** PUBLIC DISCLOSURE COPY **

_{Form} 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2017 calendar year, or tax year beginning	and ending					
В	Check if applicab	C Name of organization international center for not-for-profit		D Employer ide	entification	number		
	Addre chang			İ				
\vdash	Name chang	Doing business as		-	1818273			
\vdash	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui					
Г	Final return	1126 16my empress at M	400]	12)452-860	00		
	termin ated	City or town, state or province, country, and ZIP or foreign postal cod		G Gross receipts \$		11,318,544.		
	Amen			H(a) Is this a gro	un return	, , , ,		
	Applic	F Name and address of principal officer:DOUGLAS RUTZEN				Yes X No		
	pendi	SAME AS C ABOVE		H(b) Are all subordin				
Τ.	Tax-ex	empt status: x 501(c)(3) 501(c) () (insert no.) 4947	(a)(1) or 52	 		e instructions)		
		e: WWW.ICNL.ORG	(/(//	H(c) Group exem	•	,		
		organization: X Corporation Trust Association Other	L Ye	ar of formation: 1992				
	art I	Summary	=		147			
63	1	Briefly describe the organization's mission or most significant activities: EN.	ABLING A LE	GAL ENVIRONMENT	FOR			
Activities & Governance		CIVIL SOCIETY, FREEDOM OF ASSOCIATION & PUBLIC PARTICIPA						
Ē	2	Check this box 🕨 🔲 if the organization discontinued its operations or	disposed of mo	ore than 25% of its n	et assets.			
Ş		Number of voting members of the governing body (Part VI, line 1a)			3	9		
ڻ حخ		Number of independent voting members of the governing body (Part VI, line			4	9		
Se		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	32		
ξ		Total number of volunteers (estimate if necessary)			6	0		
₹	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
		Net unrelated business taxable income from Form 990-T, line 34			7b	0,		
		·		Prior Year	С	urrent Year		
ō	8	Contributions and grants (Part VIII, line 1h)		7,299,5	78.	10,017,617.		
Revenue	9	Program service revenue (Part VIII, line 2g)		297,0	13.	229,618.		
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		30,9	53.	36,012.		
ш.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,5	69.	1,702.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	7,629,1	13.	10,284,949.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,092,6	46.	829,503.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	[_	0.	٠ 0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5		2,741,1	08,	2,924,834.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)						
Ř		Total fundraising expenses (Part IX, column (D), line 25)				语。别人的称:		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,749,3		3,408,742.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) $$		9,583,1		7,163,079.		
70	19	Revenue less expenses. Subtract line 18 from line 12		-1,954,0		3,121,870.		
alances			<u></u>	leginning of Current Y		nd of Year		
328		Total assets (Part X, line 16)		10,918,6		14,156,967.		
35		Total liabilities (Part X, line 26)		384,1		438,995.		
킾		Net assets or fund balances. Subtract line 21 from line 20		10,534,5	38.	13,717,972.		
1 1151 15	19-11-1-14 Fig. 2-1	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying sch			of my knowle	dge and belief, it is		
rue,	correct	, and complete. Declaration of preparer (other than officer) is based on all information	of which prepare	er has any knowledge.	1			
		Signature of officer		Date/	118	 		
Sign	- 1	DOUGLAS RUTZEN, PRESIDENT		Duto P				
lere	P	Type or print name and title						
	-			Date Check		TIN		
aid		Print/Type preparer's name Preparer's signature Subrina wood, CPA Subrina L. Wood	,	6/19/19 if				
			*	0017 01	ubiolog 1	365899		
_	I			Firm's EIN 47-0900880				
, 9 Ç	Silly	Firm's address 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814		Dhana == 1	202-331-9	890		
/les-	the ID			Phone no.				
ııdy	uie it	S discuss this return with the preparer shown above? (see instructions)		<u></u>	∟♣	Yes No		

	n 990 (2017) LAW, INC.	52-181827	3 Page 2
y, c	Statement of Program Service Accomplishments	•	
	Check if Schedule O contains a response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission: THE INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW (ICNL) IS AN	•	
	INTERNATIONAL NOT-FOR-PROFIT ORGANIZATION THAT PROMOTES AN ENABLING		
	LEGAL ENVIRONMENT FOR CIVIL SOCIETY, FREEDOMS OF ASSOCIATION AND		
	ASSEMBLY, 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, a	as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to otl		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 5,287,930. including grants of \$ 829,503.) (Reve	nue \$	229,618.)
	ICNL IS A RESOURCE ON LEGAL ISSUES AFFECTING CIVIL SOCIETY,		
	PHILANTHROPY, AND CIVIC PARTICIPATION. IN 2017, 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.		······
			'
4b	(Code:) (Expenses \$		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ilde φ	
			*
4¢	(Code:) (Expenses \$	nue \$	} }
			· · · · · · · · · · · · · · · · · · ·
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 5,287,930.		·
			Form 990 (2017)

Form 990 (2017) LAW, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	ls the organization required to complete Schedule B, Schedule of Contributorନ	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	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			l
	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	領点が	III.	disers.
	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.	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Ì
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	:		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_ <u>x</u>	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional to the exemplation and the organization of solid decayibed in section 170/b/(1/40/608 if "Yes," complete Schedule D.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	^	_
D	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	446	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	-	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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
		E	· 2010 /	~~~

Part V Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or x domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV..... Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity х within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 36 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 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 Form 990 (2017)

	Check if Schedule O contains a response or note to any line in this Part V			<u>.</u>	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 14	. (1988)	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
_	(gambling) winnings to prize winners?	·······	1c	X	E 1866-18
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_	10.13		
_		2a 3:	5,021533		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	3 (P.O.O.
۸.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	***************************************	1		
	-		3a	-	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C		3b	┼	╄
ŧa	At any time during the calendar year, did the organization have an interest in, or a signature or other at		١.	,	
la.	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a	X	18000
D	If "Yes," enter the name of the foreign country: SEE SCHEDULE O	. (50 4 5)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				MAR
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b	-	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	├	₩
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•	_		۱.,
	any contributions that were not tax deductible as charitable contributions?		6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b	077-596	12069
-	Organizations that may receive deductible contributions under section 170(c).	and provided to the never's		NO.	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	• •	7a	-	X
	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	•	_		,,
	to file Form 8282?		7c	esaka.	X
		7d		Mil	1
e £	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e	ļ	X
f ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		┝
	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g	<u> </u>	├
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	QSS/COS	43833K
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y tne			
	sponsoring organization have excess business holdings at any time during the year?		8	H-4808	90.000
	Sponsoring organizations maintaining donor advised funds.		erek •	SHEE	
	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	itteess att	K26/48
	Section 501(c)(7) organizations. Enter:	. 1	\$ 15	Se lo	048
		0a .	AB.		
		0b			
	Section 501(c)(12) organizations. Enter:	. 1			
		11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
		1b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1	12a	8882 J.A.	SALESSES.
	, , , , , , , , , , , , , , , , , , ,	2b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		idilik		
	Is the organization licensed to issue qualified health plans in more than one state?		13a	Logaricasor	gvece.
	Note. See the instructions for additional information the organization must report on Schedule O.				
	Enter the amount of reserves the organization is required to maintain by the states in which the				
		3b			
		3c			11160
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule (1	14b		i

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW INC Form 990 (2017) 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 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 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 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 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 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 in Schedule O Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? Х 13 14 Did the organization have a written document retention and destruction policy? х 14 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? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization х 15b 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 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request ☐ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 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

