			** PUBLIC DISCLOSURE COPY **		
Forn	9	90	Return of Organization Exempt From Incom Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priva ▶ Do not enter social security numbers on this form as it may be made p	te foundatio	
Depai Intern	rtment o al Reve	of the Treasury nue Service	 Go to www.irs.gov/Form990 for instructions and the latest informat 		Open to Public Inspection
			dar year, or tax year beginning and ending		
	heck if oplicabl	C Name o		loyer identifio	cation number
	Addre	ess Je LAW IN			
	Name chang	e Doing b	usiness as 52-	-1818273	
	Initial return Final return	1126 1		hone number 02)452-860	
	termin ated	City or t	town, state or province, country, and ZIP or foreign postal code	receipts \$	18,617,547.
	Amen return	WASHIN		his a group re	
	Applic tion pendi	na		subordinates	
<u> </u>					
		empt status:			list. See instructions
		te: 🕨 WWW.IC		oup exemption	
	orm of rt I	Summary		N: 1992 N	State of legal domicile: DE
		-	be the organization's mission or most significant activities: SEE PART III, LINE 1.		
Activities & Governance	•	Brieffy descrit			
nar	2	Chock this bo	bx if the organization discontinued its operations or disposed of more than 25%	6 of its not as	secte
ver					10
ß			ting members of the governing body (Part VI, line 1a)		10
s &			of individuals employed in calendar year 2021 (Part V, line 12)	·····	42
itie				·····	46
tiv			of volunteers (estimate if necessary) ed business revenue from Part VIII, column (C), line 12		0.
Ă			ed business revenue from Part VIII, column (C), line 12 I business taxable income from Form 990-T, Part I, line 11		<u> </u>
	a	Net unrelated			
	•	Contributions	Prior	rear 8,560,046.	Current Year 17,655,258.
Revenue			and grants (Part VIII, line 1h)		
/er	3		ico revenue (Part)/III line 2a)		
5			ice revenue (Part VIII, line 2g)	3,000.	4,000.
Rev	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601.	4,000. 64,204.
Rev	10 11	Investment in Other revenue	come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,000. 64,601. 1,165.	4,000. 64,204. 2,694.
Rev	10 11 12	Investment in Other revenue Total revenue	acome (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,000. 64,601. 1,165. 8,628,812.	4,000. 64,204. 2,694. 17,726,156.
Rev	10 11 12 13	Investment in Other revenue Total revenue Grants and si	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900.	4,000. 64,204. 2,694. 17,726,156. 3,282,980.
	10 11 12 13 14	Investment in Other revenue Total revenue Grants and si Benefits paid	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0.	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0.
	10 11 12 13 14 15	Investment in Other revenue Total revenue Grants and si Benefits paid Salaries, othe	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900.	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223.
	10 11 12 13 14 15 16a	Investment in Other revenue Total revenue Grants and si Benefits paid Salaries, othe Professional f	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0.	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0.
Expenses Rev	10 11 12 13 14 15 16a b	Investment in Other revenue Total revenue Grants and si Benefits paid Salaries, othe Professional f Total fundrais	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0. 4,743,379. 0.	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223. 0.
	10 11 12 13 14 15 16a b 17	Investment in Other revenue Grants and si Benefits paid Salaries, othe Professional f Total fundrais Other expense	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0. 4,743,379. 0. 3,202,803.	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223. 0. 3,571,750.
	10 11 12 13 14 15 16a b 17 18	Investment in Other revenue Total revenue Grants and si Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0. 4,743,379. 0. 3,202,803. 0,289,082.	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223. 0. 3,571,750. 12,010,953.
Expenses	10 11 12 13 14 15 16a b 17 18	Investment in Other revenue Total revenue Grants and si Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0. 4,743,379. 0. 3,202,803. 0,289,082. 1,660,270.	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223. 0. 3,571,750. 12,010,953. 5,715,203.
Expenses	10 11 12 13 14 15 16a b 17 18 19	Investment in Other revenue Grants and si Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense Revenue less	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0. 4,743,379. 0. 3,202,803. 0,289,082. 1,660,270. Current Year	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223. 0. 3,571,750. 12,010,953. 5,715,203. End of Year
Expenses	10 11 12 13 14 15 16a b 17 18 19 20	Investment in Other revenue Grants and si Benefits paid Salaries, othe Professional f Total fundrais Other expense Revenue less Total assets (acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0. 4,743,379. 0. 3,202,803. 0,289,082. 1,660,270. Current Year 9,696,697.	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223. 0. 3,571,750. 12,010,953. 5,715,203. End of Year 15,560,023.
Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21	Investment in Other revenue Grants and si Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense Revenue less Total assets (Total liabilities	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0. 4,743,379. 0. 3,202,803. 0,289,082. 1,660,270. Current Year 9,696,697. 1,101,252.	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223. 0. 3,571,750. 12,010,953. 5,715,203. End of Year 15,560,023. 1,236,890.
Fund Balances Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21	Investment in Other revenue Grants and si Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense Revenue less Total assets (Total liabilities Net assets or	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0. 4,743,379. 0. 3,202,803. 0,289,082. 1,660,270. Current Year 9,696,697.	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223. 0. 3,571,750. 12,010,953. 5,715,203. End of Year 15,560,023.
Fund Balances Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II	Investment in Other revenue Grants and si Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense Revenue less Total assets (Total liabilities Net assets or Signature	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0. 4,743,379. 0. 3,202,803. 0,289,082. 1,660,270. Current Year 9,696,697. 1,101,252. 8,595,445.	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223. 0. 3,571,750. 12,010,953. 5,715,203. End of Year 15,560,023. 1,236,890. 14,323,133.
Fund Balances Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II	Investment in Other revenue Grants and si Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense Revenue less Total assets (Total liabilities Net assets or Signature	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0. 4,743,379. 0. 3,202,803. 0,289,082. 1,660,270. Current Year 9,696,697. 1,101,252. 8,595,445.	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223. 0. 3,571,750. 12,010,953. 5,715,203. End of Year 15,560,023. 1,236,890. 14,323,133.
Fund Balances Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II	Investment in Other revenue Grants and si Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense Revenue less Total assets (Total liabilities Net assets or Signature alties of perjury, ct, and complete	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0. 4,743,379. 0. 3,202,803. 0,289,082. 1,660,270. Current Year 9,696,697. 1,101,252. 8,595,445.	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223. 0. 3,571,750. 12,010,953. 5,715,203. End of Year 15,560,023. 1,236,890. 14,323,133. y knowledge and belief, it is
and Part of Part Assets or Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II 22 rt II	Investment in Other revenue Grants and si Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense Revenue less Total assets (Total liabilities Net assets or Signature alties of perjury, ct, and complete	acome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0. 4,743,379. 0. 3,202,803. 0,289,082. 1,660,270. Current Year 9,696,697. 1,101,252. 8,595,445. 0 the best of my 10,000,000,000,000,000,000,000,000,000,	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223. 0. 3,571,750. 12,010,953. 5,715,203. End of Year 15,560,023. 1,236,890. 14,323,133. y knowledge and belief, it is
int Der Process or Expenses of Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 correct correct	Investment in Other revenue Grants and si Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense Revenue less Total assets (Total lassities Net assets or Signatur alties of perjury, ct, and complete Signatur	accome (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0. 4,743,379. 0. 3,202,803. 0,289,082. 1,660,270. Current Year 9,696,697. 1,101,252. 8,595,445. 0 the best of my 10wledge. 28-Jun-20	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223. 0. 3,571,750. 12,010,953. 5,715,203. End of Year 15,560,023. 1,236,890. 14,323,133. y knowledge and belief, it is
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Here Balances Expenses or Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II 22 correct arer	Investment in Other revenue Grants and si Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense Revenue less Total assets or Signatur atties of perjury, ct, and complete DOUGLZ Type or Print/Type pre RICHARD J. Firm's name	come (Part VIII, column (A), lines 3, 4, and 7d)	3,000. 64,601. 1,165. 8,628,812. 2,342,900. 0. 4,743,379. 0. 3,202,803. 0,289,082. 1,660,270. Current Year 9,696,697. 1,101,252. 8,595,445. 0 the best of my nowledge. 28-Jun-20 Date	4,000. 64,204. 2,694. 17,726,156. 3,282,980. 0. 5,156,223. 0. 3,571,750. 12,010,953. 5,715,203. End of Year 15,560,023. 1,236,890. 14,323,133. y knowledge and belief, it is 22 PTIN P00288314

May the IRS dis	scuss this return with the preparer shown above? See instructions	
132001 12-09-21	LHA For Paperwork Reduction Act Notice, see the separate in	nstructions.

