## \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No. 1545-0047

| Ar                          | or the                           | 2011 Calendar year, or tax year beginning an   | a enaing        |                             |                                    |
|-----------------------------|----------------------------------|--|-----------------|-----------------------------|------------------------------------|
| <b>B</b> c                  | heck if<br>pplicable             | C Name of organization   | n.T.M           | D Employer identif          | fication number                    |
|                             | Addres                           | I INTERNATIONAL CENTER FOR NOT-FOR-PRO   | LTT             |                             |                                    |
| H                           | Name                             |  |                 | f 52_                       | 1818273                            |
| $\vdash$                    | _ichange<br>∏initial<br>_ireturn | Number and street (or P.O. box if mail is not delivered to street address)   | Room/suite      |                             |                                    |
| -                           | Termin<br>ated                   |  | 400             | 1 '                         | 2)452-8600                         |
| Η                           | Amend                            |  | 1200            | G Gross receipts \$         | 6,757,438.                         |
| $\vdash$                    | ⊒return<br>⊒Applica<br>⊒tion     |  |                 | H(a) Is this a group        |                                    |
| <u> </u>                    | pendin                           | F Name and address of principal officer:DOUGLAS RUTZEN   |                 | for affiliates?             | Yes X No                           |
|                             |                                  | SAME AS C ABOVE  |                 | H(b) Are all affiliates in  |                                    |
|                             |                                  | mpt status: X 501(c)(3)  | 1) or 527       | <b>-</b>                    | a list. (see instructions)         |
|                             |                                  | e: ► WWW.ICNL.ORG  | 1) 01 [         | H(c) Group exempti          |                                    |
|                             |                                  | organization: X Corporation  | I Year          |                             | M State of legal domicile: DE      |
|                             |                                  | Summary  | E 1001          | Orionnation: 2552           | iti ciato di lugal dell'ilidio, Di |
| <u></u>                     |                                  | Briefly describe the organization's mission or most significant activities: PRO  | MOTES A         | AN ENABLING                 | LEGAL ENVR.                        |
| Activities & Governance     |                                  | FOR CIVIL SOCIETY, FREEDOM OF ASSOCIATION  |                 |                             |                                    |
| rna                         |                                  | Check this box 🕨 🔲 if the organization discontinued its operations or disp   |                 |                             |                                    |
| ove                         |                                  | or a second of the second of t |                 | з                           | ł.                                 |
| Ğ                           | 1                                | Number of independent voting members of the governing body (Part VI, line 1b   |                 |                             |                                    |
| Š                           |                                  | Total number of individuals employed in calendar year 2011 (Part V, line 2a)   |                 |                             |                                    |
| ¥                           |                                  | Total number of volunteers (estimate if necessary)   |                 |                             |                                    |
| ŧ                           |                                  | Total unrelated business revenue from Part VIII, column (C), line 12   |                 |                             |                                    |
| <                           |                                  | Net unrelated business taxable income from Form 990-T, line 34   |                 |                             |                                    |
|                             |                                  |  |                 | Prior Year                  | Current Year                       |
| (b)                         | 8                                | Contributions and grants (Part VIII, line 1h)  |                 | 5,886,775                   |                                    |
| Ž                           |                                  | Program service revenue (Part VIII, line 2g)   |                 | 0                           | <del></del>                        |
| Revenue                     | 10                               | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                 | 1,585                       | 2,603.                             |
| œ                           |                                  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                 | 4,889                       |                                    |
|                             |                                  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                 | 5,893,249                   |                                    |
|                             |                                  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                 | 582,338                     |                                    |
|                             |                                  | Benefits paid to or for members (Part IX, column (A), line 4)  |                 | . 0                         |                                    |
| υ                           | 15                               | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10   |                 | 1,835,515                   |                                    |
| Expenses                    | 16a                              | Professional fundraising fees (Part IX, column (A), line 11e)  |                 | 0                           |                                    |
| ĝ                           | b                                | Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$  | 851.            |                             |                                    |
| ŵ                           |                                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                 | 2,154,390                   | 3,236,153.                         |
|                             |                                  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                 | 4,572,243                   |                                    |
|                             | 19                               | Revenue less expenses. Subtract line 18 from line 12   |                 | 1,321,006                   |                                    |
| Net Assets or Fund Balances |                                  |  |                 | eginning of Current Year    |                                    |
| sets                        | 20                               | Total assets (Part X, line 16)   |                 | 8,964,526                   | 9,754,071.                         |
| ASB                         | 21                               | Total liabilities (Part X, line 26)  |                 | 276,575                     |                                    |
| 골                           | 22                               | Net assets or fund balances. Subtract line 21 from line 20   |                 | 8,687,951                   |                                    |
| P                           | art II                           | Signature Block  |                 |                             |                                    |
| Und                         | ler pena                         | Ities of perjury, I declare that I have examined this return, including accompanying schedu  | ules and stater | nents, and to the best of r | my knowledge and belief, it is     |
| true                        | , correc                         | t, and complete. Declaration of preparer (other than officer) is based on all information of   | which prepare   | r has any knowledge.        | ·                                  |
|                             |                                  | North Miles  |                 | 7/27/1                      | ٠                                  |
| Sig                         | n                                | Signature of officer   |                 | Date                        |                                    |
| Hei                         | re                               | DOUGLAS RUTZEN, PRESIDENT  |                 |                             |                                    |
|                             |                                  | Type or print name and title   |                 |                             |                                    |
|                             |                                  | Print/Type_preparer's name Preparer's signature  |                 | Date Check                  | PTIN                               |
| Pai                         | d                                | Sand count   |                 | 7/26/12 self-empl           | oyed                               |
| Pre                         | parer                            | Firm's name GELMAN, ROSENBERG & REEDMAN  |                 | Firm's EIN                  | 52-1392008                         |
| Use                         | Only                             | Firm's address 4550 MONTGOMERY AVE SULTE 650N  |                 |                             |                                    |
|                             | •                                | BETHESDA, MD 20814-2930  |                 | Phone no.                   | (301) 951-9090                     |
| Ma                          | v the II                         | RS discuss this return with the preparer shown above? (see instructions)   |                 |                             | X Yes No                           |

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$
4e Total program service expenses ▶ 4,89

<u>4,893,7</u>97.

Form 990 (2011)

LAW, 52-1818273 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors? Х 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 Х 3 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide 9 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Х 9 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 X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c 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 X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional...... 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Х 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 X 17 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 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2011)

19

20a

X

X

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2011) LAW, INC.
Part IV Checklist of Required Schedules (continued)

| -   |   | }   | Yes    | No        |
|-----|---|-----|--------|-----------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the           |     |        |           |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                     | 21  |        | X         |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,    |     |        |           |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |        | Х         |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |     |        |           |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |     |        |           |
|     | Schedule J  | 23  | X      |           |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |     |        |           |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |     |        |           |
|     | Schedule K. If "No", go to line 25  | 24a |        | X         |
|     | 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 |        |           |
|     | 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a              |     |        |           |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |        | X         |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      | .   | ·.     |           |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete           |     |        |           |
|     | Schedule L, Part I  | 25b |        | X         |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified  |     |        |           |
|     | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                         | 26  |        | X         |
| 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  |        | Х         |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               | 1   |        |           |
|     | instructions for applicable filing thresholds, conditions, and exceptions):   |     | F pull |           |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L., Part IV                        | 28a |        | <u>X</u>  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b |        | _X_       |
| С   | 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  | 28c |        | X         |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29  |        | _X_       |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |     |        |           |
|     | contributions? If "Yes," complete Schedule M  | 30  |        | X         |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |     |        |           |
|     | If "Yes," complete Schedule N, Part I   | 31  |        | _X_       |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |     |        |           |
|     | Schedule N, Part II   | 32  |        | <u> X</u> |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |     |        |           |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  | X      |           |
| 34  | Was the organization related to any tax-exempt or taxable entity?   |     |        |           |
| ~-  | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | _34 | X      |           |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a | X      | ·<br>     |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of       |     |        |           |
|     | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |        | X         |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?      |     |        |           |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36  |        | <u> X</u> |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |     |        |           |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37  |        | <u> X</u> |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?                   |     |        |           |
|     | Note. All Form 990 filers are required to complete Schedule O   | 38  | X      |           |

|     | 990 (2011) LAW, INC. 52-1818  | 273     | Р     | age <b>5</b> |
|-----|---|---------|-------|--------------|
| Pa  | tt V Statements Regarding Other IRS Filings and Tax Compliance  |         |       |              |
|     | Check if Schedule O contains a response to any question in this Part V  |         |       | X            |
|     |   |         | Yes   | No           |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable  |         |       |              |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   |         |       |              |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                              |         |       |              |
|     | (gambling) winnings to prize winners?   | 1c      | X     |              |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |         |       |              |
|     | filed for the calendar year ending with or within the year covered by this return   |         |       |              |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  | 2b      | Х     |              |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                       |         |       |              |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a      |       | X            |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | 3b      |       |              |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                       |         |       |              |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                | 4a      | X     |              |
| b   | If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O   | 1       |       | V (L)        |
|     | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                  |         | Jul 9 |              |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a      |       | Х            |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                | -5b     |       | X            |
| С   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | 5c      |       |              |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                     |         |       |              |
|     | any contributions that were not tax deductible?   | 6a      |       | Х            |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                            |         |       |              |
|     | were not tax deductible?  | 6b      |       |              |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |         |       |              |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a      |       | Х            |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b      |       |              |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                               |         |       |              |
|     | to file Form 8282?  | 7c      |       | X            |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year   | 1.1     |       |              |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e      |       | Х            |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7f      |       | Х            |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                | 7g      |       |              |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?              | 7h      |       |              |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting $N/A$               |         |       |              |
|     | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?       | 8       |       |              |
| 9   | Sponsoring organizations maintaining donor advised funds.   | -       |       |              |
| а   | Did the organization make any taxable distributions under section 4966? N/A   | 9a      |       |              |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person? N/A  | 9b      |       |              |
| 10  | Section 501(c)(7) organizations. Enter:   |         | 10 1  |              |
| а   | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a  |         |       |              |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |         | :     |              |
| 11  | Section 501(c)(12) organizations. Enter:  |         |       |              |
| а   | Gross income from members or shareholders N/A 11a   |         |       |              |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against  |         |       |              |
|     | amounts due or received from them.)   |         |       |              |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                      | 12a     |       |              |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |         |       |              |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.  | <u></u> |       |              |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  | 13a     |       |              |
|     | Note. See the instructions for additional information the organization must report on Schedule O.   |         | 4.1   |              |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the  |         |       |              |
|     | organization is licensed to issue qualified health plans  |         |       |              |
| ¢   | Enter the amount of reserves on hand  | 1       |       |              |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a     |       | Х            |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                       | 14b     |       | -            |
|     |   |         | 000   | 2011\        |

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

| Ω              | Check if Schedule O contains a response to any question in this Part VI  | *******             |   |   |            |         | LX       |  |
|----------------|--|---------------------|---|---|------------|---------|----------|--|
| Sec            | tion A. Governing Body and Management  |                     |   |   |            |         | ·        |  |
|                |  | ١.                  |   | _                                       | 100,000    | Yes     | No       |  |
| па             | Enter the number of voting members of the governing body at the end of the tax year  | <u>1a</u>           |   | 8                                       |            |         |          |  |
|                | 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 0.  | ۱.,                 |   | 0                                       |            |         |          |  |
| α              | Enter the number of voting members included in line 1a, above, who are independent   | _ <u>1b</u>         |   | 8                                       |            |         |          |  |
| 2              | Did any officer, director, trustee, or key employee have a family relationship or a business relationship  | -                   | •                                       |   |            | AF.E    |          |  |
| _              | officer, director, trustee, or key employee?   |                     |   |   | 2          |         | <u> </u> |  |
| 3              | Did the organization delegate control over management duties customarily performed by or under the   |                     | •                                       |   |            |         | 7.       |  |
|                | of officers, directors, or trustees, or key employees to a management company or other person?   |                     |   |   | 3          |         | X        |  |
| 4              | Did the organization make any significant changes to its governing documents since the prior Form S  |                     |   |   | 5          |         | X        |  |
|                | <ul> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 Did the organization have members or stockholders?</li> </ul>                 |                     |   |   |            |         |          |  |
| 6              | Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or a  |                     |   | • | 6          |         | X        |  |
| 7a             | · · · · · · · · · · · · · · · · · · ·  |                     |   |   |            |         | . 37     |  |
|                | more members of the governing body?  |                     |   |   | 7a_        |         | X        |  |
| · D            | Are any governance decisions of the organization reserved to (or subject to approval by) members, s  |                     |   |   |            |         | 7.7      |  |
| _              | persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the ye  |                     |   |   | 7b         | gerreer | X        |  |
| 8              |  | -                   | •                                       |   |            | 37      | 1000     |  |
| a              | The governing body? Each committee with authority to act on behalf of the governing body?  |                     |   |   | 8a         | X       |          |  |
| b              |  |                     |   | •••••                                   | 8b         | Х       |          |  |
| 9              | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea  |                     |   |   | _          |         | 7.7      |  |
| Sec            | organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal R                    |                     |   |   | . 9        |         | X        |  |
| 960            | tion b. Folicies (this Section B requests information about policies not required by the internal H  | event               | ie Coae.)                               |   |            |         |          |  |
| 100            | Did the organization have local chapters, branches, or affiliates?   |                     |   |   | 40-        | Yes     | No       |  |
|                | If "Yes," did the organization have written policies and procedures governing the activities of such of  |                     |   |   | 10a        | X       |          |  |
| D              | and branches to ensure their operations are consistent with the organization's exempt purposes?  |                     | rs, armates,                            |   | 401-       | х       |          |  |
| 11a            | Has the organization provided a complete copy of this Form 990 to all members of its governing bod   |                     | oro filina tho fe                       |   | 10b<br>11a | X       |          |  |
| b              | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | ıy D <del>e</del> i | ore ming the it                         | JIIII!                                  | I I I a    |         | 1.       |  |
| 12a            |  |                     |   |   | 400        | X       |          |  |
| b              | Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise |                     |   |   | 12a<br>12b | X       |          |  |
| c              | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y  |                     |   |   | 120        |         |          |  |
| ·              | in Schedule O how this was done  |                     |   |   | 100        | Х       |          |  |
| 13             | Did the organization have a written whistleblower policy?  |                     |   |   | 12c        | X       |          |  |
| 14             |  |                     |   |   | 14         | X       | <u>-</u> |  |
| 15             | Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approve                             |                     |   | •••••                                   | 14         |         |          |  |
| ·              | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | -                   | ndependent                              |   |            |         |          |  |
| а              | The organization's CEO, Executive Director, or top management official   |                     |   |   | 150        | X       | :        |  |
| h              | Other officers or key employees of the organization  |                     |   |   | 15a<br>15b | X       |          |  |
|                | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |                     |   |   | 130        | 22      | E. 47    |  |
| 162            | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange.  | ment                | with a                                  |   |            |         |          |  |
|                | taxable entity during the year?  |                     |   |   | 16a        |         | X        |  |
| b              | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua   |                     |   |   | IUa        |         | 21       |  |
| ~              | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga   |                     |   |   |            |         | -        |  |
|                | exempt status with respect to such arrangements?   |                     | 5113                                    |   | 16b        |         |          |  |
| Sec            | tion C. Disclosure   | ********            | *************************************** |   | 100        |         |          |  |
| 17             | List the states with which a copy of this Form 990 is required to be filed ► NONE  |                     |   | -                                       |            |         |          |  |
| 18             | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-  | T (Sec              | tion 501(c)(3)                          | only) s                                 | wailah     | lo.     |          |  |
|                | for public inspection. Indicate how you made these available. Check all that apply.  | (000                | 11011 301 (0)(0)3                       | o Unity) c                              | avanas     | 10      |          |  |
|                | Own website Another's website X Upon request   |                     |   |   |            |         |          |  |
| 19             | Describe in Schedule O whether (and if so, how), the organization made its governing documents, co   | anfliat             | of interest no                          | liev en                                 | d fina-    | noial   |          |  |
|                | statements available to the public during the tax year.  | ormit (             | or microst po                           | moy, art                                | વાકાર્લા   | ioidi   |          |  |
| 20             | State the name, physical address, and telephone number of the person who possesses the books a   | nd 20               | porde of the a                          | raonina                                 | tion: ►    |         |          |  |
| 20             | DARLA MECHAM - (202)452-8600   | 110 16              | corus or tire of                        | ı yaı IIZƏ                              | uon.       |         |          |  |
|                |  | 200:                | 3.6                                     |   |            |         |          |  |
| 13200<br>01-23 | 6  |                     |   |   | Form       | 990 (   | 2011)    |  |
|                | -  |                     |   |   |            |         |          |  |

