEE ARE ADDRESSED BY ICNL'S BOARD OF DIRECTORS FOLLOWING THE PROCEDURES OUTLINED IN ICNL'S CONFLICTS POLICY. CONFLICTS INVOLVING A STAFF MEMBER WHO IS NOT A 'KEY EMPLOYEE' FOR THE PURPOSES OF FORM 990 ARE ADDRESSED BY ICNL'S PRESIDENT FORM 990, PART VI, SECTION B, LINE 15: ICNL PURCHASED COMPARABILITY DATA FROM A FIRM SPECIALIZING IN THIS INFORMATION. COMPARABILITY DATA WAS THEN PRESENTED TO THE BOARD OF DIRECTORS ALONG WITH PROPOSED SALARY LEVELS AT A MEETING OF THE BOARD OF

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

DIRECTORS. THE DIRECTORS DELIBERATED AND DECIDED ON COMPENSATION. AND THERE

Schedule O (Form 990 or 990-EZ) (2019)

| Schedule O (Form 990 or 990-EZ) (2019) Name of the organization INTERNATIONAL CENTER FOR NOT-FOR-PROFIT | Г | Employer identification number |
|--|-----------------|---------------------------------------|
| LAW, INC. | | 52-1818273 |
| WAS CONTEMPORANEOUS SUBSTANTIATION OF THE PROCESS. THE LAST | COMPENSATION | |
| REVIEW TOOK PLACE IN DECEMBER 2019 FOR ICNL'S PRESIDENT AND | ALL OTHER KEY | |
| EMPLOYEES. | | |
| | | |
| FORM 990, PART VI, SECTION C, LINE 19: | | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF | INTEREST POLICY | |
| AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUE | ST. THE AUDITED | |
| FINANCIAL STATEMENTS AND PUBLIC DISCLOSURE COPY OF IRS FORM | 990 ARE | |
| PUBLISHED ON WWW.ICNL.ORG. | | |
| | | |
| PART VII, SECTION A | | |
| TWO BOARD MEMBERS RECEIVED COMPENSATION FOR PROVIDING PROGRA | AM SERVICES | |
| TO THE ORGANIZATION AND NOT FOR SERVICES AS A BOARD MEMBER. | | |
| | | |
| | | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | | |
| LOCAL HIRES AND LOCAL PARTNERS: | | |
| PROGRAM SERVICE EXPENSES | 675,231. | |
| MANAGEMENT AND GENERAL EXPENSES | 17,150. | |
| FUNDRAISING EXPENSES | 8,132. | |
| TOTAL EXPENSES | 700,513. | |
| | | |
| INDEPENDENT CONTRACTORS: | | |
| PROGRAM SERVICE EXPENSES | 1,063,006. | |
| MANAGEMENT AND GENERAL EXPENSES | 86,692. | |
| FUNDRAISING EXPENSES | 89. | |
| TOTAL EXPENSES | 1,149,787. | |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,850,300. | |
| 932212 09-06-19 | F.0 | Schedule O (Form 990 or 990-EZ) (2019 |

| Schedule O (Form 990 or 99 | 90-EZ) (2019) | Page 2 |
|----------------------------|---|---|
| Name of the organization | INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW, INC. | Employer identification number 52-1818273 |
| | · | • |
| PART XII, LINE 2C | | |
| PER ICNL BYLAWS, "TH | E BOARD SHALL APPOINTAUDIT COMMITTEE, TWO OF | |
| WHOM MUST BE THE CHA | IR AND TREASURERTHE AUDIT COMMITTEE SHALL ASSIST | |
| THE BOARDIN CHOOS | ING AN INDEPENDENT AUDITOR." THE AUDIT COMMITTEE | |
| "DETERMINES WHETHER | TO ACCEPT OR REJECT THE AUDIT." HOWEVER, THE AUDIT | |
| COMMITTEE IS NOT RES | PONSIBLE FOR COMPILATION OF ICNL'S FINANCIAL | |
| STATEMENTS, THIS IS | THE RESPONSIBILITY OF ICNL'S VP-FINANCE AND | |
| CONTROLLER. THE STATE | EMENTS ARE REVIEWED BY AUDITORS, AND THE AUDIT | |
| REVIEW IS SUBMITTED | TO THE AUDIT COMMITTEE. | |
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| PART IX, LINE 17 | | |
| TRAVEL CONSISTS OF A | IRFARES, LODGING AND, IN SOME CASES, PER DIEM | |
| ALLOWANCES ASSOCIATE | D WITH BRINGING PROGRAM PARTICIPANTS TO TRAININGS | |
| WITHIN THEIR COUNTRY | , TO REGIONAL MEETINGS, AND TO INTERNATIONAL | |
| EVENTS. THIS CATEGOR | Y ALSO INCLUDES TRAVEL COSTS FOR ICNL'S FELLOWSHIP | |
| PROGRAMS, WHICH BRING | G LOCAL CSO LEADERS TO A HOST CSO IN ANOTHER | |
| COUNTRY, OR TO AN ICE | NL OFFICE. IN ADDITION TO THESE ACTIVITIES, THIS | |
| CATEGORY COVERS COST | S OF SENDING ICNL EMPLOYEES TO A COUNTRY TO PROVIDE | |
| TECHNICAL ASSISTANCE | , TO MEET WITH PARTNERS, TO CONDUCT TRAININGS AND | |
| WORKSHOPS, AND TO CA | RRY OUT PROGRAMMATIC ACTIVITIES. | |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW, INC. Employer identification number 52-1818273