	INTERNATIONAL CENTER FOR NOT-FOR-PROFIT		
Form	1990 (2021) LAW INC	52-1818273	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	AN INTERNATIONAL RESEARCH ORGANIZATION THAT PROTECTS AND PROMOTES		
	CIVIL SOCIETY, CIVIC PARTICIPATION, PHILANTHROPY, SOCIAL ENTERPRISE,		
	IMPACT INVESTING, VOLUNTEERISM, DEVELOPMENT COOPERATION, HUMAN RIGHTS,		
	DIGITAL RIGHTS, DEMOCRACY, AND GOOD GOVERNANCE AROUND THE WORLD.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	L	Yes X No
	If "Yes," describe these new services on Schedule O.	F	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?L	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total exp	penses, and
	revenue, if any, for each program service reported.		
4a		evenue \$	4,000.)
	ICNL IS A NONPROFIT RESEARCH ORGANIZATION FOCUSED ON LEGAL ISSUES		
	AFFECTING CIVIL SOCIETY, PHILANTHROPY, DIGITAL RIGHTS, AND CIVIC		
	PARTICIPATION. IN 2021, ICNL UNDERTOOK PROJECTS IN ASIA, AFRICA, THE		
	AMERICAS, THE MIDDLE EAST, EUROPE, AND EURASIA. ACTIVITIES INCLUDE		
	TECHNICAL ASSISTANCE ON THE ENABLING ENVIRONMENT FOR CIVIL SOCIETY,		
	CAPACITY BUILDING, RESEARCH AND PUBLICATIONS, UNIVERSITY INITIATIVES,		
	AND A PUBLICLY AVAILABLE ON-LINE LIBRARY OF CIVIL SOCIETY LEGAL		
	MATERIALS IN MULTIPLE LANGUAGES.		
4b	(Code:) (Expenses \$ including grants of \$) (Regime 1)	evenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Regime 1)	evenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 9,732,951.		
			Form 990 (2021)
13200	2 12-09-21		
	2		

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INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

	990 (2021) LAW INC 52-1818273		Р	age 3
Pa	T IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	x	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		v
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e	х	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	<u> </u>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x
20a	and the second	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X 000	(0001)
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INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

	990 (2021) LAW INC 52-18182	73	P	Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			

	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		X
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, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	L
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X

Ρ	art V Statements Regarding Other IRS Filings and Tax Compliance		
	Note: All Form 990 filers are required to complete Schedule O	38	Σ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		
	If "Yes," complete Schedule R, Part V, line 2	36	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		

	Check if Schedule O contains a response or note to any line in this Part V					X
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	12			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
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INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				2
				Yes	;
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	42			
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		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	t)?	4a	x	
b	If "Yes," enter the name of the foreign country > SEE SCHEDULE 0				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the orga				
•••	any contributions that were not tax deductible as charitable contributions?		6a		
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
5			6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		00		
` _	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pr	ovided to the payor?	7a		
d 6	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		
			70		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ		7-		
	to file Form 8282?		7c		_
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	2	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 889		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	N/A	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		_
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.) 11b				
2a	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				
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
-		N/A	13a		
3	IS THE OLDAHIZATION INCENSED TO ISSUE QUAINED HEALTH DIANS IN THOLE THAT OHE STALE?				
3	Is the organization licensed to issue qualified health plans in more than one state?				
3 a	Note: See the instructions for additional information the organization must report on Schedule O.				
3 a	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
3 a b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b				
3 a b c	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand		142		
3 b c 4a	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		14a		
3 b c 4a b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: See the instruction of reserves on hand Image: Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14a 14b		
3 b c 4a b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: See the instruction of reserves on hand Enter the amount of reserves on hand Image: Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more than \$1,000,000 in the section 4960 tax on payment(s) of more tax on payment(or	14b		
3 b c 4a b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: See the instruction of reserves on hand Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of excess parachute payment(s) during the year?	or			
3 b c 4a 5	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: See the instruction of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	Dr	14b 15		
3 b c 4a 5	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 13c If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 1s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 1s the organization an educational institution subject to the section 4968 excise tax on net investment income the section 4968 excise tax on net investment income time section 4968 excise tax on net investment income time section 4968 excise tax on net investment income time section 4968 excise tax on net investment income time section 4968 excise tax on net investment income time section 4968 excise tax on net investment income section 4968 excise tax on net investment income section 4968 excise tax on net investment income section 4968	Dr	14b		
3 b c 4a 5 5	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: See the instructions of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment incom If "Yes," complete Form 4720, Schedule O.	Dr	14b 15		
3 b c 4a 5 5	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: See the instructions of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment incom If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	or ne?	14b 15 16		
3 b c 4a	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: See the instructions of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment incom If "Yes," complete Form 4720, Schedule O.	or ne?	14b 15		

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

	990 (2021) LAW INC t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to		818273 and for a	"No"		Pac ns
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C			110	.0000	
	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management					
			_		Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			Ι
	If there are material differences in voting rights among members of the governing body, or if the governing					l
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					l
	Enter the number of voting members included on line 1a, above, who are independent	1b	10			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with any other				l
	officer, director, trustee, or key employee?			2		ļ
3	Did the organization delegate control over management duties customarily performed by or under the					l
	of officers, directors, trustees, or key employees to a management company or other person?			3		ļ
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was filed?		4	Х	ļ
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		ļ
6	Did the organization have members or stockholders?		·····	6		ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					I
	more members of the governing body?		·····	7a		ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or				I
	persons other than the governing body?			7b		ļ
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					ļ
	The governing body?			8a	Х	ļ
b	Each committee with authority to act on behalf of the governing body?		·····	8b	Х	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the				I
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				
_			Г		Yes	
	Did the organization have local chapters, branches, or affiliates?		·····	10a	X	
D	If "Yes," did the organization have written policies and procedures governing the activities of such cl			101-	v	I
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X X	╂
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	before filling the	torm?	11a	~	╁
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	х	l
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a 12b	X	╉
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			120	А	╉
С				12c	х	I
3	on Schedule O how this was done				x	┨
3 4	Did the organization have a written document retention and destruction policy?			13 14	x	┨
5	Did the process for determining compensation of the following persons include a review and approve			14		t
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					I
а	The organization's CEO, Executive Director, or top management official			15a	х	l
	Other officers or key employees of the organization		F	15b	x	t
D.	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100		t
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a				I
u	taxable entity during the year?			16a		I
	, , ,			iou		t
h	It "Yes " did the ordanization follow a written policy or procedure reduiring the ordanization to evalua	to no participation				I
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluat	nization's				I
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			16b		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements?			16b		
ect	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure			16b		
ec:	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed LL, MI, NM, NY, WA) avai	la
Sect	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL,MI,NM,NY,WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a) avai	la
ect	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL, MI, NM, NY, WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	and 990-T (section) avai	la
ect 7 8	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL,MI,NM,NY,WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain	and 990-T (section an on Schedule O)	501(c)(3)s	s only	-	la
ec 7 8	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL, MI, NM, NY, WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	and 990-T (section an on Schedule O)	501(c)(3)s	s only	-	la
ect 7 8	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL, MI, NM, NY, WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	and 990-T (section In on Schedule O) onflict of interest p	501(c)(3)s	s only	-	la
ect 7 8	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL, MI, NM, NY, WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	and 990-T (section In on Schedule O) onflict of interest p	501(c)(3)s	s only	-	la
ect 7 8	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL,MI,NM,NY,WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	and 990-T (section In on Schedule O) onflict of interest p	501(c)(3)s	s only	-	la

Form 000 (2021)

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

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Part VI	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A	. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l			C)	npei	ilout	(D)	(E)	(F)
م) Name and title					ition	1		Reportable	(L) Reportable	(F) Estimated
Name and the	Average hours per	(do	not c	heck	more	than is bot	one h an	compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r direc				eq		organization	(W-2/1099-MISC/	from the
	related	tee ol	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ul trus	nal tr		loyee	duo		1099-NEC)		and related
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	Ins	0ŧ	Key	em Hig	Ъ			
(1) DOUGLAS RUTZEN	40.00									
PRESIDENT				X				237,466.	0.	38,751.
(2) CATHERINE SHEA	40.00									
VICE PRESIDENT, PROGRAMS					X			181,619.	0.	35,154.
(3) DAVID MOORE	40.00									
VICE PRESIDENT, LEGAL AFFAIRS						Х		178,199.	0.	31,400.
(4) A. NILDA BULLAIN	40.00									
VICE PRESIDENT, OPERATIONS						Х		171,724.	0.	34,491.
(5) NATALIA BOURJAILY	40.00									
VICE PRESIDENT, EURASIA						х		157,769.	0.	21,523.
(6) JOCELYN NIEVA	40.00									
SENIOR LEGAL ADVISOR-LATIN AMERICA						х		149,314.	0.	29,766.
(7) CLAUDIA GUADAMUZ	40.00									
SENIOR LEGAL ADVISOR-LATIN AMERICA						x		135,308.	0.	26,742.
(8) AYGUL MINIGALINA	40.00									
FINANCE DIRECTOR				x				118,201.	0.	20,056.
(9) EMILE VAN DER DOES DE WILLEBOIS	4.00									
CHAIR		x		x				٥.	0.	Ο.
(10) SUNEETA KAIMAL	4.00									
VICE CHAIR/TREASURER		x		x				0.	0.	Ο.
(11) BINDU SHARMA	4.00									
SECRETARY		x		x				0.	0.	Ο.
(12) BARBARA IBRAHIM	4.00									
DIRECTOR		x						0.	0.	0.
(13) CATHERINE ANITE	4.00									
DIRECTOR		x						0.	0.	0.
(14) FELICIANO REYNA GANTEAUME	4.00									
DIRECTOR		x						0.	0.	0.
(15) MARY BETH GOODMAN	4.00									
DIRECTOR		x						0.	0.	0.
(16) RUTH MADRIGAL	4.00									
DIRECTOR		x						0.	0.	0.
(17) MYLES MCGREGOR-LOWNDES	4.00									·
DIRECTOR		x						0.	0.	0.
132007 12-09-21		·	-		-	-	-			Form 990 (2021)

7

132007 12-09-21

15300628 745960 19501

Form 990 (2021)

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Form 990 (2021) LAW INC									52-1818	3273		Р	age 8
Part VII Section A. Officers, Directors, Trus		ploy 	ees			ghe	st C					(5)	
(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n		(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fr org an	pensa om th anizat d relat anizati	e ion ed
(18) OYEBISI OLUSEYI	4.00				-								
DIRECTOR		x						0.		0.			0.
		-											
1b Subtotal								1,329,600.		0.		237	,883.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0.		0. 0.		237	0. 883.
2 Total number of individuals (including but i								eceived more than \$100	,000 of reportabl	le			22
compensation from the organization												Yes	No
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				•			Ŭ	ghest compensated emp	•		3		x
4 For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization		4	X	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	unr	elat	ted organization or indiv					w
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J 1	or si	uch	pers	son .					5		Х
1 Complete this table for your five highest co the organization. Report compensation for										npens	ation	from	
(A) Name and business								(B) Description of s		С)) ompe	;) nsatio	n
LEGAL TEAM CO LTD, MALY ZNAMENSKAY P OFFICE 1 BLD 6 3/5, MOSCOW, RUSSIA 1								ENABLE ENVMT FOR C	TVIL SOCIETY			536	214.
MG CONSULTING, SAT PLAZA, 4TH FL, B.	190						f					550	
SAFAROGLU 133, BACU, AZERBAIJAN 1009								ENABLE ENVMT FOR C	IVIL SOCIETY			256	733.
2 Total number of independent contractors (\$100,000 of compensation from the organ	Ŭ	not li	mite	d to		se lis 2	stec	d above) who received n	nore than			000	
											⊢orm	33U (2021)