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

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

- 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.

| (A)  | (B)   | (C)  |                       |                                |                       |                              | IJa          | (D)                                    | (E)                                  | (F) .  |
|--|---|--|-----------------------|--------------------------------|-----------------------|------------------------------|--------------|--|--------------------------------------|--|
| Name and Title                                     | Average<br>hours per<br>week  | box  | not c<br>, unle       | Pos<br>heck<br>ss pe<br>id a d | ition<br>more<br>rson | than<br>is bot               | h an         | Reportable compensation from           | Reportable compensation from related | Estimated<br>amount of<br>other  |
|  | (describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | Individual trustee or director                   | Institutional trustee | Officer                        | Key employee          | Highest compensated employee | Former       | the<br>organization<br>(W·2/1099-MISC) | organizations<br>(W-2/1099-MISC)     | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) ARTHUR B. C. DRACHE                            |   |  |                       |                                |                       |                              |              |  | -                                    |  |
| CHAIR (RETIRED 08/2011)                            | 4.00  | Х  |                       | Х                              |                       |                              |              | 500.                                   | 0.                                   | 0.   |
| (2) LINDSAY DRISCOLL                               |   |  |                       |                                |                       |                              |              |  |                                      |  |
| CHAIR (STARTING 08/2011)                           | 4.00  | X  |                       | X                              |                       | ·                            |              | 1,000.                                 | 0.                                   | 0.   |
| (3) FILIZ BIKMEN                                   |   |  |                       |                                |                       |                              |              |  |                                      |  |
| VICE CHAIR   | 4.00  | Х  |                       | Х                              | <u> </u>              |                              |              | 0.                                     | 0.                                   | 0.   |
| (4) W. AUBREY WEBSON                               |   |  |                       |                                |                       |                              |              |  |                                      |  |
| SECRETARY/TREASURER                                | 4.00  | Х  | _                     | Х                              | ļ                     |                              |              | 0.                                     | 0.                                   | 0.   |
| (5) BETSY BUCHALTER ADLER                          |   |  |                       |                                |                       |                              |              | _                                      |                                      |  |
| DIRECTOR   | 4.00  | X  |                       |                                |                       |                              |              | 0.                                     | 0.                                   | 0.   |
| (6) FELICIANO R. GANTEAUME                         |   |  |                       |                                |                       |                              |              |  | _                                    |  |
| DIRECTOR   | 4.00  | X  | -                     |                                |                       | ļ                            | ļ            | 0.                                     | 0.                                   | 0.   |
| (7) JEFF THINDWA                                   |   |  |                       |                                |                       | 1                            |              |  | _                                    |  |
| DIRECTOR   | 4.00  | X  |                       |                                | _                     |                              |              | 0.                                     | 0.                                   | 0.   |
| (8) LAIS DE FIGUEIREDO LOPES                       | 4 00  |  |                       |                                |                       |                              |              |  | _                                    | _  |
| DIRECTOR   | 4.00  | X  |                       |                                |                       |                              |              | 0.                                     | 0.                                   | 0.   |
| (9) GEOFF PREWITT                                  | 4 00  |  |                       |                                |                       |                              |              | _                                      | •                                    |  |
| DIRECTOR   | 4.00  | Х  | -                     |                                | ļ                     |                              |              | 0.                                     | 0.                                   | 0.   |
| (10) JOHN CLARK                                    | 4 00  | 7.   |                       |                                |                       |                              |              |  | •                                    |  |
| DIRECTOR (RETIRED 08/2011)                         | 4.00  | X  | -                     |                                |                       |                              | _            | 0.                                     | 0.                                   | 0.   |
| (11) DOUGLAS RUTZEN                                | 40.00   |  |                       | 7.7                            |                       |                              |              | 140 405                                | 0                                    | 00 00 0  |
| PRESIDENT  | 40.00   |  |                       | Х                              |                       |                              | -            | 140,425.                               | 0.                                   | 29,297.  |
| (12) STEPHAN KLINGELHOFER                          | 40.00   |  |                       | х                              |                       |                              |              | 146 675                                | 0                                    | 20 500   |
| SR. VICE PRESIDENT                                 | 40.00   |  | ├                     | Λ                              |                       |                              | -            | 146,675.                               | 0.                                   | 29,599.  |
| (13) DARLA MECHAM                                  | 40.00   |  |                       | Х                              |                       |                              |              | 86,909.                                | 0                                    | 44 277   |
| VP OF FINANCE                                      | 40.00   |  | -                     | Λ                              |                       | <del> </del>                 |              | 00,909.                                | 0.                                   | 44,377.  |
| (14) CATHY SHEA                                    | 40.00   | 1  |                       |                                |                       | х                            |              | 120 765                                | 0.                                   | 27 024   |
| VP - PROGRAMS                                      | 40.00   |  |                       |                                |                       | ^                            | ┢            | 128,765.                               | 0.                                   | 27,034.  |
| (15) NATALIA BOURJAILY                             | 40.00   |  |                       |                                |                       | х                            |              | 122,549.                               | 0.                                   | 25 274   |
| VP - EURASIA<br>(16) DAVID MOORE                   | 40.00   |  |                       |                                |                       | Λ                            | <del> </del> | 144,545.                               | U •                                  | 25,374.  |
|  | 40.00   |  |                       |                                |                       | x                            |              | 107,949.                               | 0.                                   | 30 620   |
| <u>VP - LEGAL AFFAIRS</u><br>(17) ELIZABETH WARNER | 20.00   | <del>                                     </del> | <del> </del>          | <del> </del>                   |                       | ^                            |              | 101,343.                               | <u>U.</u>                            | 30,628.  |
| PROG. DIR CENTRAL ASIA                             | 40.00   |  |                       | ,                              |                       | Х                            |              | 112,895.                               | 0.                                   | 18,670.  |
| 132007 01-23-12                                    | , +0.00   |  | 1                     |                                | Ц.,,                  | 1 22                         |              | , 112,000                              |                                      | Form <b>990</b> (2011)   |

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Page 8

| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶    Yes   No.   | Section A. Officers, Directors, Tru           | ustees, Key E | mple                    | oyee  | es, a | nd l   | High     | est   | Compensated Employ        | ees (continued)                         |              |             |      |
|--|---|---------------|-------------------------|---|-------|--------|----------|-------|---------------------------|---|--------------|-------------|------|
| Nour park   Nou              | • •   | 1             |                         |   |       |        | _        |       | (D)                       | (E)                                     |              | (F)         |      |
| Compensation   Com              | Name and title                                | 1             | (do not check more that |   |       |        |          | one   | 1 '                       | •                                       | 1 -          |             |      |
| describe   hours for related   organization   or              |   | 1 .           | kod                     | t, unie   | ss pe | rson   | is bat   | h an  |                           | •                                       | a            |             |      |
| 1b Sub-total    1b Sub-total    1b Sub-total    1c Total from continuation sheets to Part VII, Soction A    2c Total from continuation sheets to Part VII, Soction A    2c Total from continuation sheets to Part VII, Soction A    2c Total number of individuals (including but not limited to those stand above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, 1 complete Schedule I for such individual in and related on line 1a, is the sum of reportable compensation from the organization and only organization expresses than \$150,000 ff Yes, 1 complete Schedule I for such individual in the organization and related to organization and If Yes, 1 complete Schedule I for such person    3 Did the organization from the organization and office organization and related to organization organization and the organization organization and the organization of the organization of the organization of the organization of the organization organization.    5 Did any person listed on line 1a, is the sum of reportable compensation from any currelated organization or individual for services rendered the organization II Yes, 1 complete Schedule J for such person    5 Did any person listed on line 1 areceive or accure compensation from any currelated organization or individual for services rendered the organization of the organization or individual for services    5 Did any person listed on line 1 areceived more than \$100,000 of compensation from the organization or individual for services    6 Description of services    Compensation from the organization or individual for services    7 Compensation from the organization or individual for services    8 Did the organization or individual for services    9 Descr                     |   | 1             |                         | Τ   | T     | T      | T        | ĺ     |                           |   |              |             |      |
| 11b Sub-total    11b Sub-total    11c Sub-  | •   | hours for     | direc                   |   |       |        | 8        |       |                           | -                                       |              | •           |      |
| 1b Sub-total    1b Sub-total    1b Sub-total    1c Total from continuation sheets to Part VII, Soction A    2c Total from continuation sheets to Part VII, Soction A    2c Total from continuation sheets to Part VII, Soction A    2c Total number of individuals (including but not limited to those stand above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, 1 complete Schedule I for such individual in and related on line 1a, is the sum of reportable compensation from the organization and only organization expresses than \$150,000 ff Yes, 1 complete Schedule I for such individual in the organization and related to organization and If Yes, 1 complete Schedule I for such person    3 Did the organization from the organization and office organization and related to organization organization and the organization organization and the organization of the organization of the organization of the organization of the organization organization.    5 Did any person listed on line 1a, is the sum of reportable compensation from any currelated organization or individual for services rendered the organization II Yes, 1 complete Schedule J for such person    5 Did any person listed on line 1 areceive or accure compensation from any currelated organization or individual for services rendered the organization of the organization or individual for services    5 Did any person listed on line 1 areceived more than \$100,000 of compensation from the organization or individual for services    6 Description of services    Compensation from the organization or individual for services    7 Compensation from the organization or individual for services    8 Did the organization or individual for services    9 Descr                     |   |               | tee o                   | nstee   |       |        | ensati   |       |                           | ,                                       | - 1          |             |      |
| 1b Sub-total    1b Sub-total    1b Sub-total    1c Total from continuation sheets to Part VII, Soction A    2c Total from continuation sheets to Part VII, Soction A    2c Total from continuation sheets to Part VII, Soction A    2c Total number of individuals (including but not limited to those stand above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, 1 complete Schedule I for such individual in and related on line 1a, is the sum of reportable compensation from the organization and only organization expresses than \$150,000 ff Yes, 1 complete Schedule I for such individual in the organization and related to organization and If Yes, 1 complete Schedule I for such person    3 Did the organization from the organization and office organization and related to organization organization and the organization organization and the organization of the organization of the organization of the organization of the organization organization.    5 Did any person listed on line 1a, is the sum of reportable compensation from any currelated organization or individual for services rendered the organization II Yes, 1 complete Schedule J for such person    5 Did any person listed on line 1 areceive or accure compensation from any currelated organization or individual for services rendered the organization of the organization or individual for services    5 Did any person listed on line 1 areceived more than \$100,000 of compensation from the organization or individual for services    6 Description of services    Compensation from the organization or individual for services    7 Compensation from the organization or individual for services    8 Did the organization or individual for services    9 Descr                     |   | 1 -           | i ii                    | ) na tr   |       | loyee  | du os    |       |                           |   |              |             |      |
| 11b Sub-total    11b Sub-total    11c Sub-  |   |               | dividu                  | stituti   |       | ey emp | ighest   | ormer |                           |   | org          | ganizat     | ions |
| the Sub-total.  The Sub-total is a sub-total in the sub-            | (18) KAREEM ELBAYAR                           | <u> </u>      | _=                      |   | 0     | ×      | Ι 60     | ı.    |                           |   |              | <u></u>     |      |
| 1b Sub-total   |   | 40.00         | <u> </u>                |   |       |        | Х        |       | 105,324.                  | 0                                       | :            | 23,6        | 15.  |
| 1b Sub-total   |   |               |                         |   |       |        |          |       |                           |   |              |             |      |
| 11b Sub-total  |   |               |                         | <del>                                      </del> |       |        |          |       |                           |   | +            |             |      |
| 1b Sub-total   | · ·   |               | -                       | -   |       |        |          |       |                           |   | _            |             |      |
| 1b Sub-total   |   |               |                         |   |       |        |          |       |                           |   |              |             |      |
| Total from continuation sheets to Part VII, Section A 952,991. 0. 0. 228,594  Total (add lines 1b and 1c) 952,991. 0. 228,594  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  Ves N  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors in the organization of services organization of services.  |   |               |                         |   |       |        |          |       |                           |   |              |             |      |
| Total from continuation sheets to Part VII, Section A 952,991. 0. 0. 228,594  Total (add lines 1b and 1c) 952,991. 0. 228,594  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  Ves N  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors in the organization of services organization of services.  |   |               | +                       |   |       |        |          |       |                           |   | +            |             |      |
| Total from continuation sheets to Part VII, Section A 952,991. 0. 0. 228,594  Total (add lines 1b and 1c) 952,991. 0. 228,594  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  Ves N  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors in the organization of services organization of services.  |   |               |                         |   |       |        | <u>.</u> |       |                           |   |              |             |      |
| Total from continuation sheets to Part VII, Section A 952,991. 0. 0. 228,594  Total (add lines 1b and 1c) 952,991. 0. 228,594  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  Ves N  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors in the organization of services organization of services.  |   |               |                         |   |       |        |          |       |                           |   |              |             |      |
| Total from continuation sheets to Part VII, Section A 952,991. 0. 0. 228,594  Total (add lines 1b and 1c) 952,991. 0. 228,594  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  Ves N  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors in the organization of services organization of services.  |   |               |                         | <u> </u>  |       |        |          |       |                           |   |              |             |      |
| Total from continuation sheets to Part VII, Section A 952,991. 0. 0. 228,594  Total (add lines 1b and 1c) 952,991. 0. 228,594  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  Ves N  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors in the organization of services organization of services.  |   |               |                         |   |       |        |          |       |                           |   | <del> </del> |             |      |
| Total from continuation sheets to Part VII, Section A 952,991. 0. 0. 228,594  Total (add lines 1b and 1c) 952,991. 0. 228,594  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  Ves N  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors in the organization of services organization of services.  |   |               |                         |   |       |        |          |       |                           |   |              |             |      |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1 as of the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Potential including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Potential including but not limited to those listed above) who received more than \$100,000 of compensation from the organization potential including but not limited to those listed above) who received more than \$100,000 of compensation from the organization potential including but not limited to those listed above) who received more than \$100,000 of compensation from the organization potential including but not limited to those listed above) who received more than \$100,000 of compensation from the organization potential including but not limited to those listed above) who received more than \$100,000 of organization pot |   |               |                         |   |       |        |          |       |                           |   |              | <u>28,5</u> |      |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  2 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  3 X  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization         |   |               |                         |   |       |        |          |       |                           |   |              | ) O E       | 0.   |
| Compensation from the organization    3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. ▶  0  |   |               |                         |   |       |        |          |       |                           |   | • 4          | <u> </u>    | 94.  |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶  0   |   |               |                         |   |       |        | -,       |       |                           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |              |             | 9    |
| line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organi         | O Did the conscionation that you to           | -12           |                         |   |       |        |          |       |                           |   |              | Yes         | No   |
| For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the        |   |               |                         |   | -     | -      | -        |       | -                         | • •                                     | 2            |             | х    |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  0  | ·   |               |                         |   |       |        |          |       |                           |   | -            |             | 22   |
| rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation the organization that the organization is a property of the compensation that the organization is a property of the compensation in the organization is a property of the com          |   |               |                         |   |       |        |          |       |                           |   | 4            |             |      |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  None  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.   1 Complementation from the organization to this limited to those listed above) who received more than \$100,000 of compensation from the organization.  | 5 Did any person listed on line 1a receive or | accrue compe  | nsat                    | ion t   | from  | any    | y uni    | elat  | ed organization or indivi | dual for services                       |              |             |      |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  |   | nplete Schedu | le J i                  | for s   | uch   | pers   | son .    |       |                           |   | 5            |             | X    |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation in the organization.   |   | mnensated in  | den                     | ende  | ent c | ont    | racto    | nre t | hat received more than    | \$100,000 of comper                     | ention       | from        |      |
| Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0  |   |               |                         |   |       |        |          |       |                           | •                                       |              | -           |      |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0   |   | address       | NT/                     | ~ <b>N</b> T1                                     | 다     |        |          |       |                           | envices                                 |              |             | \n   |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0   |   |               | TAI                     | OTA1  |       |        |          |       | 2 de la pareción de la    |   | 001111       |             |      |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0   | <del></del>                                   |               |                         |   |       |        |          |       | <u> </u>                  | · .                                     |              |             |      |
| \$100,000 of compensation from the organization   0  |   |               |                         |   |       |        |          |       |                           |   |              |             |      |
| \$100,000 of compensation from the organization   0  |   |               |                         |   |       |        |          |       |                           |   |              |             |      |
| \$100,000 of compensation from the organization   0  |   |               |                         |   |       |        | •        |       |                           |   |              |             |      |
| \$100,000 of compensation from the organization   0  |   |               |                         |   |       |        |          |       |                           |   |              |             |      |
| \$100,000 of compensation from the organization   0  |   |               |                         |   |       | _      |          |       |                           |   |              |             |      |
| · · · · · · · · · · · · · · · · · · ·  |   |               | not li                  | mite  | d to  |        | _        | sted  | l above) who received m   | ore than                                |              | : :         |      |
| Form <b>990</b> (201   | \$100,000 of compensation from the organ      | zation 🕨      |                         |   |       | j      | U        |       |                           |   |              | 000         |      |