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

X

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization i		org	aniz			mpe	nsa		director, or trustee.	
(A)	(B)	ŀ			C) :itior			(D)	(E)	(F)
Name and Title	Average		note	heck	more	than		Reportable	Reportable	Estimated
	hours per week	off	c, unle icer al	es pe nd a c	rson Grecte	is bot or/trus	th an stee)	compensation from	compensation	amount of
	(list any	Ē				Τ		the	from related organizations	other compensation
	hours for	direc	1			5		organization	(W-2/1099-MISC)	from the
	related	fee or	stee		ĺ	III Sate		(W-2/1099-MISC)	, (organization
	organizations	ndividual trustee or director	nstitutional trustee		a yea	Highest compensated employee				and related
	below	ividus	景	Officer	Кеу етрюуе	hesto	Богшег			organizations
	line)	Ē	1 1 1 1	₩	<u>ş</u>	ΞĒ.	훈	·		
(1) OONAGH BREEN	4.00									
CHAIR		Х		X				1,000.	0.	0
(2) NATASHA GABER-DAMJANOVSKA	4.00				İ					ı
VICE CHAIR		x	_	X		<u> </u>		0,	0.	0
(3) ADAM KOLKER	4,00									
SECRETARY/TREASURER		Х	<u> </u>	X				0.	0.	0
(4) NOSHIR DADRAWALA	4,00									
DIRECTOR		X						3,400.	0.	. 0
(5) SUNEETA KAIMAL	4,00		İ							
DIRECTOR		Х						0.	0.	0
(6) BARBARA IBRAHIM	4.00									-
DIRECTOR		X			_			0.	0.	0
(7) EMILE VAN DER DOES DE WILLEBOIS	4.00									
DIRECTOR		X					Į	0.	0.	. 0.
(8) W. AUBREY WEBSON	4.00									
DIRECTOR		Х						0.	0.	0.
(9) FELICIANO REYNA GANTEAUME	4.00			Ī						
DIRECTOR		Х		ı				0.	0.	0 .
(10) DOUGLAS RUTZEN	40.00									·
PRESIDENT				х	ı	ĺ	ļ	180,787.	0.	26,085.
(11) DARLA MECHAM	40.00	\neg			\neg				····	
VICE PRESIDENT, FINANCE				x			- 1	116,874.	0.	29,525.
(12) CATHERINE SHEA	40.00									 :
VICE PRESIDENT, PROGRAMS						x		150,733.	0.	27,980.
(13) NATALIA BOURJAILY	40.00		\Box			\Box	寸			
VICE PRESIDENT, EURASIA	-	l		1	-	X		146,286.	0.	19,169.
(14) DAVID MOORE	40.00		\neg					-		
VICE PRESIDENT, LEGAL AFFAIRS		ł	- 1		J	x	İ	140,653.	0.	22,693.
(15) A. NILDA BULLAIN	40.00	寸		寸	\dashv	\neg	\dashv			,
VICE PRESIDENT, OPERATIONS				1		x		136,807.	0.	21,445.
(16) JOCELYN NIEVA	40.00		\neg		一	\neg †		,		,
SR. LEGAL ADVISOR, LATIN A	·	1		1	- 1	x		123,112,	0.	24,486.
		1	\dashv		\dashv		\dashv			.,
· "			1	- 1		1	- 1			

732007 11-28-17

Form 990 (2017) DAW, INC.										187/3		'age (
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/005	, an	d H	ighe	st (Compensated Employe	es (continued)		_	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	Ido	not c	Pos		า e than	one	Reportable	Reportab	le	Estimat	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	ompensation	compensat	ion	amount	of
	week	-	cer ar	nd a d	lirecto	or/trus	tee)	from	from relate	ed	other	•
	(list any	ector				l		the	organizatio		compens	ation
	hours for	ordir	يوا			ated		organization	(W-2/1099-M	ilSC)	from th	
	related	stee	l ste			suad		(W-2/1099-MISC)			organiza	
	organizations below	ad tre	ala		io ye	E CO					and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizat	ions
		ě	Ë	8	\$	훈등	£					
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		Н				 			·			
1b Sub-total		· · · · · ·			<i>,</i>	J	>	999,652.	<u>. </u>	0.	171	, 383
c Total from continuation sheets to Part VI	l, Section A		,		. , ,	J	>	0.		0.		0
d Total (add lines 1b and 1c))	<u> </u>	999,652.		0.	171	383
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o r	eceived more than \$100	,000 of reportal	ble		
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer,	director, or tru	stee	, ke	y em	olar	yee.	or	highest compensated e	mplovee on			Ma.
line 1a? If "Yes," complete Schedule J for st	ich individual			•	•				' '		3	. X
4 For any individual listed on line 1a, is the su										,		翻舞出
and related organizations greater than \$150										.	4 X	arneelse.
5 Did any person listed on line 1a receive or a												Biology Biology
rendered to the organization? If "Yes," comp					-		7101	ed organization or indivi	dual for service	•		X
Section B. Independent Contractors	nere ocnedate		<i>n</i> 30	CII	7613	O11	**		***************************************		5	
					4			deat	4400.000. ()			
1 Complete this table for your five highest cor										mpens	ation from	
the organization. Report compensation for t	ne calendar ye	ar e	nair	ig w	ith c	or wit	tnir	· · · · · · · · · · · · · · · · · · ·	/ear.			
(A)								(B)		ر ا	(C)	
Name and business	address						_	Description of s	ervices		ompensatio	<u>ា</u>
MG CONSULTING							١			Į		
SAT PLAZA, 4TH FLOOR, BACU, AZERBAIJA	N .						1	TO SUPPORT NGO LAW	REFORM		150,	000.
LEGAL TEAM CO LTD, MALY ZNAMENSKAY PE	R,											
OFFICE 1 BLD 6 3/5, MOSCOW, RUSSIA							_ 1	TO SUPPORT NGO LAW	REFORM		122,	236,
							T					
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							\dagger			\vdash		
2 Total number of independent contractors for	oludina but	4 lie	alto d	+	hee	م انمه		(abovo) who ====boo = ===	ava than	(X3)42559	Germanoscepa	3994a : 1
2 Total number of independent contractors (in	-) L ([1]	nteo	i iO T	nos 2		red	abovej who received m	ore than		e diploite	
\$100,000 of compensation from the organiz	arion -				4					0.565新疆	亚洲 的复数用加度	10年前

Page 9

			Check if Schedule O conf	tains a respon:	se or note to any	ine in this Part VIII	*************************		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1			1a					
£ 5	ĺ		Membership dues						
ξķ₹	•	¢	Fundraising events					at a la	
2 2	İ	ď							(計劃的表示)
Siris	ĺ	0	• • • • • • • • • • • • • • • • • • • •		6,877,472	-			
e E		f	All other contributions, gifts, gran					Kamaranga.	sept 1
ē ē			similar amounts not included abo		3,140,145		\$16 AL 46 PROSEN		
ŞP	ĺ	_	Noncash contributions included in lines			STATE OF STATE OF STATE			
O #		h	Total. Add lines 1a-1f			10,017,617	• [0.05] [0.05] [0.05]	School Branch	AND AND AND AND AND AND AND AND AND AND
d)		_	CONTRACT INCOME		900099	e			
Program Service Revenue					900099	229,618	229,618.		
Ser J	ı	b			-				
ĒŽ	i	Ç			-		<u> </u>	<u> </u>	
Pega		ď			-				
Pro			All other program service reve		-				
						229 618		Daga kalang maja kalang saga kan	
_	3	_	Investment income (including	dividondo inte		225,010	· Nacianalian and Salah Salah	Landing South Control	
	3		other similar amounts)			32,222.			32,222.
	. 4		Income from investment of tax			32,222			32,222.
	5		Royalties	•	,				
	_		noyanies	(i) Real	(ii) Personal	Noticinate and a substant	44/5/2020/04/5/4/04/5/5/5/5/5/5/5/5/5/5/5/5/5/5/	Escapia de maria de la como de la como de la como de la como de la como de la como de la como de la como de la Escapia de la como dela como dela como de la como dela como de la	CONTRACTOR CONTRACTOR
	6	4	Gross rents	(I) Neal	(ii) reisonai		(1) (4) (4) (4) (4) (4) (4)	karalandar (neral consti
			Less: rental expenses		1				
			Rental income or (loss)	<u> </u>		1			
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities		300000000000000000000000000000000000000			
	•	-	assets other than inventory	1,037,385	- ``				
-	•	b	Less: cost or other basis	· · · · ·	<u> </u>				
			and sales expenses	1,033,599	5.				de Santing Co
			Gain or (loss)				monaci (della pr		
			Net gain or (loss)			3,790.	Gentle Control of Marie Control of Control o	Proposition of the Proposition o	3,790.
a l			Gross income from fundraising			12 Carlo 16 20 11 11 11		giores as as fort	historius diameteri
Revenue			including \$	of				and a graduat	
ě			contributions reported on line	1c). See					
<u> </u>			Part IV, line 18		a				
割	k	b	Less: direct expenses		b				
Ĭ			Net income or (loss) from fund		<u></u>		de l'acceptibilité de la		
ļ	9 a		Gross income from gaming act						
			Part IV, line 19		a				医亚酚香花素
ŀ			Less: direct expenses		b	制造类类的物质		initial to the second	体系统计划机
			Net income or (loss) from gami		<u></u>	Che did at the cart from braseness			
	10 a		Gross sales of inventory, less r						
	_		and allowances						
			Less: cost of goods sold		<u></u>				
}	<u> </u>)	Net income or (loss) from sales		<u> </u>	NAMES OF THE PROPERTY OF THE PA	The Main of Lings and Association	onvan saadisaa see in mannee keel i	Stage (CST Begany ages), as content of the State of the C
ŀ	4.4		Miscellaneous Revenue	•	Business Code	terrorismon i contrario per contrario de la co			
	11 a		MISCELLANEOUS INCOME		900099	1,702.			1,702.
1	b			· · · · · · ·					· · · · · · · · · · · · · · · · · · ·
	C		All athers were and				•		
	d		All other revenue		L	1 200	The section of the se	agagas as yanan 1980 - saas IV	re i i v Landonare più tron vi
j			Total . Add lines 11a-11d Total revenue. See instructions.			1,702. 10,284,949.	229,618.	0.	27 714
732009	12		·		-	±0,20±,343.	449,010.	· · ·	37,714. Form 990 (2017)