132008 12-09-21

8

Form	99	0 (2	INTE 2021) LAW		ONAL CI	ENTE	R FOR NOT-FOR	-PROFIT		52-1818273	Page 9
Pa				evenu	е						
			Check if Schedule O	contair	ns a resp	onse	or note to any lin				
								(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
, Gifts, Grants nilar Amounts	1		Federated campaigns								
Gra			Membership dues								
fts, An			Fundraising events								
, Gi			Related organizations				10 430 670				
ons Sin			Government grants (cont All other contributions, gifts,				10,439,679.				
her		'	similar amounts not included				7,215,579.				
d Ot		a	Noncash contributions included in			\$, = = , = = ,				
Contributions, Gif and Other Similar		-	Total. Add lines 1a-1f				►	17,655,258.			
							Business Code				
е	2	а	CONTRACT INCOME				900099	4,000.	4,000.		
ervi		b									
n S /eni		С									
graı Rev		d									
Program Service Revenue		e f	All other program service	rovopi							
			Total. Add lines 2a-2f					4,000.			
	3	9	Investment income (inclu					, .			
			other similar amounts)					37,138.			37,138.
	4		Income from investment								
	5		Royalties	·							
					(i) Rea	ıl	(ii) Personal				
			Gross rents								
			Less: rental expenses	6b							
			Rental income or (loss) Net rental income or (loss	6c			►				
			Gross amount from sales of		(i) Securi		(ii) Other				
			assets other than inventory	7a	918,	457.					
		b	Less: cost or other basis								
nue			and sales expenses		891,	391.					
eve			Gain or (loss)			066.					
sr B			Net gain or (loss)			· · · · · · · · · · · · · · · · · · ·	▶	27,066.			27,066.
Other Reve	8		Gross income from fundraisi including \$								
•			including \$ contributions reported or								
			Part IV, line 18		-	8a					
		b	Less: direct expenses								
		с	Net income or (loss) from	ı fundra	ising eve	nts	►				
	9	а	Gross income from gamir	-							
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from Gross sales of inventory,			<u> </u>					
	.0	4	and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from			_					
sr							Business Code				
neor	11		OTHER INCOME				900099	2,694.			2,694.
ven		b									
Miscellaneous Revenue		с С	All other revenue								
Σ			All other revenue					2,694.			
	12		Total revenue. See instruction					17,726,156.	4,000.	0.	66,898.
13200	9 12	-09-					· · · ·				Form 990 (2021

15300628 745960 19501

9

2021.03050 INTERNATIONAL CENTER FOR NO 19501__1

Part IX Statement of Functional Expenses

LAW INC

Form 990 (2021)

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Page 10 52-1818273

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

	Check if Schedule O contains a respons	e or note to any line in (A)	this Part IX (B)	·····	<u></u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	116,170.	116,170.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	3,166,810.	3,166,810.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	631,248.	355,846.	197,628.	77,77
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,293,160.	2,450,001.	731,196.	111,96
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	311,315.	231,524.	69,202.	10,58
9	Other employee benefits	591,114.	423,890.	139,325.	27,89
0	Payroll taxes	329,386.	236,407.	77,876.	15,10
1	Fees for services (nonemployees):				
а	Management				
b	Legal	29,411.		29,411.	
с	Accounting	66,666.	16,756.	49,910.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,000.		9,000.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,255,299.	2,168,127.	76,626.	10,54
2	Advertising and promotion				
3	Office expenses	168,276.	79,963.	88,295.	1
4	Information technology	347,941.	60,645.	287,296.	
5	Royalties				
6	Occupancy	415,844.	234,806.	170,768.	10,27
7	Travel	31,859.	31,261.	488.	11
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	72,717.	67,876.	4,841.	
0	Interest	240.	240.		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	42,324.		42,324.	
3	Insurance	39,544.		39,544.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TRANSLATIONS	92,629.	92,629.		
b		,			
c					
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	12,010,953.	9,732,951.	2,013,730.	264,27
6	Joint costs. Complete this line only if the organization	, , •	, ,	, ,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

15300628 745960 19501

10 2021.03050 INTERNATIONAL CENTER FOR NO 19501__1

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

	990 (52-181	18273 Page 1
Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			144,578.	1	6,262,083
	2				4,471,550.		339,74
		Savings and temporary cash investments			3,114,140.		7,129,69
	3	Pledges and grants receivable, net			<u> </u>		7,125,05
	4	Accounts receivable, net			15,700.	4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs				_	
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		······ –		8	
`	9			·····	154,414.	9	119,146
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		336,554.			
	b	Less: accumulated depreciation		228,010.	145,546.	10c	108,544
	11	Investments - publicly traded securities			1,279,057.	11	1,320,754
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		371,646.	15	280,060	
	16	Total assets. Add lines 1 through 15 (must equ)	9,696,697.	16	15,560,023	
	17	Accounts payable and accrued expenses			646,794.	17	778,474
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
ŝ	22	Loans and other payables to any current or form	ner office	r, director,			
Ě		trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the	se persor	าร		22	
	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelate	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			454,458.	25	458,416
	26	Total liabilities. Add lines 17 through 25			1,101,252.	26	1,236,890
		Organizations that follow FASB ASC 958, che	ck here	X			
Ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			2,545,520.	27	2,646,457
Ba	28	Net assets with donor restrictions			6,049,925.	28	11,676,676
pur		Organizations that do not follow FASB ASC 9					
Ĕ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in				31	
let	32	Total net assets or fund balances		F	8,595,445.	32	14,323,133
-	33				9,696,697.	33	15,560,023
	-						Form 990 (202

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Sign	Envelope ID: C7A5A5C2-7D95-4803-AD12-393EF6FEC62A				
	INTERNATIONAL CENTER FOR NOT-FOR-PROFIT				
	990 (2021) LAW INC	52-1818273		Pa	ge 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,156</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>,953.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-	,203.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	-	,445.
5	Net unrealized gains (losses) on investments	5		12	,485.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	1 4	202	1 2 2
Da	column (B))	10	14	, 323	,133.
Fai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	
	Accounting method used to prepare the Form 990: Cash X Accrual Other			163	
1	· · · · · · · · · · · · · · · · · · ·				
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		Za		
	separate basis, consolidated basis, or both:	Jona			
	Separate basis, consolidated basis, or both.				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
D.	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		2.0		
	consolidated basis, or both:	c basis,			
	Separate basis I Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a	х	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х	1
			F aurea	000	(0004)

Form **990** (2021)

132012 12-09-21

	HEC rm 99	DULE A 90)		mplete if the organ	rity Status an hization is a section 50 ⁻ 47(a)(1) nonexempt cha	l(c)(3) org	anization			OMB No. 1545-0047
		of the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction			nformation.		Open to Public Inspection
Nan	ne of t	the organizati			FOR NOT-FOR-PROFIT				Employer	identification number
Da	rt I	Reason	LAW IN		(All organizations must c	omplata th	nic port) S	oo inctruction		2-1818273
					For lines 1 through 12, c				15.	
1					on of churches described					
2					Attach Schedule E (Forn			·/··/·		
3					anization described in se		(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	bed in
_				Complete Part II.)						
6	x			•	nental unit described in s			. ,		and the state and the state
7				illy receives a substa omplete Part II.)	ntial part of its support f	rom a gov	ernmental	unit or from t	ine general	public described in
8		•		. ,	(1)(A)(vi). (Complete Par	11.)				
9					in section 170(b)(1)(A)(ed in conju	inction with a	land-grant	college
					ulture (see instructions).					
		university:								
10					than 33 1/3% of its sup					
					t to certain exceptions;					-
				ness taxable income mplete Part III.)	(less section 511 tax) fro	om busine	sses acqu	lired by the o	rganization	aπer June 30, 1975.
11				-	ively to test for public sa	fetv. See	section 50)9(a)(4).		
12		-	-	-	ively for the benefit of, to	-			arry out the	e purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a thro	ugh 12d that	describes the type o	of supporting organizatio	n and com	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	y giving
			-		gularly appoint or elect a	a majority (of the dire	ctors or truste	ees of the s	supporting
h		¬ -		complete Part IV, Se		tion with it		od organizati	an(a) by be	wing
b					l or controlled in connec anization vested in the s					
			•	t complete Part IV,		ane perse			age the sup	ported
с			. ,	•	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,
		its supporte	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
				•	zation generally must sat	•		•	d an attent	iveness
		- ·		,	nplete Part IV, Sections					
е	L		•		written determination fro nally integrated support			а турет, туре	п, туре ш	
f	Ente									
				about the supporte						
	(i) Name of supportion		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount o	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	al									

	11	NTERNATIONAL C	ENTER FOR NOT-1	FOR-PROFIT			
Sch		AW INC				52-1818273	
Pa	art II Support Schedule for	Organizations	Described in S	Sections 170(I	b)(1)(A)(iv) and	d 170(b)(1)(A)(v	i)
	(Complete only if you checke			-	ι failed to qualify ι	under Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	se complete Part II	l.)			
See	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10,017,617.	15,027,325.	7,378,771.	8,560,046.	17,655,258.	58,639,017.
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	10,017,617.	15,027,325.	7,378,771.	8,560,046.	17,655,258.	58,639,017.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						8,976,631.
6	Public support. Subtract line 5 from line 4.						49,662,386.
	ction B. Total Support						, ,
-	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	10,017,617.	15,027,325.	7,378,771.	8,560,046.	17,655,258.	58,639,017.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	32,222.	31,579.	34,415.	23,358.	37,138.	158,712.
9	Net income from unrelated business	,					
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,702.	172,993.	5,984.	1,165.	2,694.	184,538.
44	Total support. Add lines 7 through 10	1,702.	172,000.	5,504.	1,103.	2,051.	58,982,267.
11	ÎI v					12	297,413.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for th						257,415.
13							
Sec	organization, check this box and stor ction C. Computation of Publ		rcentage				
-	Public support percentage for 2021 (olump (f))		14	84.20 %
15	Public support percentage from 2020					15	92.69 %
	33 1/3% support test - 2021. If the c						,•
104	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the c						
L.		•					
47-	and stop here. The organization qual						
1/8	10% -facts-and-circumstances tes	•					
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances tes						IU% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circ		•				
18	Private foundation. If the organization	on dia not check a l	box on line 13, 16a	, 10D, 17a, 0r 17b	, CHECK THIS DOX A		
						Schedule A (Form 990) 2021