|   |               | (2011) LAW, I   | NC.                                    |                                       |                      |  | 52-1818                                 | 273 Page <b>9</b>   |
|---|---------------|---|--|---------------------------------------|----------------------|--|---|---|
| Pa  | rt VI         | III Statement of Revenu   | I <b>⊖</b>                             |                                       | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | k<br>c<br>c   | a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributio   | 1b 1c 1d 1d ns) 1e                     | 6100063.                              |                      |  |   |   |
| Contributio<br>and Other (                                | ç             | f All other contributions, gifts, grants, similar amounts not included above     Noncash contributions included in lines 1a     Total. Add lines 1a-1f                                | 1f 1-1f: \$                            |                                       | 6745882.             |  |   |   |
| Service<br>nue  |               | a<br>b<br>c   |  | Business Code                         |                      |  |   |   |
| Program Service<br>Revenue                                | e<br>f        | de  f All other program service reveni  | ıe                                     |                                       |                      | F100 C 814 (** 1874)                   |   | V. a. z. vo tem garace  |
|   | 3             | g Total, Add lines 2a-2f Investment income (including di other similar amounts)   | vidends, intere                        | st, and                               | 2,603.               |  |   | 2,603.  |
|   | 4<br>5<br>6 a | Income from investment of tax- Royalties  |  |                                       |                      |  |   |   |
|   | k             |   |  |                                       |                      |  |   |   |
|   | ŀ             | a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)  | (i) Securities                         | (ii) Other                            |                      |  |   |   |
| Other Revenue   | (             | d Net gain or (loss)  a Gross income from fundraising including \$  contributions reported on line 1  Part IV, line 18  | events (not<br>of<br>c). See           | <b>&gt;</b>                           |                      |  |   |   |
| Othe  | 9 a           | <ul> <li>b Less: direct expenses</li> <li>c Net income or (loss) from fundra</li> <li>a Gross income from garning activate Part IV, line 19</li> </ul>                                | b<br>aising events<br>vities. See<br>a |                                       |                      |  |   |   |
|   | 10 a          | <ul> <li>b Less: direct expenses</li> <li>c Net income or (loss) from gamin</li> <li>a Gross sales of inventory, less reand allowances</li> <li>b Less: cost of goods sold</li> </ul> | g activities<br>eturns<br>a            | ·····                                 |                      |  |   |   |
|   | 11 8          | c Net income or (loss) from sales Miscellaneous Revenue a MISCELLANEOUS IN  | of inventory                           | · · · · · · · · · · · · · · · · · · · | 8,953.               | . April                                |   | 8,953.  |
|   | (             | bc cd All other revenue e Total. Add lines 11a-11d  |  |                                       | 8,953.               |  |   |   |
| 13200<br>01-23  | 12<br>19      | Total revenue. See instructions.  |  |                                       | 6757438.             | 0.                                     | 0.                                      | 11,556.<br>Form <b>990</b> (2011)                             |

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

|        | Check if Schedule O contains a response not include amounts reported on lines 6b,                       | (A)<br>Total expenses | (B)<br>Program service | (C)<br>Management and                                       | (D) Fundraising                                  |
|--------|---|-----------------------|------------------------|---|--|
|        | 8b, 9b, and 10b of Part VIII.   |                       | expenses               | general expenses  | expenses   |
| 1      | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 |                       |                        |   |  |
| 2      | Grants and other assistance to individuals in   |                       |                        |   | <u>라면</u> 바다를 불러하다 (1995년)<br>10일 - 대한민국 (1995년) |
| 2      | the United States. See Part IV, line 22   |                       | 4                      |   |  |
| 3      | Grants and other assistance to governments,   |                       |                        |   |  |
| •      | organizations, and individuals outside the  |                       |                        |   |  |
|        | United States. See Part IV, lines 15 and 16   | 618,431.              | 618,431.               |   |  |
| 4      | Benefits paid to or for members   | 020,2021              | 010,1011               |   |  |
| 5      | Compensation of current officers, directors,  |                       |                        | Education (Action in Replace of the appropriate of the con- | euro etroj datu ravarda jeginoj je eujeroje      |
|        | trustees, and key employees   | 478,782.              | 249,215.               | 175,983.  | 53,584   |
| 6      | Compensation not included above, to disqualified  |                       |                        |   |  |
|        | persons (as defined under section 4958(f)(1)) and   |                       |                        |   |  |
|        | persons described in section 4958(c)(3)(B)  |                       | <u> </u>               |   |  |
| 7      | Other salaries and wages  | 1,346,888.            | 986,445.               | 299,060.  | 61,383   |
| 8      | Pension plan accruals and contributions (include  |                       |                        |   |  |
|        | section 401(k) and section 403(b) employer contributions)   | <u>100,810.</u>       | 75,558.                |   | 4,042<br>8,698                                   |
| 9      | Other employee benefits   | 151,153.              | <u>109,554.</u>        |   | 8,698  |
| 0      | Payroll taxes   | 118,736.              | <u>81,183.</u>         | 30,247.   | 7,306  |
| 1      | Fees for services (non-employees):  |                       | •                      |   | 7.2  |
| а      | Management  | 100                   |                        |   |  |
| b      | Legal   | 430.                  | 0 505                  | 430.  |  |
| Ç      | Accounting  | 35,570.               | 2,795.                 | 32,775.   |  |
|        | Lobbying  | 109.                  | 109.                   |   |  |
| e      | Professional fundraising services. See Part IV, line 17   |                       |                        |   | ·  |
| f      | Investment management fees  | 1,315,211.            | 1 200 200              | 20 002  | E 000  |
|        | OtherAdvertising and promotion  | 1,313,211.            | 1,280,300.             | 29,083.   | 5,828  |
| 2<br>3 | Office expenses   | 388,827.              | 204,009.               | 180,959.  | 3,859  |
| 4      | Information technology  | 300,027.              | 204,000.               | 100,939.  | 3,039  |
| 5      | Royalties   |                       |                        |   |  |
| 6      | Occupancy   | 323,438.              | 211,304.               | 101,583.  | 10,551   |
| 7      | Travel  | 713,076.              | 675,432.               | 25,312.   | 12,332   |
| 8      | Payments of travel or entertainment expenses  |                       |                        |   |  |
|        | for any federal, state, or local public officials   | •                     |                        |   |  |
| 9      | Conferences, conventions, and meetings  | 416,096.              | 399,372.               | 16,456.   | 268  |
| 20     | Interest  | 90.                   | 90.                    | ,                     |  |
| 1      | Payments to affiliates  |                       |                        | ·   |  |
| 2      | Depreciation, depletion, and amortization   |                       |                        |   |  |
| 3      | Insurance   | 43,306.               |                        | 43,306.   |  |
| 4      | Other expenses. Itemize expenses not covered  |                       |                        |   |  |
|        | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)  |                       |                        |   |  |
|        | amount, list line 24e expenses on Schedule 0.)  |                       |                        |   |  |
| а      |   |                       |                        |   | ·  |
| b      |   | _                     |                        |   |  |
| C      |   |                       |                        |   |  |
| d      | All of  |                       |                        |   |  |
|        | All other expenses  | C 050 050             | 4 800 505              | 000 000   |  |
| 5      | Total functional expenses. Add lines 1 through 24e  | 6,050,953.            | 4,893,797.             | 989,305.  | 167,851  |
| 6      | Joint costs. Complete this line only if the organization  |                       |                        |   |  |
|        | reported in column (B) joint costs from a combined  |                       |                        |   |  |
|        | educational campaign and fundraising solicitation.  | 1                     |                        | 1   |  |

Form 990 (2011)
Part X Balance Sheet

|                                       |   |  | (A)<br>Beginning of year                 |     | (B)<br>End of year   |
|---------------------------------------|---|--|--|-----|--|
| $\Box$                                | 1 | Cash - non-interest-bearing  | 58,642.                                  | 1   | 102,246.   |
| 2                                     |   | Savings and temporary cash investments   |  |     | 1,133,234  |
| 3                                     | 3 | Pledges and grants receivable, net   |  |     | 8,427,124  |
| 4                                     | 4 | Accounts receivable, net   |  |     | 13,552   |
| 5                                     |   | Receivables from current and former officers, directors, trustees, key                     |  |     |  |
|                                       |   | employees, and highest compensated employees. Complete Part II of Schedule L               |  | 5   |  |
| e                                     |   | Receivables from other disqualified persons (as defined under section                      |  |     |  |
|                                       |   | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing                  |  |     |  |
| İ                                     |   | employers and sponsoring organizations of section 501(c)(9) voluntary                      |  |     |  |
|                                       |   | employees' beneficiary organizations (see instructions)                                    | (LEGAMERICA TO LOCAL CONTROL OF THE AREA | 6   | 3 and the special state of the |
| Assels<br>7                           | 7 | Notes and loans receivable, net  |  | 7   |  |
| ž   8                                 | B | Inventories for sale or use  |  | 8   |  |
| ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | 9 | Prepaid expenses and deferred charges  | 2,377.                                   |     | 23,016   |
| -                                     |   |  |  | 3   | 23,010   |
|                                       |   | basis Complete Part VI of Schedule D   |  |     |  |
| .                                     | h | basis. Complete Part VI of Schedule D 10a 30,930 Less: accumulated depreciation 10b 10,310 | . 0.                                     | 10c | 20,620   |
| 11                                    |   | Investments - publicly traded securities   | -  | 11  | 20,020   |
| 12                                    |   | Investments - other securities. See Part IV, line 11                                       |  | 12  | 17   |
| 13                                    |   | Investments - program-related. See Part IV, line 11  |  | 13  | · · · · · · · · · · · · · · · · · · ·  |
| 14                                    |   | Intangible assets  |  | 14  |  |
| 15                                    |   | Other assets. See Part IV, line 11   |  |     | 34,279   |
| 16                                    |   | Total assets. Add lines 1 through 15 (must equal line 34)                                  |  |     | 9,754,071  |
| 17                                    |   | Accounts payable and accrued expenses  |  |     | 301,835  |
| 18                                    |   | Grants payable   |  | 18  | 301/033  |
| 19                                    |   | Deferred revenue   |  | 19  |  |
| 20                                    |   | Tax-exempt bond liabilities  |  | 20  |  |
| g 21                                  |   | Escrow or custodial account liability. Complete Part IV of Schedule D                      |  | 21  |  |
| 22                                    |   | Payables to current and former officers, directors, trustees, key employees,               |  | -   |  |
| 21<br>22<br>22                        |   | highest compensated employees, and disqualified persons. Complete Part II of Schedule L    |  | 22  |  |
| 23                                    | 3 | Secured mortgages and notes payable to unrelated third parties                             |  | 23  |  |
| 24                                    |   | Unsecured notes and loans payable to unrelated third parties                               |  | 24  |  |
| 25                                    |   | Other liabilities (including federal income tax, payables to related third                 |  | T   |  |
|                                       |   | parties, and other liabilities not included on lines 17-24). Complete Part X of            |  |     |  |
| İ                                     |   | Schedule D   | 14,619.                                  | 25  | 57,800   |
| 26                                    | 6 | Total liabilities. Add lines 17 through 25   | 276,575.                                 |     | 359,635  |
|                                       |   | Organizations that follow SFAS 117, check here X and complete                              |  |     |  |
| g                                     |   | lines 27 through 29, and lines 33 and 34.  |  |     |  |
| 27<br>28<br>29<br>29                  |   | Unrestricted net assets  | 571,949.                                 | 27  | 668,339  |
| 28                                    | В | Temporarily restricted net assets  | 8,116,002.                               | 28  | 8,726,097  |
| 29                                    |   | Permanently restricted net assets  |  | 29  |  |
| 5                                     |   | Organizations that do not follow SFAS 117, check here  and                                 |  |     |  |
| 5                                     |   | complete lines 30 through 34.  |  |     |  |
| 30                                    | 0 | Capital stock or trust principal, or current funds   |  | 30  |  |
| 30 31 32                              |   | Paid in or capital surplus, or land, building, or equipment fund                           |  | 31  |  |
| 32                                    |   | Retained earnings, endowment, accumulated income, or other funds                           |  | 32  |  |
| 33                                    |   | Total net assets or fund balances  |  |     | 9,394,436  |
| 34                                    |   | Total liabilities and net assets/fund balances   |  |     | 9,754,071  |
|                                       |   |  |  |     | Form <b>990</b> (2011  |

### INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

|   | 1990 (2011) LAW, INC.   | <u> 54-</u> | <u> 18187</u> | <u>/3</u>  | <u>Pag</u> | je 1 <u>Z</u>                   |
|---|---|-------------|---------------|------------|------------|---------------------------------|
| Pa  | rt XI Reconciliation of Net Assets  |             |               |            |            |                                 |
|   | Check if Schedule O contains a response to any question in this Part XI   |             |               |            |            |                                 |
|   |   |             |               |            |            |                                 |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1           | 6,            | <u>757</u> | , 4        | 38.                             |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2           | 6,            | 050        | , 9        | 53.                             |
| 3   | Revenue less expenses. Subtract line 2 from line 1  | 3           |               | 706        | ,4         | 85.                             |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                           | 4           | 8,            | <u>687</u> | , 9        | 51.                             |
| 5   | Other changes in net assets or fund balances (explain in Schedule O)  | 5           |               |            |            | 0                               |
| 6   | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))      | 6           | 9,            | 394        | , 4        | 36.                             |
| Pa  | rt XII Financial Statements and Reporting   |             |               |            |            |                                 |
|   | Check if Schedule O contains a response to any question in this Part XII  |             |               |            |            |                                 |
|   | <u></u>   |             |               | )          | Yes        | No                              |
| 1   | Accounting method used to prepare the Form 990: Cash X Accrual Other  |             |               |            |            |                                 |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. |   |             |               |            |            |                                 |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |             | L             | 2a         |            | X                               |
| b   | Were the organization's financial statements audited by an independent accountant?                                  |             |               | 2b         | Х          |                                 |
| c   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th   | e audit,    |               |            |            |                                 |
|   | review, or compilation of its financial statements and selection of an independent accountant?                      |             |               | 2c         | x          |                                 |
|   | If the organization changed either its oversight process or selection process during the tax year, explain in Scho  | edule O.    |               |            |            | Hiri-vit-                       |
| d   | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue   | d on a      |               |            |            | P10. 1                          |
| -   | separate basis, consolidated basis, or both:  |             |               |            |            |                                 |
|   | X Separate basis Consolidated basis Both consolidated and separate basis  |             | <u>y.</u>     |            |            | era filosoficiales<br>Branco Na |
| За  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | igle Auc    | lit 🗍         |            |            |                                 |
|   | Act and OMB Circular A 133?   |             |               | 3a         | Х          |                                 |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ   | red aud     | it 🗌          |            |            |                                 |
|   |   |             | 1             | 1          | 3          |                                 |

### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **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. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions. 52-1818273 The organization is not a private foundation because it is: (For lines 1 through 11, 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 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.) 10 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 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c \_\_\_\_ Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization orgañizátion in col. in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Nο Yes LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2011

132021

Form 990 or 990-EZ.

Schedule A (Form 990 or 990 EZ) 2011 LAW, INC.

52-1818273 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Se        | ction A. Public Support   |                        |                             |  |                      |                    | ,               |  |
|-----------|---|------------------------|-----------------------------|--|----------------------|--------------------|-----------------|--|
| Cale      | ndar year (or fiscal year beginning in)   | (a) 2007               | (b) 2008                    | (c) 2009   | (d) 2010             | (e) 2011           | (f) Total       |  |
| 1         | Gifts, grants, contributions, and   |                        | ,                           |  |                      |                    |                 |  |
|           | membership fees received. (Do not   |                        |                             |  |                      |                    |                 |  |
|           | include any "unusual grants.")  | 5,218,952.             | 4,591,390.                  | 4,979,391.   | 5,886,775.           | 6,745,882.         | 27,422,390.     |  |
| 2         | Tax revenues levied for the organ-  |                        |                             |  |                      |                    |                 |  |
|           | ization's benefit and either paid to  |                        |                             |  |                      |                    |                 |  |
|           | or expended on its behalf   |                        |                             |  |                      |                    |                 |  |
| 3         | The value of services or facilities   |                        |                             |  |                      |                    |                 |  |
|           | furnished by a governmental unit to   |                        |                             |  |                      |                    |                 |  |
|           | the organization without charge   |                        |                             |  |                      |                    |                 |  |
| 4         | Total. Add lines 1 through 3  | 5,218,952.             | 4,591,390.                  | 4,979,391.   | 5,886,775.           | 6,745,882.         | 27,422,390.     |  |
| 5         | The portion of total contributions  |                        |                             |  |                      |                    |                 |  |
|           | by each person (other than a  |                        |                             | to de didukt   | Walania a            |                    |                 |  |
|           | governmental unit or publicly   |                        |                             |  |                      |                    |                 |  |
|           | supported organization) included  |                        |                             |  |                      |                    |                 |  |
|           | on line 1 that exceeds 2% of the  | sta Shira - I          |                             |  |                      |                    | -               |  |
|           | amount shown on line 11,  |                        |                             |  |                      |                    |                 |  |
|           | column (f)  |                        |                             |  |                      |                    | 530,464.        |  |
|           | Public support. Subtract line 5 from line 4.  |                        |                             |  |                      |                    | 26 891 926.     |  |
| Se        | ction B. Total Support  |                        |                             | ·  |                      |                    |                 |  |
| Cale      | ndar year (or fiscal year beginning in) 📂   | (a) 2007               | (b) 2008                    | (c) 2009   | (d):2010             | (e) 2011           | (f) Total       |  |
| 7         | Amounts from line 4   | 5,218,952.             | 4,591,390.                  | 4,979,391.   | 5,886,775.           | 6,745,882.         | 27,422,390.     |  |
| 8         | Gross income from interest,   |                        | :                           |  |                      |                    |                 |  |
|           | dividends, payments received on   |                        |                             |  |                      |                    |                 |  |
|           | securities loans, rents, royalties  |                        |                             |  |                      |                    |                 |  |
|           | and income from similar sources   | 13,799.                | 6,499.                      | 4,836.   | 1,585.               | 2,603.             | 29,322.         |  |
| 9         | Net income from unrelated business  |                        | :                           |  |                      |                    |                 |  |
|           | activities, whether or not the  |                        |                             |  |                      |                    |                 |  |
|           | business is regularly carried on  |                        |                             |  |                      |                    |                 |  |
| 10        | Other income. Do not include gain   |                        |                             |  |                      |                    | •               |  |
|           | or loss from the sale of capital  |                        |                             |  |                      |                    |                 |  |
|           | assets (Explain in Part IV.)  | 3,000.                 | 3,000.                      | 5,251.   | 4,889.               | 8,953.             | 25,093.         |  |
| 11        | Total support. Add lines 7 through 10   |                        |                             |  |                      |                    | 27,476,805.     |  |
| 12        | Gross receipts from related activities,   | , etc. (see instructio | ons)                        | ***************************************  |                      | 12                 |                 |  |
| 13        | First five years. If the Form 990 is for  | r the organization's   | first, second, third        | i, fourth, or fifth ta   | ıx year as a sectior | n 501(c)(3)        |                 |  |
| _         | organization, check this box and stor   | here                   |                             |  |                      | ·                  | <b>&gt;</b>     |  |
|           | ction C. Computation of Publ  |                        |                             |  |                      |                    |                 |  |
|           | Public support percentage for 2011 (  |                        |                             |  |                      | 14                 | <u>97.87 %</u>  |  |
|           | Public support percentage from 2010   |                        |                             |  |                      | 15                 | 99.43 %         |  |
| 16a       | 33 1/3% support test - 2011. If the o   |                        |                             |  |                      |                    |                 |  |
|           | stop here. The organization qualifies   | as a publicly suppo    | orted organization          | ***************************************  |                      |                    | <b>▶</b> [X]    |  |
| k         | 33 1/3% support test - 2010. If the o   |                        |                             |  |                      |                    |                 |  |
|           | and stop here. The organization qual  |                        |                             |  |                      |                    |                 |  |
| 17a       | 10% -facts-and-circumstances tes  |                        |                             | and the second s |                      |                    | •               |  |
|           | and if the organization meets the "fac  |                        |                             |  |                      |                    |                 |  |
|           | meets the "facts-and-circumstances"   |                        |                             |  |                      |                    |                 |  |
| k         | b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or |                        |                             |  |                      |                    |                 |  |
|           | more, and if the organization meets the   |                        |                             |  |                      |                    |                 |  |
|           | organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization                  |                        |                             |  |                      |                    |                 |  |
| <u>18</u> | Private foundation. If the organization   | on did not check a l   | oox on line <u>1</u> 3, 16a | ı, 16b, 17a, or 17b  | , check this box a   | nd see instruction | <u>s</u>        |  |
|           |   |                        |                             |  | Sche                 | dule A (Form 990   | or 990-EZ) 2011 |  |

132022 01-24-12

# Schedule A (Form 990 or 990 EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

| (Complete only if you checked the box on line 9 of Part I or if the org | panization failed to qualify under Part II. If the organization fails to |
|---|--|
| qualify under the tests listed below places complete Port II )          |  |

| Sec  | ction A. Public Support  |                      |                                       |                        |   |                     | **          |
|------|--|----------------------|---------------------------------------|------------------------|---|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2007             | (b) 2008                              | (c) 2009               | (d) 2010                                    | (e) 2011            | (f) Total   |
| 1    | Gifts, grants, contributions, and  |                      |                                       |                        | ,   |                     |             |
|      | membership fees received. (Do not  |                      |                                       |                        |   |                     |             |
|      | include any "unusual grants.")   |                      |                                       |                        |   |                     |             |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                      |                                       |                        | · .   |                     |             |
| 3.   | Gross receipts from activities that  |                      |                                       |                        |   |                     |             |
|      | are not an unrelated trade or bus-   |                      |                                       |                        |   |                     |             |
|      | iness under section 513  |                      |                                       |                        |   |                     |             |
| 4    | Tax revenues levied for the organ-   |                      |                                       |                        |   |                     |             |
|      | ization's benefit and either paid to   | ]                    |                                       |                        |   |                     |             |
|      | or expended on its behalf  |                      |                                       |                        | <u> </u>                                    |                     |             |
| - 5  | The value of services or facilities furnished by a governmental unit to the organization without charge  |                      | · · · · · · · · · · · · · · · · · · · |                        |   |                     |             |
| 6    | Total. Add lines 1 through 5   |                      |                                       |                        |   |                     |             |
|      | Amounts included on lines 1, 2, and  |                      |                                       |                        |   |                     | -           |
|      | 3 received from disqualified persons   | İ                    |                                       |                        |   |                     |             |
|      | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year                         |                      |                                       |                        | -   |                     |             |
| c    | Add lines 7a and 7b  |                      |                                       |                        |   |                     |             |
|      | Public support (Subtract line 7c from line 6.)   |                      | e Kulleli itali                       |                        | i de 1971<br>Francisco de la composición de |                     | ļ           |
| Sec  | ction B. Total Support   |                      |                                       |                        |   |                     |             |
|      | ndar year (or fiscal year beginning in)  | (a) 2007             | (b) 2008                              | (c) 2009               | (d) 2010                                    | (e) 2011            | (f) Total   |
|      | Amounts from line 6  |                      |                                       |                        |   |                     |             |
| b    | Unrelated business taxable income  | !                    |                                       |                        |   |                     |             |
|      | (less section 511 taxes) from businesses acquired after June 30, 1975  |                      |                                       |                        |   |                     |             |
|      | Add lines 10a and 10b  Net income from unrelated business activities not included 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 assets (Explain in Part IV.)  |                      | ,                                     |                        |   |                     |             |
| 13   | Total support (Add lines 9, 10c, 11, and 12.)  |                      |                                       |                        |   |                     |             |
|      | First five years. If the Form 990 is fo  | r the organization's | first, second, thir                   | d, fourth, or fifth ta | x year as a sectio                          | n 501(c)(3) organiz | zation,     |
|      | check this box and stop here   |                      | **********************                |                        | -   |                     | <b>&gt;</b> |
|      | ction C. Computation of Publ   |                      |                                       |                        |   | · ·                 |             |
|      | Public support percentage for 2011 (   |                      |                                       | olumn (f))             |   | 15                  | %           |
|      | Public support percentage from 2010  |                      |                                       |                        | .,  | 16                  | %           |
|      | ction D. Computation of Inve   |                      |                                       |                        |   |                     |             |
|      | Investment income percentage for 20  |                      |                                       |                        |   | 17                  | %           |
|      | Investment income percentage from  |                      |                                       |                        |   | 18                  | <u>%</u>    |
| 19a  | a 33 1/3% support tests - 2011. If the   |                      |                                       |                        |   |                     |             |
|      | more than 33 1/3%, check this box a  |                      |                                       |                        |   |                     |             |
| k    | 33 1/3% support tests - 2010. If the<br>line 18 is not more than 33 1/3%, che  |                      |                                       |                        |   |                     |             |
| 20   | Private foundation. If the organization  |                      |                                       |                        |   |                     |             |
|      |  | sia not onoon a      | ~ 0.7 OII III 10 1-1, 10              | a, or roo, orroom i    | no son and see ille                         |                     |             |

### \* PUBLIC DISCLOSURE COPY \*\*

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW, INC. 52-1818273 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules [X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

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

Name of organization
INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Employer identification number

| LAW,       | INC.  | 52                         | -1818273  |
|------------|---|----------------------------|---|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |   |
| (a)<br>No. | (b)<br>Name, address, and ZiP + 4   | (c) Total contributions    | (d)<br>Type of contribution   |
| 1          |   | \$ 4,655,591.              | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 2          |   | \$ <u>845,070</u> .        | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 3          |   | \$ 400,000.                | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 4          |   | \$ 384,284.                | Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 5          |   | \$ 209,635.                | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution  |
| 6          |   | \$160,000.                 | Person X Payroll Noncash  |
|            | · ·   |                            | (Complete Part II if there  |

is a noncash contribution.)