Form 990 (2017) LAW, INC. | Part | X | Statement of Functional Expenses

	Check if Schedule O contains a respon				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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	47,250.	47,250.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	T00 053			
	individuals. See Part IV, lines 15 and 16	782,253.	782,253.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	257 672	177 140	154 016	0.5 44.5
	trustees, and key employees	357,672.	177,149.	154,916.	25,607
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	;			
	parcons described in section 4059(a)(2)(D)				
7	Other salaries and wages	1,949,800.	1,223,207.	561,319.	165,274
8	Pension plan accruals and contributions (include	2,505,000.	1,223,201,	301,313.	105,274
•	section 401(k) and 403(b) employer contributions)	142,190.	90,215.	33,622.	18,353
9	Other employee benefits	306,063.	186,378.	83,307.	36,378
Õ		169,109.	105,113.	43,205.	20,791
1	Payroll taxes Fees for services (non-employees):	103,103.	103,113.	45,205.	20,791
' a	Management	1			
b	Legal	9,731.		9,731.	
c	Accounting	47,105.	5,867.	41,238.	
d	Lobbying			11,200.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,000.	HAMPION CONTRACTOR AND CONTRACTOR	9,000.	
g	Other. (If line 11g amount exceeds 10% of line 25,	····			
Ŭ	column (A) amount, list line 11g expenses on Sch O.)	1,728,465.	1,624,511.	74,969.	28,985
2	Advertising and promotion				
3	Office expenses	197,810.	103,405.	92,574.	1,831
4	Information technology	201,627.	25,178.	176,449.	
5	Royalties		·	•	
6	Occupancy	419,073.	225,308.	176,384.	17,381
7	Travel	564,294.	536,083.	25,839.	2,372
8	Payments of travel or entertainment expenses			***	· · ·
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	136,040.	123,418.	12,622.	
0	Interest	279.	279.		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	17,069.		17,069.	
3	Insurance	45,726.		45,726.	
4	Other expenses. Itemize expenses not covered		green the second		is the Archive
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	and their contribution			
	amount, list line 24e expenses on Schedule O.)				
а	TRANSLATIONS	32,523.	32,316.	207.	
b					
C					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	7,163,079.	5,287,930.	1,558,177.	316,972
3	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			· 1	
	Check here if following SOP 98-2 (ASC 958-720)				

	ir X	Balance Sheet		-			
		Check if Schedule O contains a response or no	te to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			167,635	. 1	137,443.
	2	Savings and temporary cash investments	*******		1,465,357	. 2	3,123,129.
	3	Pledges and grants receivable, net			8,073,712	. 3	9,546,157.
	4	Accounts receivable, net			2,505	. 4	6,658.
	5	Loans and other receivables from current and for	ormer	officers, directors,		in r	E Space Share representation
		trustees, key employees, and highest compens Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified p	ersons (as defined under		17/31	
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec		· · · · · · · · · · · · · · · · · · ·			Security and the later
g		employees' beneficiary organizations (see instr)	past and the property of	6			
Assets	7	Notes and loans receivable, net				1 7	
Š	8	Inventories for sale or use		***************************************		8	
	9	Prepaid expenses and deferred charges			47,975.		83,584.
	10a				Page 44 (2007) Walley (1918) Walley (1918)	No.	
		basis. Complete Part VI of Schedule D	10a	102,517.			High combined and public of
	h	Less: accumulated depreciation			31,573	10c	14,504.
	11	Investments · publicly traded securities	1,028,843.		1,111,144.		
	12	Investments - other securities. See Part IV, line 1	2,020,020,	12	2,222,244.		
	13	Investments - program-related. See Part IV, line		13			
	14			14			
	15	Intangible assets	101,061.		134,348.		
	16	Total assets. Add lines 1 through 15 (must equa	ol lina	2.4\	10,918,661.		14,156,967,
	17	Accounts payable and accrued expenses	352,277.		419,553.		
	18	Grants payable			334,217,		410,333.
	19	Deferred revenue		18			
	20	Tax-exempt hand liabilities		19			
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F		of Sahadula D		20	
w	22	Loans and other payables to current and former				21	
Liabilities		key employees, highest compensated employee					
ğ		Complete Part II of Schedule L					
ٿ:	23	Secured mortgages and notes payable to unrela	tod th	ird narting		22	
	24	Unsecured notes and loans payable to unrelated				23	
	25	Other liabilities (including federal income tax, pay				24	
	~~	parties, and other liabilities not included on lines					
	!	Schedule D	17-24	, Complete Part A of	31,846.		19,442.
	26	T. 1 12 1 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2			384,123.		
	2.0	Organizations that follow SFAS 117 (ASC 958)		k here X and	304,123. 314344 534 may back take	26	438,995.
£A.				ok nere → and			
ĕ	27	complete lines 27 through 29, and lines 33 and			1 000 FAE		0 121 700
<u>a</u>		Unrestricted net assets	•••••		1,999,505.	27	2,131,790.
B	28	Temporarily restricted net assets			8,535,033.	28	11,586,182.
Net Assets or Fund Balances	29			N -k - l k b	SSANGRANGE STATES AND AND AND AND AND AND AND AND AND AND	29	is 1975 septe of 1883, por resolution me states
إيا		Organizations that do not follow SFAS 117 (AS	SC 958	o), cneck nere 🟲 📖 📗			
8	20	and complete lines 30 through 34.			endo filminico de da succión	MANA J	
se		Capital stock or trust principal, or current funds				30	
ž	31	Paid-in or capital surplus, or land, building, or equ			·	31	<u> </u>
Š	32	Retained earnings, endowment, accumulated inc			10 534 500	32	40 848 050
	33	Total net assets or fund balances	•••••		10,534,538.	33	13,717,972.
	34	Total liabilities and net assets/fund balances			10,918,661.	34	14,156,967.

Form **990** (2017)

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 7, 163 3 Revenue less expenses. Subtract line 2 from line 1 3 3,121 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990:		n 990 (2017) LAW, INC.	52-18182	73	Page 12
1 Total revenue (must equal Part VIII, column (A), line 12)	P	Reconciliation of Net Assets			-
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses 5 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses 5 Revenue less expenses 6 Revenue less expenses 7 Revenue less expenses 7 Revenue less expenses 7 Revenue less expenses 8 Revenue less expenses 7 Revenue less expenses 8 Revenue less expenses 8 Revenue less expenses 8 Revenue less expenses 8 Revenue less expenses 8 Revenue less expenses 8 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 7 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 6 Revenue less expenses 8		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Prior period adjustments Prior period adjustments Prior period adjustments Reporting (B) Column (B) Column (B) Column (B) Column (B) Check if Schedule O contains a response or note to any line in this Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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. Were the organization's financial statements compiled or reviewed by an independent accountant? Prives," 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 Were the organization's financial statements audited by an independent accountant? 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 Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? Zeb X 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 Consolidated basis Both consolidated and separate basis Were the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibili	1	Total revenue (must equal Part VIII, column (A), line 12)	1	10.2	84.949.
Revenue less expenses. Subtract line 2 from line 1 3 3 3, 121	2	Total expenses (must equal Part IX, column (A), line 25)		<u>-</u>	63,079
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Net unrealized gains (losses) on investments To Donated services and use of facilities Newstment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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. Were the organization's financial statements compiled or reviewed by an independent accountant? Part 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 Debth consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? Part 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 Consolidated basis Debth consolidated and separate basis. Consolidated basis, or both: Separate basis Consolidated basis Debth consolidated and separate basis. If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. If the organization of its financial statements and selection of an independent accountant? If the organization of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth	3	Decreased from the Control of the All Control of th			.
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7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 13 ,717 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	6				,
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Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
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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 in Schedule O and describe any steps taken to undergo such audits		Act and OMB Circular A-133?	***************************************		
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
Form 990 (or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 05	
				Form 99	0 (2017)

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.

2017

Open to Public Inspection

Name of the organization INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

TERNATIONAL CENTER FOR NOT-FOR-PROFIT

W, INC.