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INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

52-1818273 Page 3

				-		
	A (Form 990) 2021	LAW INC			2-1818273	Pag
Part III	Support Schedule f	or Organizatio	ons Described in Section 5	09(a)(2)		
	(Complete only if you che	cked the box on lir	ne 10 of Part I or if the organization	failed to qualify under Part II. If	the organization fai	ils to

qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	((e) 2021	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
-	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disgualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	((e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)		rot occord this	fourth or fifth tree		L	(2) or continue	
14	First 5 years. If the Form 990 is for the	-			-		(J) organizati	
Sec	check this box and stop here	ic Support Pe						🚩 📖
	Public support percentage for 2021 (column (f))		15		%
16	Public support percentage for 2021 (Public support percentage from 2020					16		%
	tion D. Computation of Invest							/0
	Investment income percentage for 20			no 13. column (f)		17		%
						18		
	Investment income percentage from 2 33 1/3% support tests - 2021. If the						% and line f	%
194								
h	more than 33 1/3%, check this box a 33 1/3% support tests - 2020. If the						an 33 1/20/	
۵ ۵	••	•						
20	line 18 is not more than 33 1/3%, che							
	Private foundation. If the organization	T UIU HOL CHECK A	DUX UIT IIITIE 14, 19	a, ULISD, CHECK I	IIS DUX AND SEE IN	SUUCT		Form 990) 2021
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LAW INC

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21

16

	INTERNATIONAL CENTER FOR NOT-FOR-PROFIT			
Schedule A (Form 990) 2021	LAW INC	52-1818273	Pa	age
Part IV Supporting Orga	inizations (continued)			
			Yes	N
11 Has the organization accept	ed a gift or contribution from any of the following persons?			
a A person who directly or indi	rectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing bo	dy of a supported organization?	11a		
b A family member of a person	described on line 11a above?	11b		
c A 35% controlled entity of a	person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.		11c		
Section B. Type I Supporti	ng Organizations	· · · ·		
			Yes	N
1 Did the governing body, mer	nbers of the governing body, officers acting in their official capacity, or membership of	i one or		
more supported organizatior	is have the power to regularly appoint or elect at least a majority of the organization's	officers,		

	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

За

1

2

Yes No

No Yes

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Paı	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
3	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
3	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
В	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

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	dule A (Form 990) 2021 LAW INC		·		-1818273 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continued}	<u>d)</u>	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization		3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	the organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		I	0	<i>(</i>)
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

	INC		Page
Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines	On. Provide the explanations required by Part II, line 10; Part 5, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V J Part V, Section E, lines 2, 5, and 6. Also complete this part for	tion B, lines 1 and 2; Part IV, Section (/, line 1; Part V, Section B, line 1e; Part	C, : V,
_			
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Schedule B

(Form 990)	
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Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

52-1818273

INTERNATIONAL	CENTER	FOR	NOT-FOR-PROFIT

Name of the organization

Organization type (ch		1110	
	LAW	INC	

Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

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

General Rule

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

Special Rules

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

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

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

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

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

	3 (Form 990) (2021)		Page 2
	rganization IONAL CENTER FOR NOT-FOR-PROFIT	Emplo	oyer identification number
LAW INC		52	-1818273
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$563,977.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$868,841.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,600,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,445,595.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,154,519.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

22

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2021.03050 INTERNATIONAL CENTER FOR NO 19501__1

	B (Form 990) (2021)		Page 2
	rganization IIONAL CENTER FOR NOT-FOR-PROFIT	Emplo	oyer identification number
LAW INC		52	-1818273
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,722,174.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$1,209,243.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$1,654,571.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-1		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

23 2021.03050 INTERNATIONAL CENTER FOR NO 19501__1

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	3 (Form 990) (2021) rganization		Page Employer identification number
	IONAL CENTER FOR NOT-FOR-PROFIT		50 1010070
AW INC	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is neede	52-1818273 d.
(a) No. from Part I	(b) Description of noncash property given (c) FMV (or estimate (See instructions)		e) (d)
(a) No.	(b)	\$(c) FMV (or estimate	(d)
from Part I	Description of noncash property given	(See instructions.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
23453 11-11	-21		Schedule B (Form 990) (202

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24 2021.03050 INTERNATIONAL CENTER FOR NO 19501__1

Schedule I	B (Form 990) (2021)				Page 4			
Name of o	rganization				Employer identification number			
INTERNAT	IONAL CENTER FOR NOT-FOR-PROFIT							
LAW INC					52-1818273			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following charitable, etc., contributions of \$	na line entry For	organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held			
-		(e) Transf	er of gift					
-	Transferee's name, address, a	nd ZIP + 4	F	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held			
-	(e) Transfer of gift							
	Transferee's name, address, a	Transferee's name, address, and ZIP + 4 Relationship o						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
-	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	F	elationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held			
		(e) Transf	er of gift					
	Transferee's name, address, a	nd ZIP + 4	F	Relationship of tra	nsferor to transferee			

123454 11-11-21

25

Schedule B (Form 990) (2021)

15300628 745960 19501

2021.03050 INTERNATIONAL CENTER FOR NO 19501__1

	1002 1000 100					
SCHEDULE C	Po	Political Campaign and Lobbying Activities				
(Form 990)		anizations Exempt From Income		-	2021	
Department of the Treasury Internal Revenue Service	Z. Open to Public Inspection					
If the organization ans	wered "Yes," or	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lin	e 46 (Political Campaign	Activities), then	
 Section 501(c)(3) org 	ganizations: Con	plete Parts I-A and B. Do not com	plete Part I-C.			
		01(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-B.		
Section 527 organization	•	•				
•	-	Form 990, Part IV, line 4, or For have filed Form 5768 (election unc				
	·	have NOT filed Form 5768 (election and	()/		•	
	•	Form 990, Part IV, line 5 (Proxy	•		•	
Tax) (See separate inst				,		
 Section 501(c)(4), (5)), or (6) organiza	tions: Complete Part III.				
Name of organization	INTERNATION	NAL CENTER FOR NOT-FOR-PRO	FIT	Emple	oyer identification number	
	LAW INC				52-1818273	
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	or is a section 527 of	rganization.	
 Drevide e description 						
2 Political campaign		ation's direct and indirect political ures		N .		
1 0		gn activities				
		g				
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	3).		
		incurred by the organization unde				
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				
4a Was a correction m b If "Yes," describe ir					Yes No	
		anization is exempt unde	r section 501(c).	except section 501(c)(3).	
		by the filing organization for sect				
		ization's funds contributed to othe				
exempt function ac	tivities			►\$		
		Add lines 1 and 2. Enter here and	,	►\$		
		1120-POL for this year?			Yes No	
		nployer identification number (EIN)			h the filing organization	
		tion listed, enter the amount paid				
		omptly and directly delivered to a s additional space is needed, provid			te segregated fund or a	
(a) Name	()	(b) Address		(d) Amount paid from	(a) Amount of political	
	5		(c) EIN	filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. $\ensuremath{\mathsf{LHA}}$

Schedule C (Form 990) 2021

132041 11-03-21

	INTERNAT	IONAL CENTER FOR NOT-FOR-PROFIT		
Schedule C (F	Form 990) 2021 LAW INC		52-181	
Part II-A	Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and file	ed Form 5768 (el	ection under
A Check ► B Check ►	expenses, and share of exces	gs to an affiliated group (and list in Part IV each affiliated is lobbying expenditures). ed box A and "limited control" provisions apply.	group member's nam	e, address, EIN,
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)			(b) Affiliated group totals
1a Total lol	obying expenditures to influence pub	lic opinion (grassroots lobbying)	0.	
b Total lot	obying expenditures to influence a leg	gislative body (direct lobbying)	2,387.	
c Total lot	obying expenditures (add lines 1a and	d 1b)	2,387.	
			12,008,566.	
e Total ex	empt purpose expenditures (add line	s 1c and 1d)	12,010,953.	
f_Lobbyin	g nontaxable amount. Enter the amo	unt from the following table in both columns.	750,548.	
If the am	iount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not ove	r \$500,000	20% of the amount on line 1e.		
Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$1	7,000,000	\$1,000,000.		
g Grassro	ots nontaxable amount (enter 25% o	f line 1f)	187,637.	
h Subtrac	t line 1g from line 1a. If zero or less, e	enter -0-	0.	
i Subtrac	t line 1f from line 1c. If zero or less, e	nter -0-	0.	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lebbing Expenditures During 4 Veer Averaging Deried

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total				
2a Lobbying nontaxable amount	607,706.	668,177.	664,454.	750,548.	2,690,885.				
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					4,036,328.				
c Total lobbying expenditures	8,752.	13,907.	10,989.	2,387.	36,035.				
d Grassroots nontaxable amount	151,927.	167,044.	166,114.	187,637.	672,722.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,009,083.				
f Grassroots lobbying expenditures									