| (a) | (b) | (c) | (d) | (e) | (f) |
|--|--------------------------|---|--------------|--------------------|------------------------------|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controlling entity |
| INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW, | SERVICES TO PROMOTE AN | | | | INTERNATIONAL CENTER |
| LLC - 20-5736798, 1126 16TH STREET, SUITE | ENABLING ENVIRONMENT FOR | | | | FOR NOT-FOR-PROFIT LAW |
| 400, WASHINGTON, DC 20036 | CIVIL SOCIETY | DELAWARE | 1,377,383. | 496,202. | INC. |
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | contr | 512(b)(13) rolled ity? |
|--|--------------------------------|---|-------------------------------|---------------------------------------|--------------------------------------|-------|------------------------------|
| | | | | 501(c)(3)) | | Yes | No |
| EUROPEAN CENTER FOR NON-FOR-PROFIT LAW | PROMOTES STRENGTHENING OF | | | | | | |
| APACZAI CSERE JANOS U. 17, 1ST FLOOR | A SUPPORTIVE LEGAL ENV. | | FOREIGN | | | | |
| BUDAPEST, HUNGARY 1052 | FOR CIVIL SOCIETY | HUNGARY | ENTITY | | ICNL, INC. | х | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 LAW, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | |
|--|------------------|---|---------------------------|--|-----------------------|----------------------|--------------|-----------|------------------------------|-----------------|-------------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile | Direct controlling entity | Predominant income (related unrelated | Share of total income | Share of end-of-year | 1 | ortionate | Code V-UBI | General o | Percentage ownership |
| or related organization | | (state or foreign | entity | (related, unrelated, excluded from tax under sections 512-514) | liicome | assets | allocations? | | amount in box 20 of Schedule | nedule partner? | |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Sec 512(t contr ent | tion b)(13) rolled tity? |
|--|--------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|--------------------------------|------------------------------|-----------------------------------|
| | | country) | | S. 1.25.y | | 400010 | | Yes | No |
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52-1818273

Page 2

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2019 LAW, INC.

NC. 52-1818273

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule. Yes No 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Х 1a b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c Х d Loans or loan guarantees to or for related organization(s) 1d Х e Loans or loan guarantees by related organization(s) 1e Х f Dividends from related organization(s) 1f g Sale of assets to related organization(s) X 1q X h Purchase of assets from related organization(s) 1h X i Exchange of assets with related organization(s) 1i X j Lease of facilities, equipment, or other assets to related organization(s) 1i k Lease of facilities, equipment, or other assets from related organization(s) Х 1k Performance of services or membership or fundraising solicitations for related organization(s) 11 X m Performance of services or membership or fundraising solicitations by related organization(s) 1m

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

p Reimbursement paid to related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

o Sharing of paid employees with related organization(s)

Reimbursement paid by related organization(s) for expenses

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization

(b) Transaction type (a·s)

(1) EUROPEAN CENTER FOR NOT-FOR-PROFIT LAW

(2) B

(3) B

(4) Cc) Method of determining amount involved

Method of determining amount involved

(2) Co

(3) Amount involved

(4) Co

(6) Amount involved

(7) ACTUAL GRANT AMOUNT AWARDED

(8) Co

(9) Amount involved

(9) Co

(9) Co

(1) EUROPEAN CENTER FOR NOT-FOR-PROFIT LAW

(9) Co

(1) EUROPEAN CENTER FOR NOT-FOR-PROFIT LAW

(2) Co

(3) Co

(4) Co

(4) Co

(5) Amount involved

(6) Method of determining amount involved

(8) Co

(9) Co

(10) Co

(11) EUROPEAN CENTER FOR NOT-FOR-PROFIT LAW

(12) Co

(13) Co

(14) Co

(15) Co

(16) Co

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Page 3

Schedule R (Form 990) 2019 LAW, INC. 52-1818273

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are partner 501 (c | all rs sec. c)(3) s.? | (f) Share of total income | (g) Share of end-of-year assets | Dispi tion alloca | n) ropor- nate utions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General managir partner | (k) or Percentage ownership |
|--------------------------------------|----------------------|---|---|--------------------|--------------------------------|---|--|-------------------------|---------------------------------|---|--------------------------------------|-----------------------------|
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3334313 612 611) | Yes | No | | | Yes | No | (10111111000) | Yes N | 5 |
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|------------|------------------------------------|--|------------|--------|
| Part VII | (Form 990) 2019 Supplemental Info | rmation | | |
| | Provide additional inforr | nation for responses to questions on Schedule R. See instructions. | | |
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Schedule R (Form 990) 2019