Employer identification number

52-1818273

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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 II, 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 irì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and					,,,,	
	membership fees received. (Do not					i	
	include any "unusual grants.")	15,549,092.	10,800,074.	8,206,763.	7,299,578.	10,017,617.	51,873,124.
2	Tax revenues levied for the organ-					· · · · · · · · · · · · · · · · · · ·	
	ization's benefit and either paid to						
	or expended on its behalf					į	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	15,549,092.	10,800,074.	8,206,763.	7,299,578,	10,017,617.	51,873,124.
5						Total เรื่องจากเลือกเลีย โลย	, ,
	by each person (other than a						,
	governmental unit or publicly	(學術術學)含為		的复数电流		sad projek	
	supported organization) included					titi e pin Silvin A	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	kajudika a leto	and on the street				2,726,904.
6	Public support. Subtract line 5 from fine 4.		00,000,000,000		8 (24 (02) 3 (2) 2 (3		49,146,220.
Sec	tion B. Total Support		2201	17-18-23-23-33-33-34-18-18-18-18-18-18-18-18-18-18-18-18-18-	4) 5) 51 10 10 10 10 10 10 10 10 10 10 10 10 10	ASSESSMENT OF ANY CONTRACTOR OF THE PROPERTY O	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	15,549,092.	10,800,074.	8,206,763.	7,299,578.	10,017,617.	51,873,124.
8	Gross income from interest,						· · ·
	dividends, payments received on					1	
	securities loans, rents, royalties,			-		ŀ	
	and income from similar sources	3,807.	5,323.	14,841.	26,024.	23,222.	73,217.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on			}			
10	Other income. Do not include gain				100		
	or loss from the sale of capital	•					
	assets (Explain in Part VI.)		7,746.	16,553.	1,569.	1,702.	27,570.
					E842 (E84 (S. 46))	Al Callering Ca	51,973,911.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	1,488,304.
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x vear as a section	1 501(c)(3)	<u> </u>
	organization, check this box and stop	here		***************************************	<u>.</u>		▶□
Sec	tion C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2017 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	94.56 %
	Public support percentage from 2016					15	98.75 %
16a	33 1/3% support test - 2017. If the o	rganization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				▶ x
b	33 1/3% support test - 2016. If the o	rganization did not	t check a box on lir	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	t - 2017. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization		▶□
b	10% -facts-and-circumstances test	: - 2016, If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	▶□

Schedule A (Form 990 or 990 EZ) 2017 LAW, INC. 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

Sa	ction A. Public Support	elow, please con	ipiete Part II.)			· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(=) 0010	/t-) 001 4	(-) 0045	(-B-0040	4-1 0047	(A) T - 1
		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Gifts, grants, contributions, and						
	membership fees received. (Do not	Í					
_	include any "unusual grants.")	·				,	
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in		1				
	any activity that is related to the						
	organization's tax-exempt purpose			<u></u> _			
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				Ì		
	iness under section 513			ļ			
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to	I					
	or expended on its behalf	I			1	İ	
5							
9	The value of services or facilities					1	
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				Î		
	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. (Subtractline 7c from line 6.)		Beatly and the second	3.30		1 2 2 3 2 3 2 3 2 3	
	ction B. Total Support	641 418-447 N 575 New 18120-6-3	London's regulated system and entitle by 8	pain produced and the second and the second and	a parameter and a service of the service of	- 1: (m:0000 - mass contractions)	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(4) 2010	(6) 2014	(0) 2010	(4) 2010	(e) 2011	(i) iotai
	Gross income from interest,					-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					-	
b	Unrelated business taxable income	i					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		·				
С	Add lines 10a and 10b						
11	Net income from unrelated business					·	· · · · · · · · · · · · · · · · · · ·
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)					 	-
		the organization?	first case of the	م المعادم الماسية	1	- E04/-\/0\	
14	First five years. If the Form 990 is for	the organization's	s tirst, second, thir	a, tourth, or titth to	ax year as a secti	on 501(c)(3) organiza	ation,
30-	check this box and stop here	o Cupped D-					_
						T I	
	Public support percentage for 2017 (lii			olumn (f))	••••••••••	15	%
	Public support percentage from 2016					16	<u>%</u>
	tion D. Computation of Inves					·	
	Investment income percentage for 201					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box o	n line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an	d stop here. The	organization quali	fies as a publicly :	supported organiz	zation	
b	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization						>
	3 10-06-17			, ,		edule A (Form 990	or 900 E71 2017

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?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	Million	Wighelleri
		grafie in Arbertan Arbertan
925631 2		ELEGIST.
Berne		
3a		
3b		_
3c		
4a		(8 tairt)(b)
14年度		71 W K
	in a	
1 41-		
40		
1 4- 1	ASP ROM	
46		
5a		
5b		
5G		HOE:
5252 Vg	er (2.) Actual	e Peti N.D.
6		
		Aliga Julija
7		acata.
8	MERCHI II	MCMM
9a	i	_
20 (1) (1) (1) (1) (1)		
9b	(\$89.95C-188.) No	28/114/51
9c		k.05/4
10a	awnizi3	jahridaliji
10b	_ eggalangk edi.	- no mail
990 or 990)-EZ) :	2017

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a
2b
3a

732025 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

Pŧ	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must c			·
Sec	tion 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	", ,,	1
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		
Sec	tion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	grate.		
	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		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	jij jesji		
	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		The second second	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	probably fix to a second state	
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		ated Type III sunporting orga	inization (see
-	The state of the s	الوندا ر.	The eabbound olds	incation (ooo

Schedule A (Form 990 or 990-EZ) 2017

P	Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	rage /
Sec	tion D - Distributions		- Jaonamoor	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen			•
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)		· · · · · · · · · · · · · · · · · · ·	-
6	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 responsiv	e	
	(provide details in Part VI). See instructions.			1
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	Partis a previous properties		
2	Underdistributions, if any, for years prior to 2017 (reason-			30 (6) (2) (2) (4) (3) (4)
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а	pasti salah salah bilan bir basar baran salah bir baran salah salah salah sa	principality in the second second		
b	From 2013			
С	From 2014			
d	From 2015		de la 1940 foi de la facilitation	
е	From 2016		Ballanding English	
f	Total of lines 3a through e		REPORT OF A PARTY PROPERTY.	
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)	Arakan keraja ing kacamatan	ili Mirahil a akal Kajak	
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
_ b	Applied to 2017 distributable amount	4. 全量超过3. 金包料理理		
c	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			and of the State of the
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			parcial property of property and a second trail
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			
θ.	Excess from 2017	Park and some still the		

Schedule A (Form 990 or 990-EZ) 2017

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Part V. Section A, Inse 1, 2, 30, 30, 40, 4c, 5a, 6, 5a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 2 and 3 b, Part IV, line IV, Part IV, Section B, lines 1 and Z, Part IV, Section B, lines 2 and S, Part IV, Section B, lines 2 and S, Part IV, Section B, lines 2 and S, Part IV, Section B, lines 2 and S, Part IV, Section B, lines 2 and S, Part IV,	Page 8
	2; :tion C, ; Part V,
	
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	· .
	<u> </u>

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

Department of the Treasury Internal Revenue Service

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

Name of the organization	n	Employer identification number
:		
	AW, INC.	52-1818273
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	n is covered by the General Rule or a Special Rule.	
Note: Only a section 501	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions,
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(any one contribu	ion described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, itor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou Z, line 1. Complete Parts I and II.	or 16b, and that received from
year, total contril	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ for complete Parts I, II, and III.	
year, contribution is checked, ente purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled m 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 in the decent the parts unless the general Rule applies to this organization because it in the decent that the decent the decent that the	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Foot the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	• • • • • • • • • • • • • • • • • • • •

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Pag		
Name of organization	Employer identification number		
INTERNATIONAL CENTER FOR NOT-FOR-PROFIT			
LAW, INC.	52-1818273		
Partill Contributors (see instructions) Headurlicate copies of Dort His additional anger is prosted			

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
		\$3,747,648	Person X Payroll Noncash (Complete Part II for noncash contributions
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
2		\$ 1,090,613	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		\$ 525,566	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
4		\$\$	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
5		\$\$ \$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.

Name of orga			Employer identification number
INTERNATI	ONAL CENTER FOR NOT-FOR-PROFIT		52-1818273
Part I	Contributors (see instructions), Use duplicate copies of Part I if addition	onal space is needed.] 32-10102/3
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
7		- - \$617,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
8		\$\$600,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		*	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
		Cohadula D	/Farm 000 000 F7 ++ 000 DE) /0047)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW INC. 52-1818273

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	·	_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ _	
723453 11-01-1	17		990, 990-EZ, or 990-PF) (2017)

Schedule B Vame of orga	(Form 990, 990-EZ, or 990-PF) (2017) nization		Employer identification number
	ONAL CENTER FOR NOT-FOR-PROFIT		
aw, INC.	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion. Use duplicate copies of Part III if addition	COlumns (a) through (e) and the followin us, charitable, etc., contributions of \$1,000 or les	52-1818273 section 501(c)(7), (8), or (10) that total more than \$1,000 g line entry. For organizations s for the year. {Enter this info. once.}
(a) No.	***		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		(0, 000 00 g.m.)	(a) Decomption of now girt is noted
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	
-	Transfer of Traine, additions, and	MEN TY	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee

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.