Schedule C (Form 990) 2021

Yes

🗌 No

132042 11-03-21

	INTERNATIONAL CENTER FOR NOT-FOR-PROFIT				_
Schedule C (Form 990) 2021	LAW INC		52-181		Page
-	e organization is exempt under section 501(c)(3) and h section 501(h)).	as NOT fi	ied Form	1 5768	
For each "Yes" response on lines 1	a through 1i below, provide in Part IV a detailed description	(a)	()	o)
of the lobbying activity.		Yes	No	Amo	ount
local legislation, including an or referendum, through the u	organization attempt to influence foreign, national, state, or / attempt to influence public opinion on a legislative matter se of:				
b Paid staff or management (inc Media advertisements?	clude compensation in expenses reported on lines 1c through 1i)?				
	ors, or the public?				
	broadcast statements?				
	s, their staffs, government officials, or a legislative body?				
	inars, conventions, speeches, lectures, or any similar means?				
	i				
	se the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of	any tax incurred under section 4912				
	any tax incurred by organization managers under section 4912		Ī		
	red a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the 501(c)(6).	e organization is exempt under section 501(c)(4), section	on 501(c)((5), or se		
				Yes	No
	r more) dues received nondeductible by members?				
	ly in-house lobbying expenditures of \$2,000 or less?				
	carry over lobbying and political campaign activity expenditures from the				
	e organization is exempt under section 501(c)(4), section either (a) BOTH Part III-A, lines 1 and 2, are answered ."				ie 3, is
1 Dues, assessments and simi	ar amounts from members		1		
	blobbying and political expenditures (do not include amounts of politi	cal			
expenses for which the sec					
	n section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	amount on line 2c exceeds the amount on line 3, what portion of the exc				
	o carryover to the reasonable estimate of nondeductible lobbying and p				
expenditure next year?	and political expanditures. Cas instructions		4		
5 Taxable amount of lobbying a	and political expenditures. See instructions nformation		5		

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

	HEDULE D n 990)		OMB No. 1545-0047						
	ment of the Treasury		Attach to Form 990.			Open to Public			
	I Revenue Service e of the organization	► Go to www.irs.gov/Form99		ind the latest information.	Employ	Inspection er identification number			
Main	LAW INC 52-								
Pa	rt I Organizat	ions Maintaining Donor Advise	d Funds or Oth	er Similar Funds or A	ccounts	Complete if the			
		answered "Yes" on Form 990, Part IV, lin				·			
			(a) Donor ad	vised funds (b) Funds a	and other accounts			
1	Total number at end	l of year							
2		contributions to (during year)							
3	Aggregate value of g	grants from (during year)							
4	Aggregate value at e	end of year							
5	Did the organization	inform all donors and donor advisors in	writing that the asset	s held in donor advised fun	ds				
	are the organization	's property, subject to the organization's	exclusive legal contr	ol?		Yes No			
6	Did the organization	i inform all grantees, donors, and donor a	dvisors in writing tha	t grant funds can be used o	only				
	for charitable purpo	ses and not for the benefit of the donor o	or donor advisor, or fo	or any other purpose confer	ring				
_	impermissible privat					Ves No			
Pa	rt II Conserva	tion Easements. Complete if the org	ganization answered	"Yes" on Form 990, Part IV,	line 7.				
1		ervation easements held by the organization		ply).					
		of land for public use (for example, recrea	tion or education)	Preservation of a histo					
		natural habitat		Preservation of a certi	fied histori	c structure			
	Preservation of	• •							
2		nrough 2d if the organization held a quali	fied conservation cor	ntribution in the form of a co					
	day of the tax year.					d at the End of the Tax Year			
а		servation easements			2a				
b					2b				
c		ation easements on a certified historic str			2c				
d		ation easements included in (c) acquired							
•		l Register			2d				
3		ation easements modified, transferred, re	leased, extinguisned	, or terminated by the organ	ization du	ring the tax			
4	year	 here property subject to conservation ea	comont is located						
 5		on have a written policy regarding the per		nection handling of					
5		rcement of the conservation easements i				Yes No			
6	·	hours devoted to monitoring, inspecting,							
Ŭ			narialing of violation	o, and emercing conservation	on ouserne	she during the year			
7	Amount of expenses	 incurred in monitoring, inspecting, hand 	lling of violations, an	d enforcing conservation ea	sements o	during the year			
-	► \$		g er rielatierie, att	a onnoronng oonoorraanon oo					
8	· · ·	ation easement reported on line 2(d) abov	e satisfy the require	ments of section 170(h)(4)(E	3)(i)				
		4)(B)(ii)?				Yes No			
9		how the organization reports conservati							
		include, if applicable, the text of the foot				es the			
	organization's accou	unting for conservation easements.	-						
Pa		ions Maintaining Collections o	•	Treasures, or Other	Similar <i>I</i>	Assets.			
	Complete if t	he organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization e	lected, as permitted under FASB ASC 95	i8, not to report in its	revenue statement and bal	ance shee	et works			
	of art, historical trea	sures, or other similar assets held for pul	olic exhibition, educa	tion, or research in furthera	nce of pub	blic			
	service, provide in P	Part XIII the text of the footnote to its final	ncial statements that	describes these items.					
b	If the organization e	lected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and balanc	e sheet wo	orks of			
	art, historical treasu	res, or other similar assets held for public	exhibition, educatio	n, or research in furtheranc	e of public	service,			
	•	g amounts relating to these items:							
		ed on Form 990, Part VIII, line 1							
		l in Form 990, Part X							
2	-	eceived or held works of art, historical tre			provide				
		ts required to be reported under FASB A							
		n Form 990, Part VIII, line 1							
		Form 990, Part X							
	•	duction Act Notice, see the Instruction	s for Form 990.		Sch	edule D (Form 990) 2021			
13205	1 10-28-21		29						
			43						

15300628 745960 19501

2021.03050 INTERNATIONAL CENTER FOR NO 19501__1

iSign i	Envelope ID: C7A5A5C2-7D95-4803-AD12-39	3EF0FEC02A									
		AL CENTER FOR N	IOT-FOR-PR	OFIT							-
	dule D (Form 990) 2021 LAW INC							2-18182			age 2
	t III Organizations Maintaining C								ts (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any	/ of the	following tha	it make s	ignificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c			nange progra						
b	Scholarly research	e	• 🔲 Othe	er							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit or		-						7.		٦.,
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrange								Yes		_ No
	reported an amount on Form 990, Par	t X, line 21.						Part IV,	ine 9, 0		
1 a	Is the organization an agent, trustee, custodia on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
		·	U						Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanation ha	as been	provided on	Part XIII]
Par	t V Endowment Funds. Complete if	the organization ar									
		(a) Current year	(b) Prior y	/ear	(c) Two year	rs back	(d) Three ye	ars back	(e) Fou	r years	back
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1g, co	olumn (a	l)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that are	e held a	nd administe	ered for th	ne organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Scheo	dule R?					3b		
4	Describe in Part XIII the intended uses of the		owment fund	S.							
Par	t VI Land, Buildings, and Equipm				– 000						
	Complete if the organization answered							. 1	() >		
	Description of property	(a) Cost or o basis (investr		b) Cost basis (or other	.,	ccumulated		(d) Boo	k value	е
10	Land	· · · · · · · · · · · · · · · · · · ·		54313 (Junor	uep	Colation				
	Land										
	Buildings Leasehold improvements				280,024.		176,0	63		103	,961.
					56,530.		51,9				,583.
	EquipmentOther						<u> </u>	- / •		<u>,</u>	
	Add lines 1a through 1e. (Column (d) must ed		X. column (F	3), <i>line</i> 1	0c.)					108	,544.
			,	,,	/			r			

. ► 108,544. Schedule D (Form 990) 2021

132052 10-28-21

15300628 745960 19501

Schedule D (Form 990) 2021 LAW INC	NTER FOR NOT-FOR-PR		-1818273 Page 3
Part VII Investments - Other Securities.			·
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
			,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11d. See Form 990. Part X. line 15	
-	Description		(b) Book value
	Description		
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE ADVANCES			382,878.
(3) DEFERRED RENT			75,538.
(4)			
(5)			
(6) (7)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	,		458,416.
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	r FASB ASC 740. Check	here if the text of the footnote has been	provided in Part XIII 🔽

Schedule D (Form 990) 2021

132053 10-28-21

	INTERNATIONAL CENTER FOR NOT-FOR-F	PROFIT			
Sche	dule D (Form 990) 2021 LAW INC		ţ.	52-181827	3 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial St	atements With R	evenue per Ro	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	17,734,331.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	12,485.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		4,690.		
е	Add lines 2a through 2d			2e	17,175.
3	Subtract line 2e from line 1			3	17,717,156.
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	9,000.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	9,000.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>?.)</u>		5	17,726,156.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With I	Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li				
1	Total expenses and losses per audited financial statements			1	12,006,643.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4,690.		
е	Add lines 2a through 2d			2e	4,690.
3	Subtract line 2e from line 1			3	12,001,953.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,000.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	9,000.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	12,010,953.
Pa	rt XIII Supplemental Information.				
Provi	ide the descriptions required for Part II. lines 3. 5. and 9: Part III. lines 1a and	4: Part IV. lines 1b an	d 2b; Part V, line 4	: Part X. line	e 2: Part XI.

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, ICNL HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM ECNL, A RELATED ORGANIZATION, CONSOLIDATED

ON THE FINANCIAL STATEMENTS AND EXCLUDED FOR FORM 990

REPORTING PURPOSES

132054 10-28-21

Schedule D (Form 990) 2021

15300628 745960 19501

32 2021.03050 INTERNATIONAL CENTER FOR NO 19501__1

4,690.