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 II if a | Table opuço la froduct.                        |                                       |
|------------------------------|---|--|---------------------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received                  |
|                              |   | \$   |                                       |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received                  |
|                              |   | \$   | :                                     |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                  |
|                              |   | \$   |                                       |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                  |
|                              |   | \$   | · · · · · · · · · · · · · · · · · · · |
| (a)<br>No.<br>from<br>Part l | (b)  Description of noncash property given                                | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                  |
|                              |   | \$   |                                       |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                  |
|                              |   | \$   |                                       |

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number INTERNATIONAL CENTER FOR NOT-FOR-PROFIT 52-1818273 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this Information once.) Part III Use duplicate copies of Part III'if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. trom (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

501(c) and section 527 **201** 

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

|         | Section 501(c)(4), (5), or (6) organizat   |   |  | ·  |  |
|---------|--|---|--|--|--|
| Nam     |  | TIONAL CENTER FOR   | NOT-FOR-PF   | ROFIT Em   | ployer identification number   |
| n.      | LAW, IN  | C .<br>anization is exempt unde   | r postion E01/o  | or is a section EO7  | 52-1818273   |
| Га      | irt I-A Complete if the org  | anization is exempt unde  | section sur(c)   | or is a section 521  | organization.  |
| 2       | Provide a description of the organiz<br>Political expenditures<br>Volunteer hours  |   |  |  |  |
| Pa      | art I-B Complete if the org  | anization is exempt unde  | r section 501(c)(  | 3).  |  |
| 1       | Enter the amount of any excise tax   | incurred by the organization unde   | section 4955   | <b>&gt;</b>  | · \$   |
| 2       | Enter the amount of any excise tax   | incurred by organization managers   | s under section 4955   | <b></b>  | \$   |
|         | If the organization incurred a sectio  |   | •  |  |  |
|         | Was a correction made?   |   | ,,   | .,   | Yes Li No  |
|         | of "Yes," describe in Part IV.   | anization is exempt unde  | r postion E01/o  | avaant aaction 50  | 1(a)(2)  |
| 2 9 5 h |  | ·   |  | ·  |  |
|         | Enter the amount directly expended<br>Enter the amount of the filing organ   | ·   |  |  | · \$   |
| 2       | exempt function activities   | •   | •  | and the second s | · ¢  |
| . 3     | Total exempt function expenditures   |   |  |  | Ψ  |
| ٠       | ·  |   |  |  |  |
|         | line 1/b   |   |  |  | · <b>\$</b>  |
| 4       |  | 1120-POL for this year?   |  |  |  |
|         | Did the filing organization file Form Enter the names, addresses and er  | 1120-POL for this year?   |  |  | Yes No   |
|         | Did the filing organization file Form  | 1120-POL for this year?nployer identification number (EIN)  | of all section 527 po  | litical organizations to w   | Yes No   |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were pre-                                    | 1120-POL for this year?  nployer identification number (EIN) tion listed, enter the amount paid omptly and directly delivered to a  | of all section 527 po<br>from the filing organiz<br>separate political orga                          | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa   | Yes No nich the filing organization the amount of political  |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were propolitical action committee (PAC). If | 1120-POL for this year?  Inployer identification number (EIN) Ition listed, enter the amount paid omptly and directly delivered to a sadditional space is needed, provide | of all section 527 po<br>from the filing organiz<br>separate political orga<br>e information in Part | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.  | Yes No nich the filing organization the amount of political arate segregated fund or a   |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were pre-                                    | 1120-POL for this year?  nployer identification number (EIN) tion listed, enter the amount paid omptly and directly delivered to a  | of all section 527 po<br>from the filing organiz<br>separate political orga                          | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.<br>(d) Amount paid from  | Yes No nich the filing organization the amount of political arate segregated fund or a  (e) Amount of political  |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were propolitical action committee (PAC). If | 1120-POL for this year?  Inployer identification number (EIN) Ition listed, enter the amount paid omptly and directly delivered to a sadditional space is needed, provide | of all section 527 po<br>from the filing organiz<br>separate political orga<br>e information in Part | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.  (d) Amount paid from<br>filing organization's   | yes No nich the filing organization the amount of political arate segregated fund or a  (e) Amount of political contributions received and   |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were propolitical action committee (PAC). If | 1120-POL for this year?  Inployer identification number (EIN) Ition listed, enter the amount paid omptly and directly delivered to a sadditional space is needed, provide | of all section 527 po<br>from the filing organiz<br>separate political orga<br>e information in Part | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.  (d) Amount paid from  | Yes No nich the filing organization the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate                         |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were propolitical action committee (PAC). If | 1120-POL for this year?  Inployer identification number (EIN) Ition listed, enter the amount paid omptly and directly delivered to a sadditional space is needed, provide | of all section 527 po<br>from the filing organiz<br>separate political orga<br>e information in Part | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.  (d) Amount paid from<br>filing organization's   | Yes No nich the filing organization the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly   |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were propolitical action committee (PAC). If | 1120-POL for this year?  Inployer identification number (EIN) Ition listed, enter the amount paid omptly and directly delivered to a sadditional space is needed, provide | of all section 527 po<br>from the filing organiz<br>separate political orga<br>e information in Part | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.  (d) Amount paid from<br>filing organization's   | Yes No nich the filing organization the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were propolitical action committee (PAC). If | 1120-POL for this year?  Inployer identification number (EIN) Ition listed, enter the amount paid omptly and directly delivered to a sadditional space is needed, provide | of all section 527 po<br>from the filing organiz<br>separate political orga<br>e information in Part | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.  (d) Amount paid from<br>filing organization's   | Yes No nich the filing organization the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were propolitical action committee (PAC). If | 1120-POL for this year?  Inployer identification number (EIN) Ition listed, enter the amount paid omptly and directly delivered to a sadditional space is needed, provide | of all section 527 po<br>from the filing organiz<br>separate political orga<br>e information in Part | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.  (d) Amount paid from<br>filing organization's   | Yes No nich the filing organization the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were propolitical action committee (PAC). If | 1120-POL for this year?  Inployer identification number (EIN) Ition listed, enter the amount paid omptly and directly delivered to a sadditional space is needed, provide | of all section 527 po<br>from the filing organiz<br>separate political orga<br>e information in Part | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.  (d) Amount paid from<br>filing organization's   | Yes No nich the filing organization the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were propolitical action committee (PAC). If | 1120-POL for this year?  Inployer identification number (EIN) Ition listed, enter the amount paid omptly and directly delivered to a sadditional space is needed, provide | of all section 527 po<br>from the filing organiz<br>separate political orga<br>e information in Part | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.  (d) Amount paid from<br>filing organization's   | Yes No nich the filing organization the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were propolitical action committee (PAC). If | 1120-POL for this year?  Inployer identification number (EIN) Ition listed, enter the amount paid omptly and directly delivered to a sadditional space is needed, provide | of all section 527 po<br>from the filing organiz<br>separate political orga<br>e information in Part | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.  (d) Amount paid from<br>filing organization's   | Yes No nich the filing organization the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were propolitical action committee (PAC). If | 1120-POL for this year?  Inployer identification number (EIN) Ition listed, enter the amount paid omptly and directly delivered to a sadditional space is needed, provide | of all section 527 po<br>from the filing organiz<br>separate political orga<br>e information in Part | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.  (d) Amount paid from<br>filing organization's   | Yes No nich the filing organization the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were propolitical action committee (PAC). If | 1120-POL for this year?  Inployer identification number (EIN) Ition listed, enter the amount paid omptly and directly delivered to a sadditional space is needed, provide | of all section 527 po<br>from the filing organiz<br>separate political orga<br>e information in Part | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.  (d) Amount paid from<br>filing organization's   | Yes No nich the filing organization the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were propolitical action committee (PAC). If | 1120-POL for this year?  Inployer identification number (EIN) Ition listed, enter the amount paid omptly and directly delivered to a sadditional space is needed, provide | of all section 527 po<br>from the filing organiz<br>separate political orga<br>e information in Part | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.  (d) Amount paid from<br>filing organization's   | Yes No nich the filing organization the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
|         | Did the filing organization file Form<br>Enter the names, addresses and er<br>made payments. For each organiza<br>contributions received that were propolitical action committee (PAC). If | 1120-POL for this year?  Inployer identification number (EIN) Ition listed, enter the amount paid omptly and directly delivered to a sadditional space is needed, provide | of all section 527 po<br>from the filing organiz<br>separate political orga<br>e information in Part | litical organizations to w<br>ation's funds. Also enter<br>anization, such as a sepa<br>IV.  (d) Amount paid from<br>filing organization's   | Yes No nich the filing organization the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |

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

Schedule C (Form 990 or 990-EZ) 2011

132041

### INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

| Schedule C (Form 990 or 990-EZ) 2011  Part II-A   Complete if the org | LAW, INC                          | exen     | not under section                 | n 501(c)(3) and fil                     | 52-1<br>led Form 5768                  | 818273 Page 2                  |
|---|-----------------------------------|----------|-----------------------------------|---|--|--------------------------------|
| (election under sec   |                                   |          | .,,                               |   |  |                                |
|   |                                   |          | ated group (and list in           | Part IV each affiliated                 | group member's nam                     | e. address. EIN.               |
| expenses, and sha   |                                   |          |                                   | •                                       |  | ,                              |
| B Check ▶ if the filing organiza                                      | ation checked bo                  | ox A and | d "limited control" pro           | visions apply.                          |  |                                |
|   | its on Lobbying<br>ditures" means |          | ditures<br>nts paid or incurred.) | 1                                       | (a) Filing<br>organization's<br>totals | (b) Affiliated group<br>totals |
| 1a Total lobbying expenditures to infl                                | luence public op                  | inion (a | rass roots lobbying)              |   |  |                                |
| b Total lobbying expenditures to infl                                 |                                   |          |                                   | *************************************** | 15,609.                                |                                |
| c Total lobbying expenditures (add I                                  | _                                 |          |                                   | .,,                                     | 15,609.                                |                                |
| d Other exempt purpose expenditur                                     |                                   |          |                                   |   | 6,035,344.                             |                                |
| e Total exempt purpose expenditure                                    |                                   |          |                                   |   | 6,050,953.                             |                                |
| f Lobbying nontaxable amount. Ent                                     |                                   |          |                                   |   | 452,548.                               |                                |
| If the amount on line 1e, column (a)                                  | or (b) is; Ti                     | he lobb  | ying nontaxable ame               | ount is:                                |  |                                |
| Not over \$500,000  | •                                 |          | ne amount on line 1e.             |   |  |                                |
| Over \$500,000 but not over \$1,00                                    | 00,000 \$                         | 100,000  | plus 15% of the exc               | ess over \$500,000.                     |  |                                |
| Over \$1,000,000 but not over \$1,5                                   | 500,000 \$                        | 175,000  | plus 10% of the exc               | ess over \$1,000,000.                   |  |                                |
| Over \$1,500,000 but not over \$17                                    | ,000,000 \$                       | 225;000  | ) plus 5% of the exce             | ss over \$1,500,000.                    |  |                                |
| Over \$17,000,000   | \$                                | 1,000,0  | 00.                               |   |  |                                |
|   |                                   |          |                                   |   |  |                                |
| g Grassroots nontaxable amount (er                                    | nter 25% of line                  | 1f)      |                                   | ,                                       | 113,137.                               |                                |
| h Subtract line 1g from line 1a. If zer                               | ro or less, enter                 | 0        |                                   |   | 0.                                     |                                |
| i Subtract line 1f from line 1c. If zer                               | o or less, enter -                | 0        | <b></b>                           |   | 0.                                     |                                |
| j If there is an amount other than ze                                 | ero on either line                |          |                                   |   |  |                                |
| reporting section 4911 tax for this                                   | year?                             |          |                                   | *************************************** |  | Yes No                         |
|   | 4-Ye                              | ar Aver  | aging Period Under                | Section 501(h)                          | ,                                      |                                |
|   |                                   |          |                                   | n do not have to com                    |  |                                |
| CC  | olumns below.                     | See the  | instructions for line             | s 2a through 2f on pa                   | age 4.)                                |                                |
|   | Lobbying                          | Expen    | ditures During 4-Yea              | r Averaging Period                      | · · ·                                  | •                              |
| Calendar year<br>(or fiscal year beginning in)                        | (a) 2008                          |          | <b>(b)</b> 2009                   | <b>(c)</b> 2010                         | (d) 2011                               | (e) Total                      |
| 2a Lobbying nontaxable amount   | 357,9                             | 55.      | 382,162.                          | 378,612.                                | 452,548.                               | 1,571,277.                     |
| b Lobbying ceiling amount   |                                   | . "      |                                   |   |  | ·                              |
| (150% of line 2a, column(e))  |                                   |          |                                   |   |  | 2,356,916.                     |
| ·   |                                   |          |                                   |   |  |                                |
| c Total lobbying expenditures   | 5                                 | 22.      | 12,586.                           | 5,117.                                  | 15,609.                                | 33,834.                        |
|   | 1                                 |          |                                   |   |  |                                |
| d Grassroots nontaxable amount  | 89,4                              | 89.      | 95,541.                           | 94,653.                                 | 113,137.                               | 392,820.                       |
| e Grassroots ceiling amount   |                                   |          |                                   |   |  |                                |
| (150% of line 2d, column (e))   |                                   | -        |                                   |   |  | 589,230.                       |
|   | 1 -                               |          |                                   | l                                       | I '                                    | <b>[</b>                       |

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2011 LAW, INC. 52-18182'
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 each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description   | (a                             | 1)  | (b)          |   |  |
|---|--------------------------------|---|--------------|---|--|
| of the lobbying activity.   | Yes                            | No  | Am           | nount                                   |  |
| During the year, did the filing organization attempt to influence foreign, national, state or   | Parks<br>Parks                 | . 1:  |              |   |  |
| local legislation, including any attempt to influence public opinion on a legislative matter  |                                |   |              |   |  |
| or referendum, through the use of:  |                                |   |              |   |  |
| a Volunteers?   |                                |   |              |   |  |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |                                |   |              |   |  |
| c Media advertisements?   |                                |   |              | Louise Wilesille Substan                |  |
| d Mailings to members, legislators, or the public?  |                                |   |              |   |  |
| e Publications, or published or broadcast statements?   |                                |   |              |   |  |
| f Grants to other organizations for lobbying purposes?  |                                |   |              |   |  |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?   |                                |   |              |   |  |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   | -                              |   |              |   |  |
|   |                                |   |              |   |  |
| j Other activities?<br>j Total. Add lines 1c through 1i   | 805-100-100                    |   |              |   |  |
|   | (John Charles)                 |   |              | 000000000000000000000000000000000000000 |  |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |                                |   |              | The Minimum                             |  |
| b If "Yes," enter the amount of any tax incurred under section 4912   |                                |   |              |   |  |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |                                | <u>0a 5,65.</u>   | 1985-008-08- | ora ni Suscelliere                      |  |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  | F01/a\                         | (E) av a  |              |   |  |
| Part III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).   | on Sul(c)                      | (5), or s   | ection       |   |  |
| 30 1(c)(o).   |                                |   | Yes          | No                                      |  |
|   |                                |   | 1.00         | -                                       |  |
| Open despendent and (2007) the second provided the second second and second provided the second provided t  |                                |   |              | 1                                       |  |
| 1 Were substantially all (90% or more) dues received nondeductible by members?  |                                |   |              |   |  |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |                                | 2   |              |   |  |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4).   | on 501(c)                      | 2<br>(5), or se   |              | ne 3, is                                |  |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> </ul>  | on 501(c)<br>I "No" OR         | 2<br>3<br>(5), or se<br>(b) Par                             |              | ne 3, is                                |  |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B 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 answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)  | on 501(c)<br>I "No" OR         | 2<br>3<br>(5), or se<br>(b) Par                             |              | ne 3, is                                |  |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B 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 answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> </ul>   | on 501(c)<br>I "No" OR         | (5), or so  |              | ne 3, is                                |  |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B 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 answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> </ul>   | on 501(c)<br>I "No" OR         | 2<br>3<br>(5), or so<br>(b) Par                             |              | ne 3, is                                |  |
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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

QMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Employer identification number 52-1818273

| 177 m. · | LAW, INC.   |   | 52-1818273                                    |
|----------|---|---|---|
| Par      | til Organizations Maintaining Donor Advise  | d Funds or Other Similar Fund               | ls or Accounts. Complete if the               |
|          | organization answered "Yes" to Form 990, Part IV, line  |   | ·   |
|          |   | (a) Donor advised funds                     | (b) Funds and other accounts                  |
| 1        | Total number at end of year   |   |   |
| 2        | Aggregate contributions to (during year)  |   |   |
| 3        | Aggregate grants from (during year)   |   |   |
| 4        | Aggregate value at end of year  |   |   |
| 5        | Did the organization inform all donors and donor advisors in v  | writing that the assets held in donor adv   | ised funds                                    |
|          | are the organization's property, subject to the organization's  | · ·   |   |
| 6        | Did the organization inform all grantees, donors, and donor a   |   |   |
|          | for charitable purposes and not for the benefit of the donor o  |   | •   |
|          | •   |   |   |
| Par      |   |   |   |
| 1        | Purpose(s) of conservation easements held by the organization   |   |   |
| •        | Preservation of land for public use (e.g., recreation or e  |   | istorically important land area               |
|          | Protection of natural habitat   | · —   | rtified historic structure                    |
|          | Preservation of open space  | i reservation of a ce                       | Tuned filstone structure                      |
| 2        |   | ind apparentian contribution in the form    | f   |
| 2        | Complete lines 2a through 2d if the organization held a qualif  | led conservation contribution in the long   | n or a conservation easement on the last      |
|          | day of the tax year.  | ;   | Was St. Dald as the Fed at the Ton Venn       |
| _        | Total number of conservation easements  |   | Held at the End of the Tax Year               |
| d<br>L   |   |   |   |
| b        | Total acreage restricted by conservation easements  |   |   |
| C        | Number of conservation easements on a certified historic structure of conservation easements in a certified historic structure. |   |   |
| d        | Number of conservation easements included in (c) acquired a   |   |   |
| _        | listed in the National Register   |   |   |
| 3        | Number of conservation easements modified, transferred, rel   | eased, extinguished, or terminated by the   | ne organization during the tax                |
| _        | year >  |   |   |
| 4 .      | Number of states where property subject to conservation eas   |   |   |
| 5        | Does the organization have a written policy regarding the per   |   |   |
|          | violations, and enforcement of the conservation easements it  |   |   |
| 6        | Staff and volunteer hours devoted to monitoring, inspecting,  |   |   |
| 7        | Amount of expenses incurred in monitoring, inspecting, and e  |   |   |
| 8        | Does each conservation easement reported on line 2(d) above   | · ·   |   |
|          | and section 170(h)(4)(B)(ii)?   |   |   |
| 9        | In Part XIV, describe how the organization reports conservation   |   |   |
|          | include, if applicable, the text of the footnote to the organizat   | ion's financial statements that describe    | s the organization's accounting for           |
| 1        | conservation easements.   |   |   |
| Pai      | t III Organizations Maintaining Collections of  |   | Other Similar Assets.                         |
|          | Complete if the organization answered "Yes" to Form   |   |   |
| 1a       | If the organization elected, as permitted under SFAS 116 (AS  |   |   |
|          | historical treasures, or other similar assets held for public exh   | nibition, education, or research in further | ance of public service, provide, in Part XIV, |
|          | the text of the footnote to its financial statements that describ   | bes these items.                            | •   |
| b        | If the organization elected, as permitted under SFAS 116 (AS  | C 958), to report in its revenue stateme    | nt and balance sheet works of art, historical |
|          | treasures, or other similar assets held for public exhibition, ed   |   |   |
|          | relating to these items:  | •   | .,  |
|          | (i) Revenues included in Form 990, Part VIII, line 1  |   | <b>&gt;</b> \$                                |
|          |   |   | _ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `       |
| 2        | If the organization received or held works of art, historical trea  |   |   |
| -        | the following amounts required to be reported under SFAS 1  |   | 9 hiotiao                                     |
| а        | Revenues included in Form 990, Part VIII, line 1  | . · ·                                       |   |
| b        | Assets included in Form 990, Part X   |   |   |
| Ŋ        | 7 NOOTO HOROGOU III I OTTI OOO, I GICA  | ••••••                                      | 🕨 \$  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $^{132051}_{01\text{-}23\text{-}12}$ 

Schedule D (Form 990) 2011

### INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

|        | dule D (Form 990) 2011 LAW, INC  |                       |                          |                          |             |                      | <u> 18182</u>   |              |             |
|--------|--|-----------------------|--------------------------|--------------------------|-------------|----------------------|-----------------|--------------|-------------|
| Par    | t III Organizations Maintaining C  | ollections of A       | rt, Historical T         | reasures, or             | Other       | Similar As           | sets (co        | ntinued      | )           |
| 3      | Using the organization's acquisition, accessic   | n, and other record   | ds, check any of th      | e following that a       | are a sigr  | nificant use of      | its collect     | ion item     | ıs          |
|        | (check all that apply):  |                       |                          |                          |             |                      |                 |              |             |
| а      | Public exhibition  | C                     | Loan or ex               | change program           | ıs          |                      |                 |              |             |
| b      | Scholarly research   | 6                     |                          |                          |             |                      |                 |              |             |
| c      | Preservation for future generations  |                       |                          |                          |             |                      |                 |              |             |
| 4      | Provide a description of the organization's co   | llections and explai  | in how they further      | the organization         | 's exemi    | ot purpose in        | Part XIV.       |              |             |
|        | During the year, did the organization solicit or                                       |                       |                          |                          |             |                      |                 |              |             |
|        | to be sold to raise funds rather than to be ma   |                       |                          |                          |             |                      | Yes             |              | No          |
| Par    | t IV Escrow and Custodial Arrang   | jements. Compl        | ete if the organizat     | ion answered "Y          | es" to Fo   | rm 990. Part         |                 | or           |             |
| L      | reported an amount on Form 990, Part   | X, line 21.           |                          |                          |             |                      | ,,              |              |             |
| 1a     | Is the organization an agent, trustee, custodia  | an or other intermed  | diary for contribution   | ons or other asse        | ts not in   | cluded               |                 |              |             |
|        | on Form 990, Part X?   |                       |                          |                          |             |                      | Yes             |              | No          |
|        | If "Yes," explain the arrangement in Part XIV a  |                       |                          |                          |             |                      | 103             | 1            | _ 110       |
| ~      | , i oo, oo, paan aho ahangemen in arrivir a  | and bornploto the re  | ono trang table.         |                          |             |                      | Amou            |              | <del></del> |
| С      | Beginning balance  |                       |                          |                          |             | 1c                   | Amo             |              |             |
|        | Additions during the year  |                       |                          |                          |             |                      |                 |              |             |
|        |  |                       |                          |                          |             | 1e                   |                 |              |             |
|        | Distributions during the year Ending balance   |                       |                          |                          |             | 1f                   |                 |              |             |
| 00     | Did the organization include an amount on Fo   | ro 000 Dort V line    |                          |                          |             | <u> </u>             |                 |              | ٦.,         |
|        |  | mii 990, Fait A, iine | 211                      |                          | *********** |                      | └── Yes         |              | ∐ No        |
| Par    | If "Yes," explain the arrangement in Part XIV. <b>t V</b> Endowment Funds. Complete if | the examination or    | anuared "Vee" to E       | Corre COO Dort N         | line 10     |                      |                 |              |             |
| ı cı   | Lindowine it i unds. Complete ii   |                       |                          |                          |             |                      | 1 4 1 5         |              |             |
|        | En tratago de constituir   | (a) Current year      | (b) Prior year           | (c) Two years t          | Dack (d     | ) inree years b      | ack (e) Fo      | our years    | Dack        |
|        | Beginning of year balance  |                       |                          |                          |             |                      | 1999            |              |             |
| b      | Contributions  |                       |                          | <del></del>              |             |                      | 42.54           | <u> </u>     |             |
| С      | Net investment earnings, gains, and losses   |                       |                          | <del></del>              |             |                      |                 |              |             |
|        | Grants or scholarships   |                       |                          | <u> </u>                 |             |                      | 1,017,24        |              |             |
| е      | Other expenditures for facilities  |                       |                          |                          | 1           |                      | s with          | i majage     |             |
|        | and programs   |                       |                          |                          |             |                      | - 4 -           |              |             |
| f      | Administrative expenses  |                       |                          |                          |             |                      |                 |              |             |
| g      | End of year balance  |                       |                          |                          |             |                      |                 |              |             |
| 2      | Provide the estimated percentage of the curre  | -                     | ce (line 1g, column      | (a)) held as:            |             |                      |                 |              |             |
| а      | Board designated or quasi-endowment  |                       | %                        |                          |             |                      |                 |              |             |
| b      | Permanent endowment  | %                     |                          |                          |             |                      |                 |              |             |
| C      | Temporarily restricted endowment   | %                     |                          |                          |             |                      |                 |              |             |
|        | The percentages in lines 2a, 2b, and 2c should   | ld equal 100%.        |                          |                          |             |                      |                 |              |             |
| За     | Are there endowment funds not in the posses  | ssion of the organiz  | ation that are held      | and administere          | d for the   | organization         |                 |              |             |
|        | by:  |                       | •                        |                          |             |                      |                 | Yes          | No          |
|        | (i) unrelated organizations  |                       | **********               |                          |             |                      | 3a(             | í)           |             |
|        | (ii) related organizations   |                       |                          |                          |             |                      | 3a(i            | i)           |             |
| b      | If "Yes" to 3a(ii), are the related organizations                                      |                       |                          |                          |             |                      |                 |              |             |
| 4      | Describe in Part XIV the intended uses of the  |                       |                          |                          |             |                      |                 |              | <u> </u>    |
| Par    | t VI Land, Buildings, and Equipm   |                       |                          |                          |             |                      |                 |              |             |
|        | Description of property  | (a) Cost or o         |                          | st or other<br>s (other) |             | umulated<br>eciation | ( <b>d</b> ) Bo | ook valu     | e           |
| 1a     | Land   | <u> </u>              |                          |                          |             |                      |                 |              |             |
|        | Buildings  |                       |                          |                          | · · · · · · |                      |                 |              |             |
|        | Leasehold improvements   |                       |                          | 30,930.                  | 1           | 0,310.               |                 | 20,6         | 20          |
|        | Equipment  |                       |                          | 50,550.                  |             | -U, J T U +          |                 | <u> </u>     | <u> </u>    |
|        | Other  |                       |                          |                          |             |                      |                 |              |             |
|        | . Add lines 1a through 1e. (Column (d) must ed   |                       | V ookuma (D) #           | 10(0)                    |             |                      |                 | 20,6         | 20          |
| ı otal | , Add into Ta midugh 16. (Column (a) must et   | juai ruiiii 990, Pan  | . ^, GUIUTTITI (B), IINE | · + U(U).)               |             | 🕨                    |                 | <b>۵،∪</b> ∆ | ۷٠.         |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1.     | (a) Description of liability                               | (b) Book value |
|--------|--|----------------|
| (1)    | Federal income taxes                                       |                |
| (2)    | DEFERRED RENT ABATEMENT                                    | 9,746.         |
| (3)    | DUE TO SUBRECIPIENTS                                       | 48,054.        |
| (4)    |  |                |
| (5)    |  |                |
| (6)    |  |                |
| (7)    |  |                |
| (8)    |  |                |
| (9)    |  |                |
| (10)   |  |                |
| (11)   |  |                |
| Total. | (Column (b) must equal Form 990, Part X, col (B) line 25.) | 57,800.        |

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

132053 01-23-12 INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

|           | dule D (Form 990) 2011 LAW, INC.   |          |             | 52-        | <u> 1818273</u> | Page 4       |
|-----------|--|----------|-------------|------------|-----------------|--------------|
| Par       | t XI Reconciliation of Change in Net Assets from Form 990 to A                                   | Audited  | l Financial | Statement  | ts              |              |
| 1         | Total revenue (Form 990, Part VIII, column (A), line 12)   | <i></i>  | 1           |            | 6,757           | 438.         |
| 2         | Total expenses (Form 990, Part IX, column (A), line 25)  |          | 2           |            | 6,050           |              |
| 3         | Excess or (deficit) for the year. Subtract line 2 from line 1                                    |          |             |            | 706             | 485.         |
| 4         | Net unrealized gains (losses) on investments   |          |             |            |                 |              |
| 5         | Donated services and use of facilities   |          |             |            |                 |              |
| 6         | Investment expenses  |          |             |            | <del></del>     | <del></del>  |
| 7         | Prior period adjustments   |          |             |            | ·               |              |
| 8         | Other (Describe in Part XIV.)  |          |             |            |                 |              |
| 9         | Total adjustments (net). Add lines 4 through 8   |          |             |            |                 |              |
| 10        | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and           |          |             |            | 706             | 105          |
|           | tXII Reconciliation of Revenue per Audited Financial Statemen                                    | nts With | Revenue     |            | 700,            | <u> 485.</u> |
| 1         | Total revenue, gains, and other support per audited financial statements                         |          |             |            | 6,757,          | 120          |
| 2         | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                              |          | ,           | <b>1</b>   | 0,131,          | 430.         |
|           | · · · · · · · · · · · · · · · · · · ·  | اما      |             |            |                 |              |
| a         | Net unrealized gains on investments  | 2a       |             |            |                 |              |
| α         | Donated services and use of facilities   |          |             |            |                 |              |
| С         | Recoveries of prior year grants  |          |             |            |                 |              |
| d         | Other (Describe in Part XIV.)  | 2d       |             |            |                 |              |
| е         | Add lines 2a through 2d  |          |             |            |                 | 0.           |
| 3         | Subtract line 2e from line 1   |          |             | 3          | 6,757,          | <u>438.</u>  |
| 4         | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                             |          |             |            |                 |              |
| а         | Investment expenses not included on Form 990, Part VIII, line 7b                                 | 4a       |             |            |                 |              |
| b         | Other (Describe in Part XIV.)  | 4b       |             |            |                 |              |
| . c       | Add lines 4a and 4b  |          |             | 4c         |                 | 0.           |
| _5        | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                  |          |             |            | 6,757,          | 438.         |
| Par       | t XIII Reconciliation of Expenses per Audited Financial Stateme                                  | nts Wit  | h Expense   | s per Retu | rn              |              |
| 1         | Total expenses and losses per audited financial statements                                       |          |             | 1          | 6,050,          | 953.         |
| 2         | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                |          |             | 1201       | - , ,           |              |
| а         | Donated services and use of facilities   | 2a       |             |            |                 |              |
| b         | Prior year adjustments   |          |             |            |                 |              |
| c         | Other losses   |          |             |            |                 |              |
| ď         | Other (Describe in Part XIV.)  |          |             |            |                 |              |
|           | ·  |          |             |            |                 | Λ            |
| 3         | Add lines 2a through 2d  |          |             |            | 6,050,          | 0.53         |
| 4         | Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: |          |             | 3          | 0,050,          | 955.         |
| -         | · · · · · · · · · · · · · · · · · · ·  | -        |             |            |                 |              |
| a         | Investment expenses not,included on Form 990, Part VIII, Jine 7b                                 | 4a       |             | T. 15      |                 |              |
| , D       | Other (Describe in Part XIV.)  |          | ·           |            |                 | •            |
|           | Add lines 4a and 4b  |          |             | 4c         |                 | 0.           |
|           | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                 |          |             | 5          | 6,050,          | <u>953.</u>  |
|           | t XIV Supplemental Information   |          | ·           |            |                 |              |
|           | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,   |          |             |            |                 | 4; Part      |
|           | e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple     |          |             |            |                 |              |
| PAF       | RT X, LINE 2: IN JUNE 2006, THE FINANCIAL A  | CCOUN    | TING S      | TANDARD    | S BOARD         |              |
|           |  |          |             |            |                 |              |
| <u>(F</u> | ASB) RELEASED FASB ASC 740-10, INCOME TAXES  | , THA    | T PROV      | IDES GU    | IDANCE E        | OR           |
| •         |  |          |             |            |                 |              |
| REE       | PORTING UNCERTAINTY IN INCOME TAXES. FOR TH  | E YEA    | RS END      | ED DECE    | MBER 31;        | •            |
|           |  |          |             |            |                 |              |
| 201       | 1 AND 2010, THE CENTER HAS DOCUMENTED ITS  | CONSI    | DERATT      | ON OF F    | ASB ASC         |              |
|           |  |          |             | <u> </u>   | 100 1100        | ···          |
| 740       | -10 AND DETERMINED THAT NO MATERIAL UNCERT   | AIN I    | AX POS      | ITIONS (   | QUALIFY         | FOR          |
| EIT       | HER RECOGNITION OR DISCLOSURE IN THE FINAN   | CIAL     | STATEM      | ENTS. T    | HE FEDER        | RAL          |
|           |  |          |             |            |                 |              |
| FOF       | RM 990, RETURN OF ORGANIZATION EXEMPT FROM   | INCOM    | Œ TAX,      | IS SUB     | JECT TO         |              |
| <u>EX</u> | MINATION BY THE INTERNAL REVENUE SERVICE,  | GENEF    | RALLY F     | OR THRE    |                 |              |
|           |  |          |             | Sched      | ule D (Form 9   | 90) 2011     |

# INTERNATIONAL CENTER FOR NOT-FOR-PROFIT Schedule D (Form 990) 2011 LAW, INC. Part XIV Supplemental Information (continued) 52-1818273 Page 5 AFTER IT IS FILED.

### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

| OMB No. 1545-0047                    |
|--------------------------------------|
| 2011                                 |
| <br><br>Open to Public<br>Inspection |

Department of the Treasury Internal Revenue Service

LAW, INC.

Part I

Name of the organization

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Employer identification number

52-1818273

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to 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? X Yes No.

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

| (a) Region                       | (b) Number of            | (c) Number of  | an be duplicated if additional space is (d) Activities conducted in region                                     | (e) If activity listed in (d)  | (f) Total   |
|----------------------------------|--------------------------|--|--|--|---|
|                                  | offices<br>in the region | employees,<br>agents, and<br>independent<br>contractors<br>in region | (by type) (e.g., fundraising, program<br>services, investments, grants to<br>recipients located in the region) | is a program service,<br>describe specific type<br>of service(s) in region | expenditures<br>for and<br>investments<br>in region |
|                                  |                          |  |  |  |   |
| EUROPE (INCLUDING                |                          |  | !  | NGO LEGAL ENABLING   |   |
| ICELAND & GREENLAND)             | 1.                       | 7  | PROGRAM SERVICES   | ENVIRONMENT INITIATIVES  | 601,883.  |
|                                  |                          |  |  | ·  |   |
| RUSSIA & THE NEWLY               |                          |  |  | NGO LEGAL ENABLING   |   |
| INDEPENDENT STATES               | 7                        | 33   | PROGRAM SERVICES   | ENVIRONMENT INITIATIVES  | 1,380,946.  |
| ·                                |                          |  | -  |  |   |
| ·.                               |                          |  |  |  |   |
| MIDDLE EAST AND                  |                          |  |  | NGO LEGAL ENABLING   |   |
| NORTH AFRICA                     | 1                        | 12   | PROGRAM SERVICES   | ENVIRONMENT INITIATIVES  | 360,799.  |
|                                  |                          |  |  |  |   |
| •                                |                          |  | PROGRAM SERVICES   | NGO LEGAL ENABLING   |   |
| SOUTH ASIA                       | 1                        | 3  | PROGRAM SERVICES   | ENVIRONMENT INITIATIVES  | 28,488.   |
|                                  |                          |  |  |  | 20,200.   |
|                                  |                          |  |  |  |   |
| EAST ASIA AND THE                |                          |  | ·  | NGO LEGAL ENABLING   |   |
| PACIFIC                          | . 0                      | 5  | PROGRAM SERVICES   | ENVIRONMENT INITIATIVES  | 12,636.   |
|                                  |                          |  | ·  |  |   |
|                                  |                          |  |  |  |   |
| CENTRAL AMERICA AND              |                          |  |  | NGO LEGAL ENABLING   |   |
| THE CARIBBEAN                    | 0                        | 5  | PROGRAM SERVICES   | ENVIRONMENT INITIATIVES  | 24,927.   |
|                                  |                          |  |  |  |   |
|                                  |                          |  |  | NOO LEGAL ENABLENG   |   |
| NORTH AMERICA                    | ,                        | 5  | PROGRAM SERVICES   | NGO LEGAL ENABLING<br>ENVIRONMENT INITIATIVES                              | 25.911.   |
| NORTH IMPRICIT                   |                          |  | I KOGKAH BEKVICES  | ENVIRONMENT INTITATIVES  | 25,911,   |
|                                  |                          |  |  |  | ·   |
| •                                |                          |  |  | NGO LEGAL ENABLING   |   |
| SUB-SAHARAN AFRICA               | 0                        | 4  | PROGRAM SERVICES   | ENVIRONMENT INITIATIVES  | 110,938.  |
| 3 a Sub-total                    | 10                       | 74   |  |  | 2,546,528.  |
| <b>b</b> Total from continuation |                          |  |  |  |   |
| sheets to Part I                 | . 0                      | 3  |  |  | 647,702.  |
| c Totals (add lines 3a           |                          |  |  |  | :   |
| and 3b)                          | 10                       | 77   |  |  | 3 194 230.  |

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

Schedule F (Form 990) 2011

| (a) Region           | (b) Number of | (c) Number of    | (d) Activities conducted in region   | (e) If activity listed in (d)                  | (f) Total    |
|----------------------|---------------|------------------|--|--|--------------|
|                      | offices       | employees or     | (by type) (i.e., fundraising,  | is a program service,                          | expenditures |
|                      | in the region | agents in region | program services, grants to recipients located in the region)  | describe specific type of service(s) in region | for region   |
|                      |               | Togion           | recipients located in the region)  | or service(s) in region                        |              |
|                      |               |                  |  | ·  |              |
|                      |               |                  |  |  |              |
| SOUTH AMERICA        | ,             | 3                | PROGRAM SERVICES   | NGO LEGAL ENABLING<br>ENVIRONMENT INITIATIVES  | 9,423        |
| JOOTH AMERICA        |               |                  | PROGRAM BERVICES   | SAVIRONMENT INTITATIVES                        | <u> </u>     |
|                      |               |                  |  |  |              |
| RUSSIA & THE NEWLY   |               |                  | GRANTS TO RECIPIENTS   |  |              |
| INDEPENDENT STATES   | 0             | 0                | LOCATED IN REGION  |  | 357,451      |
|                      |               |                  |  | •  |              |
| ,                    |               |                  |  |  |              |
| CENTRAL AMERICA AND  |               |                  | GRANTS TO RECIPIENTS   |  |              |
| THE CARIBBEAN        | 0             | 0                | LOCATED IN REGION  |  | 17,000       |
|                      |               |                  |  |  |              |
| MIDDLE EAST AND      |               |                  | GRANTS TO RECIPIENTS   |  |              |
| NORTH AFRICA         | 0             | 0                | LOCATED IN REGION  |  | 227,513      |
|                      |               |                  |  | ·  |              |
|                      |               |                  |  |  |              |
| EUROPE (INCLUDING    |               |                  | GRANTS TO RECIPIENTS   |  |              |
| ICELAND & GREENLAND) | 0             | . 0              | LOCATED IN REGION  |  | 9,967        |
| •                    |               |                  |  |  |              |
|                      |               |                  | GRANTS TO RECIPIENTS   |  |              |
| SOUTH ASIA           | 0             | 0                | LOCATED IN REGION  |  | 6,500        |
|                      | <u> </u>      |                  | The state of the s |  | 3,300        |
|                      |               | 1                | · ·  |  |              |
| EUROPE (INCLUDING    |               |                  | •  |  |              |
| ICELAND & GREENLAND) | 0             | 0                | BOARD MEETING  |  | 19,848       |
|                      |               |                  |  |  |              |
|                      |               |                  |  |  |              |
|                      |               |                  |  |  |              |
|                      |               |                  |  |  |              |
| •                    |               |                  |  |  |              |
| ,                    |               |                  |  |  |              |
|                      | ·             |                  |  |  |              |
|                      |               |                  |  |  |              |
|                      |               |                  |  |  |              |
|                      |               |                  |  |  |              |
|                      |               |                  |  |  | 1            |
|                      |               |                  |  |  |              |
|                      |               |                  |  |  |              |
| Totals               | .]            |                  |  |  | 647 702      |

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Schedule F (Form 990) 2011

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

52-1818273

Page 2

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance 0 (g) Amount of 0 0 0 ö o non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement 25,050 MIRE TRANSFER WIRE TRANSFER 299974. WIRE TRANSFER 11,000, WIRE TRANSFER WIRE TRANSFER 9,967. WIRE TRANSFER 20,240 MIRE TRANSFER (f) Manner of WIRE TRANSFER of cash grant 32,427. 18,398. 6,000, (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter TO SUPPORT NGO LAW TO SUPPORT NGO LAW TO SUPPORT NGO LAW SSISTANCE TO NGOS TO SUPPORT NGO LAW O SUPPORT NGO LAW TO SUPPORT NGO LAW TO SUPPORT NGO LAW PROVIDE LEGAL AND (d) Purpose of grant EDUCATIONAL AND THE CARIBBEAN REFORM REFORM REFORM REFORM EFORM IND THE CARIBBEAN REFORM REFORM NEWLY INDEPENDENT NEWLY INDEPENDENT NEWLY INDEPENDENT UROPE (INCLUDING CENTRAL AMERICA ENTRAL AMERICA MIDDLE EAST AND MIDDLE EAST AND (c) Region Part II can be duplicated if additional space is needed. NUSSIA & THE RUSSIA & THE RUSSIA & THE NORTH AFRICA NORTH AFRICA SREENLAND) CELAND & STATES STATES STATES (b) IRS code section and EIN (if applicable) (a) Name of organization Q

Enter total number of other organizations or entities

Schedule F (Form 990) 2011

| NOT-FOR-PROFIT |        |
|----------------|--------|
| FOR            |        |
| CENTER         |        |
| SRNATIONAL     | , INC. |
| INT            | LAW,   |

| Page 2                |   | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) | ·                               | ·                               |                                 | ·                               |                                 |                                 |                                 |                                 |                                 |
|-----------------------|---|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
|                       | (1  | (h) Description<br>of non-cash<br>assistance                |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |
| 18273                 | 90), Part II, line 1  | (g) Amount of non-cash assistance                           | 0                               | 0,                              | 0                               | 0                               | 0                               | 0                               |                                 | •0                              | 0                               |
| 52-1818273            | (Schedule F (Form 990), Part II, line 1)  | (f) Manner of<br>cash disbursement                          | WIRE TRANSFER                   | 5,000,MIRE TRANSFER             | 350 MIRE TRANSFER               | WIRE TRANSFER                   |
| FOR-FROFIL            | United States.  | (e) Amount<br>of cash grant                                 | 59,231.                         | 10,000.                         | 5,250.                          | 7,450.                          | 6,760.                          | 10,000.                         | 5,000                           | 5,350.                          | 7,500.                          |
| TEN TON NOT FOR       | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. | (d) Purpose of<br>grant                                     | to support ngo law<br>Reform    | IO SUPPORT NGO LAW<br>REFORM    | IO SUPPORT NGO LAW<br>REFORM    | TO SUPPORT NGO LAW<br>REFORM    | IO SUPPORT NGO LAW<br>REFORM    | TO SUPPORT NGO LAW<br>REFORM    |
| LAW, INC.             | Assistance to Organiz   | (c) Region  | MIDDLE EAST AND<br>NORTH AFRICA | MIDDLE EAST AND<br>NORTH AFRICA | MIDDLE EAST AND<br>NORTH AFRICA | MIDDLE EAST AND<br>NORTH AFRICA | MIDDLE EAST AND<br>NORTH APRICA | MIDDLE EAST AND<br>NORTH AFRICA |
| LAW,                  | f Grants and Other  | (b) IRS code section<br>and EIN (if applicable)             |                                 |                                 |                                 | ·                               |                                 |                                 |                                 |                                 |                                 |
| Schedule F (Form 990) | Part II Continuation of   | 1<br>(a) Name of organization                               |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |

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

| Page 2                                |  | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |                    |                              |  |  |  |  |
|---------------------------------------|--|---|--------------------|------------------------------|--|--|--|--|
|                                       |  | (h) Description<br>of non-cash<br>assistance                |                    | ·                            |  |  |  |  |
| 18273                                 | 90), Part II, line 1)  | (g) Amount of non-cash assistance                           | . 0                | 0                            |  |  |  |  |
| 52-1818273                            | Schedule F (Form 9)  | (f) Manner of cash disbursement                             | WTRE TRANSPER      | WIRE TRANSFER                |  |  |  |  |
| 1                                     | United States. (S  | (e) Amount of cash grant                                    | 10.000             | 820.                         |  |  |  |  |
| , , , , , , , , , , , , , , , , , , , | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | (d) Purpose of grant  | TO SUPPORT NGO LAW | TO SUPPORT NGO LAW<br>REFORM |  |  |  |  |
| INC.                                  | Assistance to Organizal  | (c) Region  | MIDDLE EAST AND I  | AND                          |  |  |  |  |
| LAW                                   | Grants and Other   | (b) IRS code section<br>and EIN (if applicable)             |                    |                              |  |  |  |  |
| Schedule F (Form 990)                 | Part II Continuation of  | . (a) Name of organization                                  |                    |                              |  |  |  |  |

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

LAW, INC.

Schedule F (Form 990) 2011

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

Page 3

52-1818273

Part III can be duplicated if additional space is needed.

|   |  |     | 3. |
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Schedule F (Form 990) 2011

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

for Form 5713)

Schedule F (Form 990) 2011

X Yes

LAW, INC.

Part V | Supplemental Information

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

SCHEDULE F, PART I, LINE 2: PAYMENT FOR SMALL GRANTS IS MADE IN TWO OR
MORE DISBURSEMENTS, WITH THE FINAL DISBURSEMENT ISSUED ONCE THE FINAL
REPORT HAS BEEN FILED. THE FORMAT OF THE FINAL REPORT IS DETERMINED BY
THE APPROVED ACTIVITY TO BE SUPPORTED BY THE SMALL GRANT. FOR RESEARCH
GRANTS, THE FINAL REPORT IS THE FINISHED RESEARCH PAPER; FOR GRANTS WHICH
SUPPORT OTHER TYPES OF PROGRAM ACTIVITIES, SUCH AS WORKSHOPS, THE FINAL
REPORT DETAILS THE ACCOMPLISHMENTS AND INCLUDES A FINANCE REPORT
COMPARING ACTUAL COSTS TO THE APPROVED BUDGET.

FOR GRANTS THAT EXCEED THE SMALL GRANT THRESHOLD, THE GRANTEE RECEIVES AN INITIAL ADVANCE, BASED ON THEIR CALCULATED NEEDS FOR THE ADVANCE PERIOD.

THE GRANTEE MUST THEN SUBMIT A REPORT WHICH LIQUIDATES THE ADVANCE AND A REQUEST FOR THE NEXT DISBURSEMENT. FOR SUBSTANTIAL GRANTS, SUCH AS THE RUSSIA PROGRAM, GRANTEES SUBMIT MONTHLY REPORTS; FOR THE HONDURAS PROGRAM, WHICH HAS A LOWER LEVEL OF ACTIVITY, THE GRANTEE SUBMITS QUARTERLY REPORTS. THE LIQUIDATION REPORTS INCLUDE A COMPARISON OF ACTUAL COSTS TO THE APPROVED BUDGET, WITH COPIES OF SUPPORTING DOCUMENTATION, RECEIPTS, ETC.