QMB No. 1545-0047
2017
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

Tax) (see separate ins	structions), then		•	·	
 Section 501(c)(4), ((5), or (6) organiza	ations: Complete Part III.			
Name of organization	INTERNATIO	NAL CENTER FOR NOT-FOR-	PROFIT	Emp	loyer identification number
	LAW, INC.				52-1818273
Part I-A Comp	lete if the or	ganization is exempt un	der section 501(d	c) or is a section 527 o	organization.
2 Political campaign	activity expendi	zation's direct and indirect polit tures lign activities		> §	<u> </u>
Part B Comp	lete if the or	ganization is exempt un	der section 501(c	:)(3).	
1 Enter the amount	of any excise tax	incurred by the organization ur	nder section 4955	▶ \$)
2 Enter the amount	of any excise tax	incurred by organization mana	gers under section 495	55	
3 If the organization	incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a correction :	made?			***************************************	Yes No
b If "Yes." describe	in Part IV.				
Part I-C Comp	lete if the or	ganization is exempt un	der section 501(c), except section 501	(c)(3).
		d by the filing organization for s			
		nization's funds contributed to d	•		
exempt function a	ctivities	•••••		> \$	·
	•	s. Add lines 1 and 2. Enter here		•	
line 17b	••••••			> \$	
		1120-POL for this year?			
		mployer identification number (E			
		ition listed, enter the amount pa			
		omptly and directly delivered to			ite segregated fund or a
<u>`</u>		additional space is needed, pro	· ·		
(a) Nam		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	<u>.</u>	V-tert			
		*/			
	·				
		<u> </u>			
					•

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 201			ENTER FOR NOT-FOR	-PROFIT	52-181	0272 Dans B
Part II-A Complete if the c		-	mpt under section	on 501(c)(3) and fi		
section 501(h)).						
				in Part IV each affiliate	d group member's nam	ie, address, EIN,
expenses, and s			. ,			
B Check ▶ if the filing organ	zation checke	ed box A a	nd "limited control" p	rovisions apply.		
	mits on Lobb enditures" me		enditures unts paid or incurred	i.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to it	nfluence publi	c opinion	(grass roots lobbying)		0.	
b Total lobbying expenditures to it					2,785.	
c Total lobbying expenditures (ad-					2,785.	
d Other exempt purpose expendit					7,151,294.	Y
e Total exempt purpose expenditu					7,154,079.	
f Lobbying nontaxable amount. E	nter the amou	nt from th	e following table in bo	th columns.	507,704.	
If the amount on line 1e, column (a			bying nontaxable an		avalonine sanctinar van sala	
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,0	000,000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1			00 plus 10% of the ex			
	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,				
					4	
g Grassroots nontaxable amount (enter 25% of	line 1f)	***************************************		126,926.	
h Subtract line 1g from line 1a. If z	ero or less, er				0.	
i Subtract line 1f from line 1c. If ze		"			0.	··········
j If there is an amount other than	zero on either					
reporting section 4911 tax for th						Yes No
			eraging Period Under			
(Some organizations					of the five columns be	elow,
·	See	the separ	ate instructions for li	nes 2a through 2f.)		
	Lobby	ing Expe	nditures During 4-Ye	ar Averaging Period		···
Calendar year (or fiscal year beginning in)	(a) 20	014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	W1150/1/202 105000	199,993.	742,244.	629,157.	507,704.	2,579,098.
b Lobbying ceiling amount (150% of line 2a, column(e))						3,868,647.
c Total lobbying expenditures		i.	49,628.	21,700.	2,785.	74,113,

174,998.

Schedule C (Form 990 or 990-EZ) 2017

644,774.

967,161.

185,561

d Grassroots nontaxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2017 LAW, INC. 52-1818273 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)).

For ea	ch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(b)
of the	lobbying activity.	Yes	No	Am	ount
	During the year, did the filing organization attempt to influence foreign, national, state or ocal legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?	ANTON SHEEDS AND			
b l	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			增量层	and problem
	Media advertisements?			To bis rando de en elebra sido.	1946) Falgri (1951) 1741(300) (11.5
d i	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g l	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j 1	Fotal, Add lines 1c through 1i				
2a [Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Luder Anton Antonial		sandi sai	ar all south
	f "Yes," enter the amount of any tax incurred under section 4912	AND ME	unie a viari	Sec September 1981	
c l		湖 動機物			
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		mil of milker or house dist		
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction	·
				Yes	No
1 V	Vere substantially all (90% or more) dues received nondeductible by members?		1	•	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
	old the organization agree to carry over lobbying and political campaign activity expenditures from the				
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3 is
	answered "Yes."	110, 01	· (5) · ai·		10 0, 10
1 [Dues, assessments and similar amounts from members	•	1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	xpenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				-
	otal				
	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		7.60	· · · · · · · · · · · · · · · · · · ·	
	oes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	xpenditure next year?				
5 T	axable amount of lobbying and political expenditures (see instructions)	****************	5		
Part	V Supplemental Information		···· \		
Provide	the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II	-A, lines 1 a	nd 2 (see	
,			·		
		, <u>,</u> ,			
			•		

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

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT Name of the organization

LAW, INC.

Employer identification number 52-1818273

Pa	art Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	erring
1	impermissible private benefit?		Yes No
Pa	IT II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.
1			
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historical	ly important land area
	Protection of natural habitat	Preservation of a certified I	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
C		ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	nization during the tax
	year >	, ,	ū
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, i	handling of violations, and enforcing conservat	ion easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservation e	asements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes the or	ganization's accounting for
	conservation easements.		
Hai	till Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		4-
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edit	ucation, or research in furtherance of public se	rvice, 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 treas	sures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	•••••	> \$
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2017

732051 10-09-17

Sah	edule D (Form 990) 2017 LAW, INC.	THE CENTER TOR	1101 - 1 01				F2 1	. 01 007	7.0	_	_ ^
	It III Organizations Maintaining	Collections of A	rt, Hist	orical Ti	reasures	or Oth		181821 \sset :		nued)	Page 2
3	Using the organization's acquisition, access	sion, and other recor	ds. check	anv of the	following t	hat are a s	significant use	of its c	ollectio	n iter	ns
	(check all that apply):	•	•	•			-				
а	[TT]	(d 🔲 i	oan or exc	hange prog	rams					
b					mange pros						
С		·				•		-			
4	Provide a description of the organization's of	collections and ovnla	in how th	ov further t	ha araaniza	tion's eve	ant numas i	a Daut 1	VIII		
5	During the year, did the organization solicit	or receive denetions	of out his	ey luruler i	ne organiza	luon s y xe	anpi purpose ii	n Part.	AIII.		
•										_	٦
Da	to be sold to raise funds rather than to be m	namuained as part of	tne orgar	lization's c	ollection?				Yes	_	<u> No</u>
, I C	rt IV Escrow and Custodial Arrar reported an amount on Form 990, Pa	ret V line 21	ete if the	organizatio	n answered	d "Yes" or	1 Form 990, Pa	rt IV, lir	ne 9, o	r	

ıa	Is the organization an agent, trustee, custoo									_	_
	on Form 990, Part X?			•				Ш	Yes	L	l No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing to	able:			<u> </u>				
									Amoun	t	
C	Beginning balance						1c				
d	Additions during the year	***************************************					1d				
e	Distributions during the year	1-1-7					1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21. for e	scrow or ci	ustodial acc	ount liabi	lity?		Yes	Π"	No
	If "Yes," explain the arrangement in Part XIII							. —		\vdash	╡'''
	t V Endowment Funds. Complete	if the organization ar	swered "	Yes" on Fo	rm 990. Pa	rt IV. line	10				
18-11-Apr.		(a) Current year		ior year			(d) Three years I	hack ((a) Four	vears	hack
1a	Beginning of year balance	(a) content year	(10) 1	ioi yeai	(C) INO yo	aro baok	(u) Tilloo years i	Jack	(e) i oui	youra	Daun
b	Contributions										
	Net investment earnings, gains, and losses										
C											
d	Grants or scholarships							_			
е	Other expenditures for facilities					ľ		-			
_	and programs										
f	Administrative expenses				·						
g	End of year balance										
2	Provide the estimated percentage of the cur	-	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	<u></u> %									
C	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administ	ered for th	ne organization	ı			
	by:	·					9		. [Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	itions lietad as raquir	ed on Sc	hadula P2	•••••				3b		
	Describe in Part XIII the intended uses of the					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		l	SD		
Par			WITHOUT IQ	nus.							
(1885, 162)	Complete if the organization answered		Dort IV	lina 11a C	00	0 D1 V	Ľ 10				
								- :			
	Description of property	(a) Cost or of		(b) Cost		, , ,	cumulated	(c	l) Book	valu	е
		basis (investr	1 0 11t)	basis (oinerj		reciation				
1a	Land					MOTOR PAR	机制度 机合理				
b	Buildings										
C	Leasehold improvements				51,309.		51,309.	L			0.
d	Equipment				51,208.		36,704.			14,	504.
	Other										

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2017 LAW, INC.		52	-18182/3 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			1.5
	(b) Book value	(c) Method of valuation: Cost or el	nd-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" o	n Form 990, Part IV, lir	ne 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-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" or	n Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)		· · · · · · · · · · · · · · · · · · ·	
(5)			
(6)			
(7)			
(8)			
(9)	"		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1	15.)	<u> </u>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	Form 990. Part IV. lin	e 11e or 11f. See Form 990. Part X line 29	5
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERED RENT ABATEMENT		19,442.	and the second of the second o
(3)			Continues Contra
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	, <u>, , , , , , , , , , , , , , , , , , ,</u>	19.442	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 2	o./	19,442.	c.150%和1650個多位的多位用。4個/165%

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740), Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

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

POSITION, MANAGEMENT HAS EVALUATED THE CENTER'S TAX POSITIONS AND HAS

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.