INTERNATI	ONAL CENTER FOR NO	T-FOR-PROFIT			
Schedule D (Form 990) 2021 LAW INC	ntinued)			52-1818273	Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:					
EXPENSES FROM ECNL, A RELATED ORGANIZAT	ION, CONSOLIDATED	4,690.			
ON THE FINANCIAL STATEMENTS AND EXCLUDE	D FOR FORM 990				
REPORTING PURPOSES					
				Schedule D (F	orm 990) 2021
132055 10-28-21		33			
300628 745960 19501	2021.03050	INTERNATIONAL	CENTER	FOR NO 1	95011

15

SCHEDULE F (Form 990)			ivities Outside the U		ates	DMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 					Open to Public Inspection	
Name of the organization	P 4010	in the second			Employer identi		
INTERNATIONAL CENTER F	OR NOT-FOR-PI	ROFIT			52-1818273		
	rmation on A	Activities Ou	tside the United States. Comp	lete if the organ		Yes" on	
Form 990, Part IV				nete il the organ			
-	-		ds to substantiate the amount of its g the selection criteria used to award t			Yes 🗌 No	
United States.		-	procedures for monitoring the use of	-	ther assistance ou	tside the	
			an be duplicated if additional space is			(f) Total	
(a) Region	offices agents, and independent (by type) (such as, fundraising, pro- gram services, investments, grants to des		is a pro o describe	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region			
CENTRAL AMERICA AND				ENABLING EN	VIRONMENT FOR		
THE CARIBBEAN	0	0	PROGRAM SERVICES	CIVIL SOCIE		29,679.	
CENTRAL AMERICA AND	0	0	GRANTS TO RECIPIENTS	1TS		110.000	
THE CARIBBEAN	0	0	LOCATED IN REGION			116,860.	
EAST ASIA AND THE				ENABLING ENVIRONMENT FOR			
PACIFIC	0	0	PROGRAM SERVICES	CIVIL SOCIE	STY	37,048.	
EAST ASIA AND THE			GRANTS TO RECIPIENTS				
PACIFIC	0	0	LOCATED IN REGION			321,236.	
				ENABLING EN	VIRONMENT FOR		
EUROPE	1	3	PROGRAM SERVICES	CIVIL SOCIE	TTY	494.	
			GRANTS TO RECIPIENTS				
EUROPE	0	0	LOCATED IN REGION			973,897.	
						,	
MIDDLE EAST AND					WIRONMENT FOR	240.000	
NORTH AFRICA		6	PROGRAM SERVICES	CIVIL SOCIE	21'Y	349,690.	
MIDDLE EAST AND			GRANTS TO RECIPIENTS				
NORTH AFRICA	0		LOCATED IN REGION			526,686.	
3 a Subtotal	2	2				2,355,590.	
b Total from continuation sheets to Part I	3	15				3,096,305.	
c Totals (add lines 3a							
and 3b)	5	24				5,451,895.	

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

Schedule F (Form 990) 2021

132071 12-20-21

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Schedule F (Form 990) Part I Continuation	LAW INC	e per Pegio	n. (Schedule F (Form 990), Part I, line 3	52-1818273	Page 1	
(a) Region	(b) Number of offices in the region (c) Number employee agents i region		(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
NORTH AMERICA	0	0	PROGRAM SERVICES	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	38,568	
			GRANTS TO RECIPIENTS			
NORTH AMERICA	0	0	LOCATED IN REGION		27,898	
RUSSIA AND THE NEWLY				ENABLING ENVIRONMENT FOR		
INDEPENDENT STATES	3	13	PROGRAM SERVICES	CIVIL SOCIETY	1,552,984	
RUSSIA AND THE NEWLY			GRANTS TO RECIPIENTS			
INDEPENDENT STATES	0	0	LOCATED IN REGION		139,149	
				ENABLING ENVIRONMENT FOR		
SOUTH AMERICA	0	0	PROGRAM SERVICES	CIVIL SOCIETY	23,360	
			GRANTS TO RECIPIENTS		100 100	
SOUTH AMERICA	0	0	LOCATED IN REGION		109,129	
SOUTH ASIA	0	1	PROGRAM SERVICES	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	73,034	
			GRANTS TO RECIPIENTS			
SOUTH ASIA	0	0	LOCATED IN REGION		334,254	
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	180,228	
			GRANTS TO RECIPIENTS			
SUB-SAHARAN AFRICA	0	0	LOCATED IN REGION		617,701	
Totals 🛛 🕨 🕨	• 3	15			3,096,305	

132181 04-01-21 Schedule F (Form 990) 2021

LAW INC

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

52-1818273

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	ENABLING ENVIRONMENT					
		AND THE CARIBBEAN	FOR CIVIL SOCIETY	6,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA	ENABLING ENVIRONMENT					
		AND THE CARIBBEAN	FOR CIVIL SOCIETY	28,000.	WIRE TRANSFER	Ο.		
		CENTRAL AMERICA	ENABLING ENVIRONMENT	F 500				
		AND THE CARIBBEAN	FOR CIVIL SOCIETY	5,500.	WIRE TRANSFER	0.		
		CENTRAL AMERICA	ENABLING ENVIRONMENT					
		AND THE CARIBBEAN	FOR CIVIL SOCIETY	11,450.	WIRE TRANSFER	0.		
		CENTRAL AMERICA						
			ENABLING ENVIRONMENT FOR CIVIL SOCIETY	29 500	WIRE TRANSFER	0.		
				25,500.		••		
		CENTRAL AMERICA	ENABLING ENVIRONMENT					
		AND THE CARIBBEAN	FOR CIVIL SOCIETY	6,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	ENABLING ENVIRONMENT					
		PACIFIC	FOR CIVIL SOCIETY	15,928.	WIRE TRANSFER	Ο.		
				, , , , , , , , , , , , , , , , , , ,				
			ENABLING ENVIRONMENT					
.		PACIFIC	FOR CIVIL SOCIETY	,	WIRE TRANSFER	0.		
			recognized as charities by the or counsel has provided a sec					50
			or counsel has provided a sec			····· 【 ·		36

Schedule F (Form 990) 2021

Page 2

Schedule F	(Form 990)	LAW INC	FIONAL CENTER FOR I			52-18182	273		Page 2
		f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1	of organization	(b) IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	87,009.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	40,693.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	66,252.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	20,000.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	24,834.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	17,700.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	11,720.	WIRE TRANSFER	0.		
			RUSSIA AND THE NEWLY INDEPENDENT STATES	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	8,075.	WIRE TRANSFER	0.		
			RUSSIA AND THE NEWLY INDEPENDENT STATES	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	30,809.	WIRE TRANSFER	0.		

Schedule F (Fc	orm 990)	LAW INC	IIONAL CENIER FOR I			52-18182	273		Page 2
		f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of c	organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			RUSSIA AND THE NEWLY INDEPENDENT STATES	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	26,205.	WIRE TRANSFER	0.		
			RUSSIA AND THE NEWLY INDEPENDENT STATES	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	45,227.	WIRE TRANSFER	0.		
			RUSSIA AND THE NEWLY INDEPENDENT STATES	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	9,267.	WIRE TRANSFER	0.		
			RUSSIA AND THE NEWLY INDEPENDENT STATES	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	7,635.	WIRE TRANSFER	0.		
			RUSSIA AND THE NEWLY INDEPENDENT STATES	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	11,930.	WIRE TRANSFER	0.		
			EUROPE	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	964,039.	WIRE TRANSFER	0.		
			MIDDLE EAST AND NORTH AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	102,254.	WIRE TRANSFER	0.		
			MIDDLE EAST AND NORTH AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	21,800.	WIRE TRANSFER	0.		
			MIDDLE EAST AND NORTH AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	25,324.	WIRE TRANSFER	0.		

Schedule F (Form 990)	LAW INC	TIONAL CENTER FOR	NOT TON TROTT		52-18182	273		Page 2
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagian	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	230,040.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	15,080.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	40,708.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	43,932.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	13,626.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	14,120.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	9,273.	WIRE TRANSFER	0.		
		NORTH AMERICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	24,061.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	20,000.	WIRE TRANSFER	0.		

Schedule F (Form 990)	LAW INC	TIONAL CENTER FOR			52-18182	273		Page 2
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	19,010.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	5,553.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	17,171.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	19,400.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	11,752.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	10,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	9,858.	WIRE TRANSFER	0.		
		SOUTH ASIA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	16,229.	WIRE TRANSFER	0.		
		SOUTH ASIA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	20,692.	WIRE TRANSFER	0.		

Schedule F (Form 990)	LAW INC	TIONAL CENTER FOR			52-18182	273		Page 2
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	. (Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	18,731.	WIRE TRANSFER	0.		
		SOUTH ASIA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	12,556.	WIRE TRANSFER	0.		
		SOUTH ASIA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	23,237.	WIRE TRANSFER	0.		
		SOUTH ASIA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	130,002.	WIRE TRANSFER	0.		
		SOUTH ASIA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	19,998.	WIRE TRANSFER	0.		
		SOUTH ASIA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	14,276.	WIRE TRANSFER	0.		
		SOUTH ASIA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	23,543.	WIRE TRANSFER	0.		

Schedule F (Form 990)	LAW INC	TIONAL CENTER FOR			52-18182	273		Page 2
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	21,624.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	45,189.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	18,699.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	7,159.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	11,213.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	17,538.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	10,944.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	6,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	5,687.	WIRE TRANSFER	0.		

Schedule F (Form 990)	LAW INC	TIONAL CENTER FOR			52-18182	273		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	7,868.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	5,069.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	10,128.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	41,642.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	8,888.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	6,014.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	6,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	5,558.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	45,025.	WIRE TRANSFER	0.		

chedule F (Form 990)	LAW INC	TIONAL CENTER FOR			52-18182	273		Page 2
	n of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	n (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	10,095.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	26,930.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	8,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	37,125.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	16,127.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	8,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	30,169.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	13,200.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	8,402.	WIRE TRANSFER	0.		

Schedule F (Form	990)	LAW INC	FIONAL CENTER FOR			52-18182	273		Page 2
		f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of orga	anization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	46,519.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	25,100.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	8,500.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	7,971.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	50,314.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	ENABLING ENVIRONMENT FOR CIVIL SOCIETY	5,364.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2021	LAW INC			52	2-1818273		Page 3
Part III Grants and Other Assistar			ates. Complete	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if	additional space is neede				-1		i
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESILIENCY	CENTRAL AMERICA AND THE CARIBBEAN	2	23,470.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2021

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INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

	INTERNATIONAL CENTER FOR NOT-FOR-PROFIT		
Sched	ule F (Form 990) 2021 LAW INC	52-1818273	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	🗌 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	No No

Schedule F (Form 990) 2021

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INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Schedule F (Form 990) 2021 LAW INC

52-1818273 Page **5**

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

PART I, LINE 2:

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

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

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

NEXT DISBURSEMENT. GENERALLY, GRANTEES SUBMIT MONTHLY REPORTS, GRANTEES

WITH SUCCESSFUL HISTORY OF SUBMITTING REPORTS ON DEADLINE REPORT ON A

QUARTERLY BASIS. THE LIQUIDATION REPORT INCLUDES A COMPARISON OF ACTUAL

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

DOCUMENTATION, RECEIPTS, ETC.