### SCHEDULE J (Form 990)

### **Compensation Information**

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

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

2011

Open to Public Inspection

Internal Revenue Service

Name of the organization

LAW. INC.

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Inspection
Employer identification number

52-1818273

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

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

Schedule J (Form 990) 2011

Regulations section 53.4958-6(c)?

# 52-1818273 INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

LAW, INC.

Schedule J (Form 990) 2011

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

Page 2

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

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

|                        |                | (B) Breakdown of         | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation                     | (0)  | (a)                    | (E)                         | (F)   |
|------------------------|----------------|--------------------------|--|-------------------------------------|--|------------------------|-----------------------------|---|
| (A) Name               | . <del> </del> | (i) Base<br>compensation | (ii) Bonus & incentive compensation                | (iii) Other reportable compensation | Retirement and other deferred compensation | Nontaxable<br>benefits | Total of columns (B)(i)-(D) | Compensation<br>reported as deferred<br>in prior Form 990 |
|                        | 9              | 140,425.                 | 0  | 0                                   | 14,863.                                    | 14,434.                | 169,722.                    | 0.  |
| 1 DOUGLAS RUTZEN       | €              | 4                        | 0  | 0                                   | 0  | 0                      | 0.                          | 0   |
|                        | Ξ              | 146,675.                 | 0  | 0.                                  | 14,691.                                    | 14,908.                | 176,274.                    | .0  |
| 2 STEPHAN KLINGELHOFER | (II)           |                          | 0.   | 0.                                  |  | .0                     | .0                          | 0.  |
|                        | €              | 128,765.                 | 0  | 0                                   | 12,976.                                    | 14,058.                | 155,799.                    | 0.  |
| 3 CATHY SHEA           | :<br>E         |                          | 0  | 0.                                  | 0  | 0.                     | .0                          | 0.  |
|                        | Θ              | -                        |  |                                     |  |                        |                             |   |
| 4                      |                |                          |  |                                     |  |                        |                             |   |
|                        | ε              |                          |  |                                     |  |                        |                             |   |
| ıo                     | Ξ              |                          |  |                                     |  |                        |                             |   |
|                        | Ξ              |                          |  |                                     |  |                        |                             |   |
| 9                      | <b>E</b>       |                          |  |                                     |  |                        |                             |   |
|                        | ε              |                          |  |                                     |  |                        |                             |   |
| 2                      | (ii)           |                          |  |                                     |  |                        |                             |   |
|                        | (1)            |                          |  |                                     |  |                        |                             |   |
| 8                      | (E)            | ,                        | ,  |                                     |  |                        |                             |   |
| -                      | (1)            |                          |  |                                     |  |                        |                             |   |
| 6                      | Œ              | •                        |  |                                     |  |                        |                             |   |
|                        | 9              |                          |  |                                     |  |                        |                             |   |
| 10                     | (ii)           |                          |  |                                     |  |                        |                             |   |
|                        | (1)            |                          |  |                                     |  |                        |                             |   |
| 11                     | (3)            |                          |  |                                     |  |                        |                             |   |
|                        | Ξ              |                          |  |                                     |  |                        |                             |   |
| 12                     | (ii)           |                          |  |                                     |  |                        |                             |   |
|                        | (i)            |                          |  |                                     |  |                        |                             |   |
| 13                     | ⊞              |                          |  |                                     |  |                        |                             |   |
|                        | Ξ              |                          |  |                                     |  |                        |                             |   |
| 14                     | (ii)           |                          |  |                                     |  | ,                      |                             |   |
|                        | <br>E          |                          |  |                                     | '  |                        | -                           |   |
| 15                     | (E)            |                          |  |                                     |  |                        | -                           |   |
|                        | (i)            |                          |  |                                     |  |                        |                             |   |
| 16                     | <u>(ii</u>     |                          |  |                                     |  |                        |                             |   |

Schedule J (Form 990) 2011

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of the organization

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

Employer identification number 52-1818273

| FORM 990, | PART V, LI  | INE 4B, LIST | r of forei | GN COUNTRIES | S: |  |
|-----------|-------------|--------------|------------|--------------|----|--|
| KAZAKHSTA | N, KYRGYZSI | TAN, TAJIKIS | STAN, TURK | MENISTAN,    |    |  |
| UKRAINE,  | HUNGARY, RU | JSSIA, JORDA | 7N         |              |    |  |

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE DRAFT 990 WAS PRESENTED TO THE AUDIT COMMITTEE AND THEN TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, AT OR ABOUT THE TIME OF THE BOARD'S ANNUAL MEETING, ICAL STAFF SENDS THE CONFLICT OF INTEREST AND DISCLOSURE POLICY FORM TO EACH BOARD MEMBER AND EACH STAFF MEMBER. THE FORM CONTAINS ICAL'S POLICY AND ASKS THAT EVERY RECIPIENT PROVIDE INFORMATION ON ANY ACTIVITIES HE OR SHE IS ENGAGED IN THAT MAY PRESENT A CONFLICT, OR AN APPEARANCE OF A CONFLICT, WITH ICAL'S PROGRAMS, POLICIES, OBJECTIVES, OR MISSION. RESPONSES ARE REVIEWED BY STAFF, AND IF ANY ACTION IS REQUIRED TO ADJUST THE RELATIONSHIP BETWEEN THE EMPLOYEE AND THE ORGANIZATION OR THE BOARD MEMBER AND THE ORGANIZATION, SUCH ACTION IS UNDERTAKEN, INITIALLY THROUGH DISCUSSIONS BETWEEN THE STAFF MEMBER AND PRESIDENT, OR THE BOARD MEMBER AND THE CHAIR, WITH THE FINAL DECISION ISSUED BY THE PRESIDENT OR CHAIR. ANY CONFLICT INVOLVING THE PRESIDENT OR CHAIR IS RESOLVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: ICNL PURCHASED COMPARABILITY DATA
FROM A FIRM SPECIALIZING IN THIS INFORMATION. ICNL ALSO COLLECTED

INFORMATION FROM SEVERAL OTHER PUBLICLY AVAILABLE SOURCES. COMPARABILITY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Page **2** Name of the organization INTERNATIONAL CENTER FOR NOT-FOR-PROFIT Employer identification number 52-1818273 LAW, INC. DATA WAS THEN PRESENTED TO THE BOARD OF DIRECTORS ALONG WITH PROPOSED SALARY LEVELS AT A MEETING OF THE BOARD OF DIRECTORS. THE DIRECTORS DELIBERATED AND DECIDED ON COMPENSATION, AND THERE WAS CONTEMPORANEOUS SUBSTANTIATION OF THE PROCESS. THE LAST SALARY REVIEW DATE FOR THE PRESIDENT WAS DECEMBER, 2011. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO INCLUDED IN THE ORGANIZATION'S ANNUAL REPORT, WHICH IS PUBLISHED ON WWW.ICNL.ORG. FORM 990, 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. FORM 990, 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 INCLUDING ICNL'S GLOBAL FORUM ON CIVIL SOCIETY LAW 2011. 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 ICNL OFFICE. IN ADDITION TO THESE ACTIVITIES, THIS CATEGORY COVERS COSTS OF SENDING ICNL EXPERTS TO A COUNTRY TO PROVIDE TECHNICAL ASSISTANCE, TO MEET WITH PARTNERS, TO CONDUCT

TRAININGS AND WORKSHOPS, AND TO CARRY OUT OTHER PROGRAMMATIC

ACTIVITIES.

| Schedule O (Form 990 or 9<br>Name of the organization |                                       | L CENTER FOR  | NOT-FOR-                              | PROFIT        | Employer identification 52-1818273    |              |
|---|---------------------------------------|---------------|---------------------------------------|---------------|---------------------------------------|--------------|
|   | ADM II DDIMA                          | DV ACMILITAN  |                                       |               |                                       |              |
| SCHEDULE R, PA  |                                       |               |                                       |               | · · · · · · · · · · · · · · · · · · · |              |
| PROMOTES THE S  | STRENGTHENING                         | OF A SUPPOR   | TIVE LEGA                             | L ENVIRON     | MENT FOR CIVIL                        |              |
| SOCIETY IN EU   | ROPE, WITH A                          | FOCUS ON CEN  | ITRAL AND                             | EASTERN E     | JROPE, BY                             |              |
| DEVELOPING EX   | PERTISE AND B                         | BUILDING CAPA | CITY IN L                             | EGAL ISSU     | ES AFFECTING                          |              |
| NOT-FOR-PROFI   | r organizatio                         | NS AND PUBLI  | C PARTICI                             | PATION.       |                                       |              |
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Open to Public Inspection OMB No. 1545-0047 2011 52-1818273 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) CENTER FOR NOT-FOR-PROFIT ► Attach to Form 990. INTERNATIONAL INC LAW, Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

Employer identification number

Direct controlling

entity

End-of-year assets 324,723. <u>@</u> 1,183,780 Total income ਉ Legal domicile (state or foreign country) ELAWARE RESEARCH & SERVICES TO ENVIRONMENT FOR CIVIL Primary activity PROMOTE AN ENABLING INTERNATIONAL CENTER FOR NOT-FOR PROFIT LAW, LLC - 20-5736798, 1126 16TH STREET, NW Name, address, and EIN of disregarded entity WASHINGTON, DC SUITE 400

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

| (b)(13)  | No         |   |                                       |  |  |   |   |   |
|--|------------|---|---------------------------------------|--|--|---|---|---|
| (g)<br>Section 512(b)(13)<br>controlled<br>entity? | Yes        |   | ×                                     |  |  |   |   |   |
| (f) Direct controlling entity                      |            | INTERNATIONAL<br>CENTER FOR   | NOT-FOR-PROFIT                        |  |  |   |   |   |
| (e) Public charity status (if section              | 501(c)(3)) |   |                                       |  |  | • |   |   |
| (d)<br>Exempt Code<br>section                      |            | FOREIGN   | ENTITY                                |  |  |   | - | - |
| (c) Legal domicile (state or foreign country)      |            |   | HUNGARY                               |  |  |   |   |   |
| (b)<br>Primary activity                            |            | PROMOTES THE STRENGTHENING<br>OF A SUPPORTIVE LEGAL   | ENVIRON. FOR CIVIL SOCIETY HUNGARY    |  |  |   |   |   |
| (a) Name, address, and EIN of related organization |            | EUROPEAN CENTER FOR NOT-FOR-PROFIT LAW (NO PROMOTES THE STRENGTHE EIN; FOREIGN ENTITY) APACZAI CSERE JANOS U, OF A SUPPORTIVE LEGAL | 17 1ST FLOOR BUDAPEST, HUNGARY · 1052 |  |  |   |   |   |

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

Schedule R (Form 990) 2011

132161 01-23-12 LHA

SEE PART VII FOR CONTINUATIONS41

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Schedule R (Form 990) 2011 LAW, INC.

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

Page 2

52-1818273

Percentage ownership General or Percentage managing ownership partner? Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Yes No Share of end-of-year assets Code V-UBI amount in box n 20 of Schedule L K-1 (Form 1065) y 9  $\equiv$ Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>@</u> **6** Direct controlling entity Share of total income ਉ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>e</u> 42 Primary activity (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 132162 01-23-12 Part IV

Page 3

52-1818273

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT Schedule R (Form 990) 2011 LAW, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |                                  |                             |   | ٨        | Yes No  | اما      |
|---|----------------------------------|-----------------------------|---|----------|---------|----------|
| 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 r            | elated organizations listed | in Parts II-IV?                                 |          |         | - 1      |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity  |                                  |                             |   | 1a       | ×       | ا        |
| b Gift. grant, or capital contribution to related organization(s)   |                                  |                             |   | 4        | ×       | ١.,      |
| Gift. grant. or capital contribution from related organization(s)   |                                  | -                           |   | 5        | ×       | ١        |
| l caps or loan dilarantees to or for related organization(s)  |                                  |                             |   | 19       | ×       | ١.,      |
|   |                                  |                             |   | <u>-</u> | ×       | ١        |
|   |                                  |                             |   | *        | >       |          |
| f Sale of assets to related organization(s)   |                                  |                             |   | F        | ◁       |          |
| g Purchase of assets from related organization(s)   |                                  |                             |   | 19       | ×       |          |
| Exchange of assets with related organization(s)   |                                  | -                           |   | £        | ×       |          |
|   |                                  |                             |   | =        | ×       | ١ا       |
|   |                                  |                             |   |          | <u></u> |          |
| J. Lease of racilities, equipment, or other assets from related organization(s)   |                                  |                             |   | =        | 4       |          |
| k Performance of services or membership or fundraising solicitations for related organization(s)  | janization(s)                    |                             |   | ᆃ        | ×       | ا        |
| <ol> <li>Performance of services or membership or fundraising solicitations by related organization(s)</li> </ol>                                     | anization(s)                     |                             |   | =        | ×       | ۱.       |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | tion(s)                          |                             |   | ᄩ        | ×       |          |
| n Sharing of paid employees with related organization(s)  |                                  |                             |   | 1h       | ×       |          |
|   |                                  |                             |   |          | ×       |          |
| Description server base to related organization(s) for expenses   |                                  |                             |   | $\vdash$ | <br>  × |          |
|   |                                  |                             |   | Ď        | ×       | ١.,      |
|   |                                  |                             |   | <b>+</b> | ×       | J.,      |
| If the answer to any of the above is "Yes," see the instructions for info   | who must complete t              | his line, including covered | relationships and transaction thresholds.       |          |         |          |
| (a)<br>Name of other organization   | (b)<br>Transaction<br>type (a-r) | (c)<br>Amount involved      | (d)<br>Method of determining<br>amount involved |          |         |          |
| (1) EUROPEAN CENTER FOR NOT-FOR -PROFIT-LAW   | 0                                | 112,690.                    | WIRE TRANSFER                                   |          |         |          |
| (2)   |                                  |                             |   |          |         |          |
| (6)   |                                  |                             |   |          |         |          |
| (4)   |                                  |                             |   |          |         |          |
| (5)   |                                  |                             |   |          |         | - 1      |
| (9)   |                                  |                             |   |          |         |          |
| 132163 01-23-12   | 43                               |                             | Schedule R (Form 990) 2011                      | {Form 9  | 90) 201 | <u>=</u> |

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INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Schedule R (Form 990) 2011 LAW, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

| (3)  | rcentage<br>vnership  |   |   |   |       |  |
|--|---|---|---|---|-------|--|
| (9)  | General or Pe<br>managing ov<br>partner? ov   | ٠ | , |   |       |  |
| 0  | -UBI<br>box 20<br>Ile K-1<br>065)   |   |   |   |       |  |
| 3  | Disproportionate allocations?   |   | • |   | <br>, |  |
| (0)  | of<br>rear  |   | · |   | ,     |  |
| æ  | 망 t 로   |   |   |   |       |  |
|  | Are all partners sec. 501(c)(3) orgs.?  |   |   |   |       |  |
| (b)  | Predominant income partnesse. (related, unrelated, original excluded from tax under section 512-514) Yes No |   |   | · |       |  |
|  | micile<br>oreign<br>ry)   |   |   |   |       |  |
| nove filin is fall of controls   | Primary activity  |   |   |   |       |  |
| that was not a related organization, see listractions regarding exclusion to certain investment parties in par | Name, address, and EIN<br>of entity   |   |   |   |       |  |

Schedule R (Form 990) 2011