732054 10-09-17

Schedule D (Form 990) 2017

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT Schedule D (Form 990) 2017 LAW, INC. Part XIII Supplemental Information (continued) 52-1818273 Page 5

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW INC 52-1818273 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 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? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, offices expenditures (by type) (such as, fundraising, prois a program service, agents, and independent for and in the region gram services, investments, grants to describe specific type 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 24,678. CENTRAL AMERICA AND GRANTS TO RECIPIENTS THE CARIBBEAN LOCATED IN THE REGION 27,126. EAST ASIA AND THE NGO LEGAL ENABLING PACIFIC PROGRAM SERVICES ENVIRONNMENT INITIATIVES 81,178. EAST ASIA AND THE GRANTS TO RECIPIENTS LOCATED IN THE REGION PACIFIC 54,635. EUROPE (INCLUDING ICELAND AND NGO LEGAL ENABLING GREENLAND) PROGRAM SERVICES ENVIRONNMENT INITIATIVES 137,633. EUROPE (INCLUDING ICELAND AND GREENLAND) GRANTS TO RECIPIENTS 255,263. MIDDLE EAST AND NGO LEGAL ENABLING NORTH AFRICA PROGRAM SERVICES ENVIRONNMENT INITIATIVES 436,830. MIDDLE EAST AND GRANTS TO RECIPIENTS NORTH AFRICA 0 LOCATED IN THE REGION 137,294. 3 a Sub-total 6 1,154,637. b Total from continuation 23 2,033,207. sheets to Part I

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Schedule F (Form 990) 2017

3,187,844.

c Totals (add lines 3a

and 3b)

Schedule F (Form 990)	LAW, INC.			52-1818273	Page 1
			n. (Schedule F (Form 990), Part I, line		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
			·	,	
4				NGO LEGAL ENABLING	
NORTH AMERICA	0	0	PROGRAM SERVICES	ENVIRONNMENT INITIATIVES	12,143.
RUSSIA AND				NGO LEGAL ENABLING	
NEIGHBORING STATES		23	PROGRAM SERVICES	ENVIRONNMENT INITIATIVES	1,187,627.
RUSSIA AND NEIGHBORING STATES	O O		GRANTS TO RECIPIENTS LOCATED IN THE REGION		64 510
REIGHDORING STRIES	, ,		DOCATED IN THE REGION	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	64,518.
SOUTH AMERICA		0	PROGRAM SERVICES	NGO LEGAL ENABLING ENVIRONNMENT INITIATIVES	22,022
			THE STATE OF THE S	- Indiana	22,022.
			COLUMN SO DESTRICT		
SOUTH AMERICA	٥		GRANTS TO RECIPIENTS LOCATED IN THE REGION		53,984.
				LOG LINGUE TOUR TOUR	
SOUTH ASIA	0	0		NGO LEGAL ENABLING ENVIRONNMENT INITIATIVES	200,241.
·			GRANTS TO RECIPIENTS		
SOUTH ASIA	0		LOCATED IN THE REGION		27,997.
				NGO LEGAL ENABLING	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ENVIRONNMENT INITIATIVES	303,238.
			GRANTS TO RECIPIENTS		
SUB-SAHARAN AFRICA	0	0	LOCATED IN THE REGION		161,437.
Totals	- 5	23			2,033,207.

Schedule F (Form 990) 2017 LAW, INC.

Partill 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
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT NGO LAW	8,000,	8,000,WIRE TRANSFER	o		
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT NGO LAW	17,283.	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TO SUPPORT NGO LAW REFORM	15,271.	WIRE TRANSFER	o		
		EAST ASIA AND THE PACIFIC	IO SUPPORT NGO LAW REFORM	36,095.	36,095.WIRE TRANSFER	0		
		RUSSIA AND NEIGHBORING STATRS	TO SUPPORT NGO LAW REFORM	22,876.	WIRE TRANSFER	0		
		RUSSIA AND NEIGHBORING STATES	TO SUPPORT NGO LAW REPORM	7,900.	900. WIRE TRANSFER	.0		
		RUSSIA AND NEIGHBORING STATES	TO SUPPORT NGO LAW REFORM	6,392.	6,392,WIRE TRANSFER	0		
		RUSSIA AND NEIGHBORING STATES	TO SUPPORT MGO LAW	12,000	12 000 WIRE TRANSFER	c		
2 Enter total number of recipient organizations listed above that a	ecipient organization	ns listed above that are	re recognized as charities by the foreign or unture, unture or the first or the foreign or the f	foreign country	yo yet an boringood			

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

Schedule F (Form 990) 2017

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INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW, INC.

ĽL	LAW, INC.	ť			52-1818273	:73		Page 2
Part II Continuation o	of Grants and Other	Assistance to Organiz	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	e United States.	Schedule F (Form 9	90), Part II, line 1		
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	TO SUPPORT NGO LAW REFORM	15,350,	350. WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT NGO LAW REFORM	29,314,	29,314, WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT NGO LAW REPORM	29,513.	WIRE TRANSFER	0		
		MIDDLE RAST AND NORTH AFRICA	IO SUPPORT NGO LAW REPORM	52,172.	WIRE TRANSFER	0		
		MIDDLE BAST AND NORTH AFRICA	TO SUPPORT NGO LAW REPORM	26,295.	26, 295, WIRE TRANSFER	0		
		SOUTH AMERICA	IO SUPPORT NGO LAW REFORM	20,000.WIRE	IRB TRANSFER	0		
		SOUTH AMERICA	TO SUPPORT NGO LAW REFORM	11,986.	11,986,WIRE TRANSFER	0		
		SOUTH AMERICA	FO SUPPORT NGO LAW REFORM	11,998,	998, WIRE TRANSFER	0		
		SOUTH AMERICA	TO SUPPORT NGO LAW REFORM	10,000.8	10,000.WIRE TRANSFER	0		

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW, INC.

Schedule F (Form 990) Part II Continuation of	LAW, INC.	Assistance to Organiz	(Form 990) LAW, INC. 52-1818273 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	• United States.	52-1818273 (Schedule F (Form 990)	73 30), Part II, line 1)		Page 2
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			WAT CON PROGRESS OF					
		SOUTH ASIA	REFORM	27,997.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT NGO LAW REFORM	30 840	WTRE TRANSPER	c		
						•		
		SUB-SAHARAN AFRICA	TO SUPPORT NGO LAW REFORM	9,987.	WIRE TRANSFER	.0		
		SUB-SAHARAN ARDICA	TO SUPPORT NGO LAW	0				
					THE THUNDED			
		SUB-SAHARAN AFRICA	to support ngo law reform	46,845.	46,845.WIRE TRANSFER	0		
		SUB-SAHARAN	TO SUPPORT NGO LAW					
		AFRICA	REFORM	9,842	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IO SUPPORT NGO LAW REFORM	8 723	8 723 WIRE TRANSFER	d		
		SUB-SAHARAN AFRICA	TO SUPPORT NGO LAW REFORM	005,6	9,500. WIRE TRANSFER	.0		
		SUB-SAHARAN AFRICA	EO SUPPORT NGO LAW	12 000	12 AAA STEB MENGERE	c		
A CANADA	the same state of the same sta			.000,	TUR INVINSERY	0		

(i) Method of valuation (book, FMV, appraisal, other) Page 2 (h) Description of non-cash assistance Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) °. ö 0. (g) Amount of Ġ. ö non-cash assistance 52-1818273 cash disbursement 7,000. WIRE TRANSFER 17,314. WIRE TRANSFER 11,796. WIRE TRANSFER 24,439. WIRE TRANSFER 201,715. WIRE TRANSFER (f) Manner of of cash grant (e) Amount TO SUPPORT NGO LAW TO SUPPORT NGO LAW TO SUPPORT NGO LAW TO SUPPORT NGO LAW TO SUPPORT NGO LAW (d) Purpose of grant REFORM REFORM REFORM REFORM REFORM EUROPE (INCLUDING EUROPE (INCLUDING EUROPE (INCLUDING UROPE (INCLUDING (c) Region SUB-SAHARAN GREENLAND) GREENLAND) CELAND & GREENLAND) CELAND & CELAND & CELAND & GREENLAND) AFRICA (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990) Part

Schedule F (Form 990) 2017 LAW, INC.

Part III can be duplicated if additional space is needed.

(f) Amount of (g) Description of (h) Method of noncash noncash assistance (book, FMV, Assistance (control of the control of th	क्रियंत्रका, जाहर						
nonca: assistar			<u>.</u>	·			
(e) Manner of cash disbursement							
(c) Number of (d) Amount of recipients cash grant		-				·	
(c) Number of recipients							
(b) Region							
(a) Type of grant or assistance							

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 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) (acco	ounting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)	ethod); and Part III, column (c	;)
(estimated number of recipients), as applicable. Also complete this part to provide any additional in	formation. See instructions.	
PART I, LINE 2:		
FOR COST REIMBURSEMENT GRANTS, THE GRANTEE RECEIVES AN INITIAL ADVANCE,		
		٠
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.		
· · · · · · · · · · · · · · · · · · ·		-

SCHEDULE (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.