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

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

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

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

DESCRIPTION OF HOW THE RECIPIENT WILL DOCUMENT COMPLETION OF THE PRODUCT,

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

SUCCESSFULLY COMPLETED. AFTER COMPLETING A MILESTONE, THE GRANTEE SUBMITS

A VOUCHER REQUESTING PAYMENT. THE VOUCHER LISTS THE MILESTONE AND THE

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

AGREEMENT. ONCE ICNL CONFIRMS THAT THE MILESTONE WAS SUCCESSFULLY

COMPLETED, PAYMENT IS RELEASED.

132075 12-20-21

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individual	ls in the Ŭni	ited States		омв №. 1545-0047 2021
Department of the Treasury Internal Revenue Service		► Go to www.ii	Attach to For rs.gov/Form990 for		nation.		Open to Public Inspection
Name of the organization INTERNATIONAL LAW INC	CENTER FOR N						Employer identification numbe 52-1818273
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pr Part II Grants and Other Assistance to recipient that received more than 	stance? ocedures for mon Domestic Organ	itoring the use of grant izations and Domesti	t funds in the Unite i c Governments. C	d States. complete if the org			X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICAN CIVIC LEADERSHIP PROGRAM (ACLP) – 6118 PHELPS LANE – HANOVER, MD 21076	81-1971246	501(C)(3)	6,250.	0.			DEVELOP A DIGITAL ONLINE KNOWLEDGE HUB
HUMAN RIGHTS WATCH 350 FIFTH AVENUE NEW YORK, NY 10881	13-2875808	501(C)(3)	45,000.	0.			TO RAISE AWARENESS OF TH HUMAN RIGHTS AND CIVIC SPACE EFFECTS OF COVID-1 EMERGENCY MEASURES
ROCKEFELLER PHILANTHROPY ADVISORS, INC. – 6 WEST 48TH STREET, 10TH FL – NEW YORK, NY 10036	13-3615533	501(C)(3)	49,920.	0.			SUPPORT PFAD TO ORGANIZE A STRATEGIC EVENT AIMED AT STRENGTHENING DEMOCRACY IN THE U.S.
REGENTS OF THE UNIVERSITY OF MINNESOTA – 200 OAK ST SE, STE 450 – MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	15,000.	0.			SUPPORTING THE UN SPECIA RAPPORTEUR WORK ON EMERGENCY POWERS AND CIVIC SPACE
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 							<u>4</u>

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

Schedule I (Form	990) 2021 LAW INC	52-1818273	Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PAYMENT FOR FIXED AMOUNT AWARDS IS GENERALLY MADE ACCORDING TO ASSIGNED

DISBURSEMENT SCHEDULE; WITH THE FINAL DISBURSEMENT ISSUED ONCE THE FINAL

REPORT HAS BEEN FILED. THE FORMAT OF THE FINAL REPORT IS DETERMINED BY THE

APPROVED ACTIVITY TO BE SUPPORTED BY THE GRANT. FOR RESEARCH GRANTS, THE

FINAL REPORT IS THE FINISHED RESEARCH PAPER, FOR GRANTS WHICH SUPPORT OTHER

TYPES OF PROGRAM ACTIVITIES, SUCH AS WORKSHOPS, THE FINAL REPORT DETAILS

THE ACCOMPLISHMENTS.

Schedule I	(Form 990) LAW INC	52-1818273	Page 2
Part IV	Supplemental Information		

FOR COST REIMBURSEMENT GRANTS, THE GRANTEE TYPICALLY RECEIVES AN INITIAL

ADVANCE, BASED ON THEIR CALCULATED NEEDS FOR THE ADVANCE PERIOD. THE

GRANTEE MUST THEN SUBMIT A REPORT WHICH LIQUIDATES THE ADVANCE AND CAN

REQUEST THE NEXT ADVANCEMENT OF GRANT FUNDS. THE LIQUIDATION REPORTS

INCLUDE A COMPARISON OF ACTUAL COSTS TO THE APPROVED BUDGET, AND MAY ALSO

INCLUDE COPIES OF SUPPORTING DOCUMENTATION, RECEIPTS, ETC.

Schedule I (Form 990)

132291 04-01-21

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47		
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
Depar	tment of the Treasury	Attach to Form 990.		Open to Public				
Interna	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nam	e of the organizatio	N INTERNATIONAL CENTER FOR NOT-FOR-PROFIT	Employer ider		on nu	mber		
		LAW INC	52-18182	73				
Pa	rt I Question	s Regarding Compensation				ı —		
					Yes	No		
1a		iate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o	, i i i i i i i i i i i i i i i i i i i						
	Travel for com							
		cation and gross-up payments						
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chet)					
D		on line 1a are checked, did the organization follow a written policy regarding payment or		41.				
2		provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2				
	trustees, and onice	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
2	Indianta which if a	are of the following the exercitation used to establish the compensation of the exercitation	.					
3		ny, of the following the organization used to establish the compensation of the organization ector. Check all that apply. Do not check any boxes for methods used by a related organizat						
	·	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
			ommittaa					
		ther organizations Approval by the board or compensation of	committee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	-	e payment or change-of-control payment?		4a		x		
		eive payment from a supplemental nonqualified retirement plan?		4b		x		
		eive payment from an equity-based compensation arrangement?		4c		x		
-		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r							
а	•			5a		x		
b	Any related organiz	ation?		5b		x		
		or 5b, describe in Part III.						
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r	net earnings of:						
а	The organization?	~		6a		х		
b	Any related organiz	ation?		6b		х		
		or 6b, describe in Part III.						
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s					
		nes 5 and 6? If "Yes," describe in Part III		7		x		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to						
	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x		
9		id the organization also follow the rebuttable presumption procedure described in						
		n 53.4958-6(c)?	<u></u>	9				
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)) 2021		

132111 11-02-21

Schedule J (Form 990) 2021

LAW INC

INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

52-1818273

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DOUGLAS RUTZEN	(i)	237,466.	0.	٥.	24,000.	14,751.	276,217.	0.
PRESIDENT	(ii)	0.	0.	٥.	٥.	0.	0.	0.
(2) CATHERINE SHEA	(i)	181,619.	0.	0.	18,421.	16,733.	216,773.	0.
VICE PRESIDENT, PROGRAMS	(ii)	٥.	0.	0.	٥.	0.	0.	0.
(3) DAVID MOORE	(i)	178,199.	0.	0.	17,765.	13,635.	209,599.	0.
VICE PRESIDENT, LEGAL AFFAIRS	(ii)	٥.	0.	0.	٥.	0.	0.	0.
(4) A. NILDA BULLAIN	(i)	171,724.	0.	٥.	17,765.	16,726.	206,215.	0.
VICE PRESIDENT, OPERATIONS	(ii)	٥.	0.	0.	٥.	0.	0.	0.
(5) NATALIA BOURJAILY	(i)	157,769.	0.	٥.	16,000.	5,523.	179,292.	0.
VICE PRESIDENT, EURASIA	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOCELYN NIEVA	(i)	149,314.	0.	٥.	14,876.	14,890.	179,080.	0.
SENIOR LEGAL ADVISOR-LATIN AMERICA	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CLAUDIA GUADAMUZ	(i)	135,308.	0.	0.	13,615.	13,127.	162,050.	0.
SENIOR LEGAL ADVISOR-LATIN AMERICA	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Schedule J (Form 990) 2021	LAW INC	52-1818273	Page 3
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Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organization	INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW INC		er identification number 318273
FORM 990, PART V, L	INE 4B, LIST OF FOREIGN COUNTRIES:		
HUNGARY, JORDAN, KA	ZAKHSTAN, KYRGYZSTAN,		
TAJIKISTAN, RUSSIA,	UKRAINE		
FORM 990, PART VI,	SECTION A, LINE 4:		
THE BOARD AMENDED T	HE BYLAWS IN JULY 2021. A SUMMARY OF THE CHANGES:		
1. CHANGE TO THE SE	CTION ON THE "ELECTION OF BOARD OFFICERS AND		
COMMITTEES". IT PRE	VIOUSLY STATED:		
7.1 OFFICERS.			
(C) THE OFFICES OF	SECRETARY AND TREASURER MAY BE HELD BY THE SAME PERSON.		
THE NEW AMENDMENT S	TATES:		
(C) ANY TWO OFFICER	POSITIONS MAY BE HELD BY THE SAME PERSON, PROVIDED THAT		
IT IS ALLOWED BY LA	W AND THERE ARE AT LEAST THREE PERSONS SERVING AS		
OFFICERS.			
2. CHANGE TO THE AU	DIT COMMITTEE SECTION OF THE BYLAWS. THE BYLAWS		
PREVIOUSLY STATED:			
5.11 AUDIT COMMITTE	Έ.		
(A)THE BOARD SHALL	APPOINT THREE OR MORE DIRECTORS TO THE AUDIT COMMITTEE,		
TWO OF WHOM MUST BE	THE CHAIR AND THE TREASURER.		
THE NEW AMENDMENT S	TATES:		
(A)THE BOARD SHALL	APPOINT THREE OR MORE DIRECTORS TO THE AUDIT COMMITTEE,		
ONE OF WHOM MUST BE	THE TREASURER.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
-	D BY EXTERNAL AUDITORS AND REVIEWED BY SENIOR	Col-	odulo O (Earm 000) 0004
132211 11-11-21	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sch	edule O (Form 990) 2021
	55		