Open to Public OMB No. 1545-0047

Internal Hevenue Service

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

Name of the organization INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Employer identification number 52-1818273			r assistance, and the selection \overline{x} Yes No]	d "Yes" on Form 990, Part IV, line 21, for any	(g) Description of (h) Purpose of grant on cash assistance or assistance
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	igibility for the grants or assistance, and the select	ignimity for the glants of assistance, and the select			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.	(f) Method of valuation (book, FMV, appraisal, other)
he grantees' eligibility for the	he grantees' eligibility for the	rie grantees engibility for the		ted States.	 Complete if the organization seded.) Amount of non-cash assistance
		nte or accietance th	ilis of assistance, tri	ant funds in the Unite	stic Governments. (ditional space is nee	(d) Amount of cash grant
		e amount of the ara		itoring the use of gra	izations and Dome	(c) IRC section (if applicable)
A Accintone	and Assistance	to substantiate the	stance?	ocedures for moni	Domestic Organi \$5,000. Part II can	(b) EIN
	Part General Information on Grants and Assistance	1 Does the organization maintain records			Fattillar Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com 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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Part III

:

52-1818273

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. 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. (d) Amount of non-cash assistance Ö (c) Amount of cash grant 47,250, IN TWO, OR MORE, DISBURSEMENTS, WITH THE FINAL DISBURSEMENT ISSUED ONCE THE PAYMENT FOR SMALL GRANTS, WHICH ARE FIXED AMOUNT AWARDS, IS GENERALLY MADE THE FORMAT OF THE FINAL REPORT IS DETERMINED BY THE APPROVED ACTIVITY TO BE SUPPORTED BY THE SMALL GRANT, FOR RESEARCH REPORT DETAILS THE ACCOMPLISHMENTS AND INCLUDES A FINANCE REPORT COMPARING GRANTS, THE FINAL REPORT IS THE FINISHED RESEARCH PAPER, FOR GRANTS WHICH SUPPORT OTHER TYPES OF PROGRAM ACTIVITIES, SUCH AS WORKSHOPS, THE FINAL (b) Number of recipients (a) Type of grant or assistance ACTUAL COSTS TO THE APPROVED BUDGET. FINAL REPORT HAS BEEN FILED. RESEARCH FELLOWSHIP GRANT PART I, LINE 2: 732102 11-01-17

Schedule I (Form 990) LAW, INC.	52-1818273	Page 2
Part IV Supplemental Information		
	8 1	
FOR GRANTS THAT EXCEED THE SMALL GRANT THRESHOLD, THE GRANTEE RECEIVES AN		
INITIAL ADVANCE, BASED ON THEIR CALCULATED NEEDS FOR THE ADVANCE PERIOD.		
MIN GALLES 1876		
THE GRANTEE MUST THEN SUBMIT A REPORT WHICH LIQUIDATES THE ADVANCE AND A		
REQUEST FOR THE NEXT DISBURSEMENT. FOR SUBSTANTIAL GRANTS, GRANTEES MAY BE		
REQUIRED TO SUBMIT MONTHLY REPORTS; OTHER GRANTEES SUBMIT QUARTERLY		
REPORTS. THE LIQUIDATION REPORTS INCLUDES A COMPARISON OF ACTUAL COSTS TO		
THE APPROVED BUDGET, AND MAY ALSO INCLUDE COPIES OF SUPPORTING		
· · · · · · · · · · · · · · · · · · ·		
DOCUMENTATION, RECEIPTS, ETC.		
•		
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SCHEDULE J (Form 990)

Compensation Information

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

Department of the Treasury

Internal Revenue Service

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Part | Questions Regarding Compensation

52-1818273

6263	Activities Activities and Activities		Tvos	LNo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99 Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	use ence	Yes	No
		, 	. Dian	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			is const
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	1 C PRINCIPLE OF	1 20 0 26373775
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			ili (Zini
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Jan (, 20.14, 1	
		167		B I S
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	ı's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to 🦸		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study	1000	100	
	Form 990 of other organizations X Approval by the board or compensation compensati	nittee 💮		
			4	
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:	i i i		
	Receive a severance payment or change-of-control payment?		ــــــــ	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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	e Kindeset :	X
b	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.	1912E		NAME OF
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	0		
	contingent on the net earnings of:			
а	The organization?	6a	3 02/2012/1997	X
	Any related organization?		†	x
	If "Yes" on line 6a or 6b, describe in Part III.	He will	11055	建制到
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		4010	
	not described on lines 5 and 6? If "Yes," describe in Part III		FERRACE CHRISTS	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	V. 241		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	enterior (F)	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
_HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990	2017

Schedule J (Form 990) 2017

017 LAW, INC.

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 (b) and (c) amounts for that individual.

		(B) Breakdown of V	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	in column (5) reported as deferred on prior Form 990
(1) DOUGLAS RUTZEN	ε	180,787.	0	0.	18,497.	7,588.	206,872.	0
PRESIDENT	(ii)		0	0.	0	0.	0	0
(2) CATHERINE SHEA	Ξ		0	* D	15,150.	12,830.	178,713.	0
VICE PRESIDENT, PROGRAMS	(ii)		0.	0.	0	0	0	0
(3) NATALIA BOURJAILY	(i)		.0	0.	14,764.	4,405.	165,455.	0
VICE PRESIDENT, EURASIA	E	į	0	0	0	0	0	0
(4) DAVID MOORE	Ξ	140,653.	0	0.	14,119.	8,574,	163,346.	0.
AFFAIRS	(ii)		0.	•0	0	0	0	0.
(5) A. NILDA BULLAIN	Θ	136,807.	0.	0.	11,032.	10,413.	158,252.	0.
VICE PRESIDENT, OPERATIONS	(ii)		0	0	0	0	0	0.
	(1)							
	(ii)							
	(i)							
	(ii)							
	(1)							
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Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 Page 3 Schedule J (Form 990) 2017 LAW, INC.

Part III Supplemental Information

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

SCHEDULE 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.

2017
Open to Public

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

Name of the organization INTERN

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Inspection Employer identification number

52-1818273

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: JORDAN, HUNGARY, KAZAKHSTAN, KYRGYZSTAN TAJIKISTAN, TURKMENISTAN, RUSSIA, UKRAINE FORM 990, PART VI, SECTION A, LINE 4: IN 2017, CHANGES WERE MADE TO SECTION 5.11 (A), QUALIFICATIONS FOR SERVING ON THE AUDIT COMMITTEE. 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 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:

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

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization INTERNATIONAL CENTER FOR NOT- LAW, INC.	FOR-PROFIT	Employer identification numbe 52-1818273
ICNL PURCHASED COMPARABILITY DATA FROM FIRMS SPECI	ALIZING IN THIS	
INFORMATION. WE ALSO COLLECTED INFORMATION FROM SE	VERAL OTHER PUBLICLY	
AVAILABLE SOURCES. COMPARABILITY DATA WAS THEN PRE	SENTED TO THE BOARD OF	
DIRECTORS ALONG WITH PROPOSED SALARY LEVELS AT A M	EETING OF THE BOARD OF	
DIRECTORS. THE DIRECTORS DELIBERATED AND DECIDED O	N COMPENSATION, AND THERE	
WAS CONTEMPORANEOUS SUBSTANTIATION OF THE PROCESS.	THE LAST COMPENSATION	
REVIEW TOOK PLACE IN DECEMBER 2016.		
FORM 990, PART VI, SECTION C, LINE 19:		·
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CO.	NFLICT OF INTEREST POLICY	
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST, THE	
FINANCIAL STATEMENTS ARE ALSO INCLUDED IN THE ORGA	NIZATION'S ANNUAL REPORT,	
WHICH IS PUBLISHED ON WWW.ICNL.ORG.		
PART VII, SECTION A:		
TWO BOARD MEMBERS RECEIVED COMPENSATION FOR PROVID	ING PROGRAM SERVICES	
TO THE ORGANIZATION AND NOT FOR SERVICES AS A BOAR	D MEMBER.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
LOCAL HIRES AND LOCAL PARTNERS:	·	
PROGRAM SERVICE EXPENSES	815,130.	
MANAGEMENT AND GENERAL EXPENSES	3,300.	
FUNDRAISING EXPENSES	11,362.	
TOTAL EXPENSES	829,792.	
<u>.</u>	•	
INDEPENDENT CONTRACTORS:		
PROGRAM SERVICE EXPENSES	809,381.	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW, INC.	Employer identification number 52-1818273
MANAGEMENT AND GENERAL EXPENSES 71,669.	
FUNDRAISING EXPENSES 17,623.	
TOTAL EXPENSES 898,673.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,728,465.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
PART IX, LINE 11G	
FEES FOR SERVICES, OTHER: THIS PRIMARILY CONSISTS OF FEES PAID TO	
CONSULTANTS, IN-COUNTRY PARTNERS, AND CERTAIN FIELD STAFF WHO ASSIST	·
WITH PROGRAM IMPLEMENTATION.	
PART IX, LINE 17	
TRAVEL CONSISTS OF AIRFARES, LODGING AND, IN SOME CASES, PER DIEM	· · · · · · · · · · · · · · · · · · ·
ALLOWANCES ASSOCIATED WITH BRINGING PROGRAM PARTICIPANTS TO TRAININGS	
WITHIN THEIR COUNTRY, TO REGIONAL MEETINGS, AND TO INTERNATIONAL	
EVENTS, THIS CATEGORY ALSO INCLUDES TRAVEL COSTS FOR ICNL'S FELLOWSHIP	
PROGRAMS, WHICH BRING LOCAL CSO LEADERS TO A HOST CSO IN ANOTHER	
COUNTRY, OR TO AN ICUL OFFICE. IN ADDITION TO THESE ACTIVITIES, THIS	
CATEOGRY COVERS COSTS OF SENDING ICNL EMPLOYEES TO A COUNTRY TO PROVIDE	
TECHNICAL ASSISTANCE, TO MEET WITH PARTNERS, TO CONDUCT TRAININGS AND	
WORKSHOPS, AND TO CARRY OUT PROGRAMMATIC ACTIVITIES.	