2021.03050 INTERNATIONAL CENTER FOR NO 19501__1

Name of the organization	21 INTERNATIONAL CENTER FOR NOT-FOR-PROFIT	Employer identification numbe
	LAW INC	52-1818273
MANAGEMENT. THE FORM	990 WAS SUBMITTED TO THE AUDIT COMMITTEE AND THEN TO	
THE ENTIRE BOARD OF	DIRECTORS FOR REVIEW BEFORE FILING WITH THE IRS.	
FORM 990, PART VI, S	ECTION B, LINE 12C:	
ON AN ANNUAL BASIS,	ICNL STAFF SENDS THE CONFLICT OF INTEREST AND	
DISCLOSURE POLICY FO	RM TO EACH STAFF MEMBER, DIRECTOR, AND ADVISORY COUNCIL	
MEMBER, ALL OF WHOM	ARE REQUIRED TO COMPLETE AND RETURN THE FORM. ON AN	
ONGOING BASIS, RECIP	IENTS ARE REQUIRED TO FILE AN UPDATED DISCLOSURE FORM,	
SHOULD CIRCUMSTANCES	CHANGE. CONFLICTS INVOLVING A DIRECTOR, ADVISORY	
COUNCIL MEMBER, OR K	EY EMPLOYEE ARE ADDRESSED BY ICNL'S BOARD OF DIRECTORS	
FOLLOWING THE PROCED	URES OUTLINED IN ICNL'S CONFLICTS POLICY. CONFLICTS	
INVOLVING A STAFF ME	MBER WHO IS NOT A 'KEY EMPLOYEE' FOR THE PURPOSES OF	
FORM 990 ARE ADDRESS	ED BY ICNL'S PRESIDENT.	
FORM 990, PART VI, S	ECTION B, LINE 15:	
ICNL PURCHASED COMPA	RABILITY DATA FROM A FIRM SPECIALIZING IN THIS	
INFORMATION. COMPARA	BILITY DATA WAS THEN PRESENTED TO THE BOARD OF	
DIRECTORS ALONG WITH	PROPOSED SALARY LEVELS AT A MEETING OF THE BOARD OF	
DIRECTORS. THE DIREC	TORS DELIBERATED AND DECIDED ON COMPENSATION, AND THERE	
WAS CONTEMPORANEOUS	SUBSTANTIATION OF THE PROCESS. THE LAST COMPENSATION	
REVIEW TOOK PLACE IN	DECEMBER 2021 FOR ICNL'S PRESIDENT AND KEY EMPLOYEES.	
FORM 990, PART VI, S	ECTION C, LINE 19:	
THE ORGANIZATION MAK	ES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	
	ENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDITED	

FINANCIAL STATEMENTS AND PUBLIC DISCLOSURE COPY OF IRS FORM 990 ARE

PUBLISHED ON WWW.ICNL.ORG.

132212 11-11-21

Schedule O (Form 990) 2021

Name of the organization INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW INC		Employer identification number 52–1818273
FORM 990, PART IX, LINE 11G, OTHER FEES:		
LOCAL HIRES & PARTNERS:		
	641 572	
PROGRAM SERVICE EXPENSES	641,573.	
MANAGEMENT AND GENERAL EXPENSES	1,196.	
FUNDRAISING EXPENSES	7,878.	
FOTAL EXPENSES	650,647.	
INDEPENDENT CONTRACTORS:		
PROGRAM SERVICE EXPENSES	1,526,554.	
MANAGEMENT AND GENERAL EXPENSES	75,430.	
FUNDRAISING EXPENSES	2,668.	
TOTAL EXPENSES	1,604,652.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,255,299.	
FORM 990, PART IX, LINE 17:		
TRAVEL INCLUDES AIRFARES, LODGING AND, IN SOME CASES, PER DI	EM	
ALLOWANCES ASSOCIATED WITH BRINGING PROGRAM PARTICIPANTS TO	MEETINGS,	
TRAININGS, AND OTHER PROGRAM ACTIVITIES WITHIN THEIR COUNTRY	OR IN	
ANOTHER COUNTRY. THIS CATEGORY ALSO COVERS COSTS OF SENDING	ICNL	
EMPLOYEES TO A COUNTRY TO PROVIDE TECHNICAL ASSISTANCE, TO M	IEET WITH	
PARTNERS, TO CONDUCT TRAININGS AND WORKSHOPS, AND TO CARRY	OUT	
PROGRAMMATIC ACTIVITIES.		
132212 11-11-21	57	Schedule O (Form 990) 20

15300628 745960 19501

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Name of the organization	INTERNATIONAL CENTER FOR NOT-FOR-PROFIT	Employer iden	tification number
	LAW INC	52-181827	3

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
INTERNATIONAL CENTER FOR NOT-FO-PROFIT LAW,	SERVICES TO PROMOTE AN				INTERNATIONAL CENTER
LLC - 20-5736798, 1126 16TH STREET, SUITE	ENABLING ENVIRONMENT FOR				FOR NOT-FOR-PROFIT LAW,
400, WASHINGTON, DC 20036	CIVIL SOCIETY	DELAWARE	2,030,446.	650,473.	INC.
]				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		3) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
EUROPEAN CENTER FOR NOT-FOR-PROFIT LAW	PROMOTES THE STRENGTHENING						
POZSONYI UT 16. 1. EMELET 9.	OF A SUPPORTIVE LEGAL ENV.						
BUDAPEST, HUNGARY 1137	FOR CIVIL SOCIETY	HUNGARY			ICNL, INC.	x	

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 LAW INC

(a)	(b)	(c)	(d)		(e)		(f)		(g)	(h	ı)	(i)		(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predomin	ant income		e of total		are of	Dispropo	ortionate	Code V-L	IBI	General or managing	Percentage
of related organization		(state or foreign	entity	lexcluded fr	unrelated, om tax under	inc	come		of-year sets	allocat		amount in 20 of Sche	dule	partner?	ownership
		country)		sections	512-514)					Yes	No	K-1 (Form 1	065)	Yes No	
	-														
	-														
	-														
	4														
	-														
	-														
	-														
	-														
Part IV Identification of Related O organizations treated as a c	rganizations Taxable : orporation or trust durin	as a Corpo	pration or Trust. Co year.	omplete if t	he organizat	ion ansv	wered "Yes	s" on Fo	rm 990, Pa	art IV,	line 34	4, because it	had o	one or m	ore related
Part IV Identification of Related O organizations treated as a c (a)	rganizations Taxable orporation or trust durin	as a Corpo	oration or Trust. Co year. (b)	omplete if t	he organizati (d)	ion ansv	wered "Yes		rm 990, Pa (f)		line 34	4, because it	_	one or m	
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(c) .egal domicile	(d) Direct cont	trolling	(e) Type of) entity	(f) Share o	f total		(g) Share of	Perc	(h) centage	(i) Section
organizations treated as a c	EIN	ng the tax	year. (b)	(C) egal domicile (state or foreign	(d)	trolling	(e)) entity S corp,	(f)	f total		(g)	Perc	(h)	(i) Section
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(c) egal domicile (state or	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Perc	(h) centage	(i) Section 512(b)(13) controlled
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Perc	(h) centage	(i) Section 512(b)(13) controlled entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Perc	(h) centage	(i) Section 512(b)(13) controlled entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Perc	(h) centage	(i) Section 512(b)(13) controlled entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Perc	(h) centage	(i) Section 512(b)(13) controlled entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Perc	(h) centage	(i) Section 512(b)(13) controlled entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Perc	(h) centage	(i) Section 512(b)(13) controlled entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Perc	(h) centage	(i) Section 512(b)(13) controlled entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Perc	(h) centage	(i) Section 512(b)(13) controlled entity?
(a)	EIN	ng the tax	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Perc	(h) centage	(i) Section 512(b)(13) controlled entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Perc	(h) centage	(i) Section 512(b)(13) controlled entity?
(a)	EIN	ng the tax	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Perc	(h) centage	(i) Section 512(b)(13) controlled entity?
organizations treated as a c (a) Name, address, and	EIN	ng the tax	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Perc	(h) centage	(i) Section 512(b)(13) controlled entity?

52-1818273

Page **2**

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INTERNATIONAL CENTER FOR NOT-FOR-PROFIT

Schedule R (Form 990) 2021 LAW INC

Part \	Transactions With Related Organizations. Complete if the organization ans	wered "Yes" on Forr	n 990, Part IV, line 34, 35b	, or 36.			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				١	Yes	No
1 [During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?			
аF	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/		1	a		Х
b(Gift, grant, or capital contribution to related organization(s)			1	b		Х
с (Bift, grant, or capital contribution from related organization(s)			1	c		Х
	oans or loan guarantees to or for related organization(s)				d		Х
	oans or loan guarantees by related organization(s)				ə		Х
f	Dividends from related organization(s)				f		Х
g S	Sale of assets to related organization(s)			1	g		Х
	Purchase of assets from related organization(s)				h		Х
	xchange of assets with related organization(s)				i		Х
	ease of facilities, equipment, or other assets to related organization(s)				j		Х
κL	ease of facilities, equipment, or other assets from related organization(s)			1	<		Х
	Performance of services or membership or fundraising solicitations for related orga				1		Х
	Performance of services or membership or fundraising solicitations by related orga				n		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				n		Х
	Sharing of paid employees with related organization(s)				0		Х
рF	Reimbursement paid to related organization(s) for expenses			1	b		Х
	Reimbursement paid by related organization(s) for expenses				q		Х
r (Other transfer of cash or property to related organization(s)				r		х
s (Other transfer of cash or property from related organization(s)				s		Х
	f the answer to any of the above is "Yes," see the instructions for information on w						
	(0)	(b)	(0)	(d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
_(2)			
_(3)			
<u>(</u> 4)			
(5)			
_(6)			

52-1818273

Page 3

Schedule R (Form 990) 2021 LAW INC

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under	(e)	ll sec. (3) ?	(f) Share of total	(g) Share of end-of-year	Dispr tior alloca	n) opor- late tions?		(j) General o managin partner?	(k) Percentage ownership
		country)	sections 512-514)	Yes N	No	income	assets	Yes	No	(Form 1065)	Yes NO)

Schedule R (Form 990) 2021

chedule R (Form 990) 2021	INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW INC	52-1818273	Dee
Part VII Supplemental Int		52-1010275	Pag
	rmation for responses to questions on Schedule R. See instructions.		
2165 11-17-21	62	Schedule R (F	orm 990)
	1 2021.03050 INTERNATIONAL CEN		