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.

2017

OMB No. 1545-0047

Employer identification number Open to Public Inspection 52-1818273 ► Go to www.irs.gov/Form990 for instructions and the latest information.

INTERNATIONAL CENTER FOR NOT-FOR-PROPIT LAW, INC. Name of the organization Department of the Treasury Internal Revenue Service

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW, SERVICES TO PROMOTE AN LLC - 20-5736798, 1126 16TH STREET, SUITE ENABLING ENVIRONMENT FOR WASHINGTON, DC 20036 CIVIL SOCIETY	SERVICES TO PROMOTE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY	DELAWARE	1,380,335.	INTE FOR 322,508,INC.	INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW, INC.
				·	
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	ations. Complete if the organization a	nswered "Yes" on Form 990, Pa	rt IV, line 34, becaus	e it had one or more	related tax-exempt

organizations during the tax year.

(a)	(q)	(0)	(p)	(e)	€	5	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section \$12(b)(13)	2(b)(13)
of related organization	•	foreign country)	section	status (if section	entity	entity?). 19
				501(c)(3))		Yes	2
EUROPEAN CENTER FOR NON-FOR-PROFIT LAW	PROMOTES STRENGTHENING OF						
APACZAI SCERE JANOS U. 17, 1ST FLOOR	A SUPPORTIVE LEGAL ENV.		FOREIGN				
BUDAPEST 1052, HUNGARY	FOR CIVIL SOCIETY	HUNGARY	ENTITY		CNE, INC.		×
	1						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2017	Form 990) 2017

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LAW, INC. Schedule R (Form 990) 2017

Page 2 partill 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.

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(a)	(q)	(0)	(P)	(e)	£	(6)	Ξ	0	3	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership partner?
		country)		sections 512-514)		dooris	Yes No		Yes No	
									L	
		•							L	
			-	-						
				_						
						•				
		٠								
					-					
								-		
Part W Identification of Related Organizations Taxable as a Corporation or must during the tay year	ganizations Taxable a	s a Corpo	vation or Trust, Co	rporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	on answered "Yes	" on Form 990, Pa	art IV, line 34	, because it had or	ne or m	ore related

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Schedule R (Form 990) 2017 LAW, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	Š	
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?	ns with one or more re	elated organizations listed	l in Parts II-IV?		2000 100	1022
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	£			<u>-</u>	M	
b Gift, grant, or capital contribution to related organization(s)				4L	L	
c Gift, grant, or capital contribution from related organization(s)				္	M	
d Loans or loan guarantees to or for related organization(s)				-PL	м	
e Loans or loan guarantees by related organization(s)				1e	×	
f Dividends from related organization(s)				÷	×	1555214
6				- 5	<u> </u> ×	,
				<u> </u>	×	
i Exchange of assets with related organization(s)				=	×	
j Lease of facilities, equipment, or other assets to related organization(s)				-	M	
k Lease of facilities, equipment, or other assets from related organization(s)				÷	×	1000004
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)				×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę	×	
o Sharing of paid employees with related organization(s)				2	M	
p Reimbursement paid to related organization(s) for expenses				q.	×	Bosses
 q Reimbursement paid by related organization(s) for expenses 				-	×	
r Other transfer of each or presented to related eventionity						PT-14-1-4
Other transfer of cash or property from related organization(s)				<u>+</u> 5	4 ×	
	who must complete the	nis line, including covered	for information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) EUROPEAN CENTER FOR NOT-FOR-PROFIT LAW	Д	155,985.	ACTUAL GRANT AMOUNT AWARDED			
(2)						
(6)						
(4)						
(5)						
(9)						,
732163 09-11-17	54		Schedule	Schedule R (Form 990) 2017	0) 2017	

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW, INC.

Schedule R (Form 990) 2017

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.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclu	sion for certain inve	estment partnerships.						
(a)	(9	(O)	(a) (b)			£	(i)	9	S
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income parties sec. (related, unrelated, 501(c)(3)	O)		Dispropor- tionate	Code V-UBI	General or managing	Percentage
		country)	excluded from tax under ons?	income	end-or-year assets	allocations?	of Schedule K-1 (Form 1065)	partner?	ownership
			221			T es NO	(cook work)	Yes	
10 10 10 10 10 10 10 10 10 10 10 10 10 1									
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Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 LAW, INC.	52-1818273	Page 5
Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
SCHEDULE R, PART I:		
PRIMARY ACTIVITY: TO UNDERTAKE RESERACH AND SERVICES TO PROMOTE AN		
ENABLING ENVIRONMENT FOR CIVIL SOCIETY, PHILANTHROPY, AND PUBLIC		
PARTICPATION AROUND THE WORLD.		
SCHEDULE R, PART II:		
PRIMARY ACTIVITY: PROMOTES THE STRENGTHENING OF A SUPPORTIVE LEGAL		
ENVIRONMENT FOR CIVIL SOCIETY IN EUROPE, BY DEVELOPING EXPERTISE AND		
BUILDING CAPACITY IN LEGAL ISSUES AFFECTING NOT-FOR-PROFIT		
ORGANIZATIONS AND PUBLIC PARTICIPATION.		
Onominations and Popular Institution.		
		
		
_		*

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must us	e Form 7004 to request an extension of time to file incom	ne tax retu	rns.	,	,		
				Enter fil	er's iden	tifying nun	nber
Type or	Name of exempt organization or other filer, see instru	uctions.		Employe	Employer identification number (EIN) or		
print	INTERNATIONAL CENTER FOR NOT-FOR-PROFIT		·				
CD- 5 45-	LAW, INC.				52-18	18273	
File by the due date fi filing your return. See	or Number, street, and room or suite no. If a P.O. box, s	see instruc	etions.	Social se	ecurity nu	mber (SSN)
instruction		oreign add	dress, see instructions.		•		
Enter th	e Return Code for the return that this application is for (fil	le a separa	ate application for each return)				0 1
Applica	tion	Return	Application				Return
Is For		Code	Is For				Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)				07
Form 99	O-BL	02	Form 1041-A				08
Form 47	20 (individual)	03	Form 4720 (other than individual)				09
Form 99	0-PF	04	Form 5227				10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 99	0-T (trust other than above)	06	Form 8870	•			12
	DARLA MECHAM		•				
	books are in the care of \blacktriangleright 1126 16TH STREET, N.W.	., NO.40	0 - WASHINGTON, DC 20036			'	
	shone No. (202) 452-8600		Fax No. 🕨	•		_	
If the organization does not have an office or place of business in the United States, check this box							
	is for a Group Return, enter the organization's four digit						
box 🕨	. If it is for part of the group, check this box		ich a list with the names and EINs of				
1 Ir	equest an automatic 6-month extension of time until	NOVEMBE	R 15, 2018 , to file	the exen	npt organ	ization retu	ım
fo	r the organization named above. The extension is for the	organizati	on's return for:				
>	X calendar year 2017 or						
>	tax year beginning	, an	d ending				
2 If 1	the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	inal retur	'n		
3a If 1	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any	1	<u>.</u>		
	nrefundable credits. See instructions.		onto the terrains tary is a unit	За	s		0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and	 "			
	timated tax payments made. Include any prior year overp	-		3b	s		0.
	lance due. Subtract line 3b from line 3a. Include your pa		***	 "	_		
	using EFTPS (Electronic Federal Tax Payment System).	•	' '	30	s		0.
	: If you are going to make an electronic funds withdrawal			453-EO a	nd Form 8	3879-EO fo	r payment

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

Form 8868 (Rev. 1-2017)