### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

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

Department of the Treasury

A For the 2021 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization INTERNATIONAL SENIOR LAWYERS' X Address change CORPORATION Name INTERNATIONAL SENIOR LAWYERS PROJECT 52-2241212 Doing business as change Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 207 WEST 25TH STREET, 6TH FLOOR (646) 350-1554 2,052,085. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended NEW YORK, NY 10001 H(a) Is this a group return return
Application
pending F Name and address of principal officer: BRUCE GILCHRIST Yes 🗓 No for subordinates? ..... SAME AS C ABOVE **H(b)** Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► HTTPS://ISLP.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2000 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: MOBILIZE PRO BONO LEGAL SUPPORT Governance TO PROMOTE THE RULE OF LAW AND INCLUSIVE AND JUST DEVELOPMENT if the organization discontinued its operations or disposed of more than 25% of its net assets. 24 3 Number of voting members of the governing body (Part VI, line 1a) 24 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 7 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 200 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 950,309, 1,941,687. Contributions and grants (Part VIII, line 1h) 8 Revenue 38,135 54,051. Program service revenue (Part VIII, line 2g) 14,689 33,769. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,648 -9,758. 11 1,004,781 2,019,749. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 50,000 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 749,000, 752,783. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 78 297. **b** Total fundraising expenses (Part IX, column (D), line 25) 482,898. 447,095. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,281,898. 1,278,175. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -277,117. 741,574. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** 5 **End of Year** 1,116,788. 1,756,241. Total assets (Part X, line 16) 149,179, 51,130. 21 Total liabilities (Part X, line 26) 三年 967,609. 1,705,111. Net assets or fund balances. Subtract line 21 from line 20 .... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature ALEXANDER LAZZARUOLO azzaruolo P01775353 Alexander 11/14/2022 Paid self-employed Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP 13-3628255 Preparer Firm's EIN ▶ Firm's address ONE BATTERY PARK PLAZA, 7TH FL. Use Only Phone no.212-661-7777 NEW YORK, NY 10004

No

Yes

May the IRS discuss this return with the preparer shown above? See instructions

Total program service expenses 763,934.

Form **990** (2021)

) (Revenue \$

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? 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? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III	<u> </u>		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	L	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
. =	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <del></del> _		
.5		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		$\vdash$
19	,	19		x
20-	complete Schedule G, Part III			X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<del></del>
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		_ ^

132003 12-09-21

# Form 990 (2021) CORPORATION Part IV Checklist of Required Schedules (continued)

CORPORATION

			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	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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%			v
~=	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			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_
28	Was the organization a party to a business transaction with one of the following parties (see 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	00-		х
<b>L</b>	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive more than \$23,000 in non-cash contributions? If "Yes," complete schedule in	25		<del></del>
30		30		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<u></u>	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>                                    </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	12-09-21	Form	990	(2021)

Form 990 (2021) CORPORATION

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

	i (continued)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	NO
Zu	filed for the calendar year ending with or within the year covered by this return 2a 7			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	NT / 7	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
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 organization nave excess business noidings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			- V
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
• •	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17		
	If "Ves " complete Form 6069			

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			ı
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		,,
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			۱,,
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	·
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40.	х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		х
	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b		Α
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		х
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ▶DC, NY			
17 10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	only)	ovoilel	
18	for public inspection. Indicate how you made these available. Check all that apply.	orny)	avaiidi	JI€
10	(-	l finos	oial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı ııııdı l(	Jal	
20	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records			
20	SARA LULO - (646) 350-1554			
	207 WEST 25TH STREET ATH FLOOR NEW YORK NV 10001			

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

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

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

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

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

X Check this box if neither the organization n	or any related	orga	niza	tion	com	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amount of
	week		cer an	la a a	recto	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ndividual trustee or director	Institutional trustee		ee/	mpen		1099-NEC)	1099-1420)	and related
	below	dualt	ution	<u></u>	Key employee	st co	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			· ·
(1) SARA LULO	65.00									
EXECUTIVE DIRECTOR					Х			184,980.	0.	21,991.
(2) ALESSANDRA PHILLIPS	40.00									
DIRECTOR OF CID						Х		118,462.	0.	18,386.
(3) AIKATERINI DRISI	40.00									
PROGRAM DIRECTOR, SUSTAINA						Х		110,126.	0.	18,386.
(4) BRUCE GILCHRIST	2.00	ļ								
SECRETARY; CHAIR AS OF 10/21		Х		Х				0.	0.	0.
(5) BORIS DOLGONOS	2.00									
CO-CHAIR TO 10/21		Х		Х				0.	0.	0.
(6) RUSSELL F. SMITH III	2.00									
VICE CHAIR AS OF 10/21		Х		Х				0.	0.	0.
(7) CRAIG OWEN WHITE	2.00									
VICE CHAIR TO 10/21		Х		Х				0.	0.	0.
(8) CHRIS CROSS	2.00	ŀ								
TREASURER; CO CHAIR TO 10/21		Х		Х				0.	0.	0.
(9) LUCIANA AQUINO-HAGENDORN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) PATRICIA ALSUP	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MARI CARMEN APONTE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) THOMAS BRUNNER	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) DEON GOVENDER	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) PAMELA HUGHES	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) JOHN KIERNAN	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) WILLIAM D. KISSINGER	1.00	Ų.						_	_	^
BOARD MEMBER (17) YASMINE LAHLOU	1 00	Х				$\vdash$		0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	n
NAME IN THE PARTY OF THE PARTY		Λ						<u> </u>	<u> </u>	0.

Form 990 (2021)

Form 990 (2021) CORPORATION	I SENIOR LA	W I L	CA						52-2241	212		Р	age 8
Part VII Section A. Officers, Directors, Trus	tees. Kev Emi	olov	ees.	and	d Hi	ahes	st C	compensated Employee	S (continued)				<u> </u>
(A)  Name and title	(B) Average hours per week	(do box	not c		ition	<b>1</b> than	one n an	(D)  Reportable compensation from	(E)  Reportable compensation from related		Est am	(F) imate ount 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)	organizations (W-2/1099-MISC/ 1099-NEC)	'   	omp fro orga and	pensa om th anizat relat nizati	e tion ted
(18) GEORGE LEHNER	1.00												
BOARD MEMBER		Х				_		0.	(	0.			0.
(19) GAIL A. LIONE	1.00												
BOARD MEMBER		Х						0.	(	0.			0 .
(20) THOMAS TRIMBLE	1.00	ļ											_
BOARD MEMBER	1 00	Х				-		0.	(	0.			0 .
(21) KRISTIN MENDOZA	1.00	١							,				0
BOARD MEMBER	1 00	Х				├		0.		0.			0 .
(22) PATRICK MURRAY BOARD MEMBER	1.00	x						0.	,	٥.			0 .
(23) JASON PARKER	1.00	^						0.		<del>'</del> —			- 0,
BOARD MEMBER	1.00	x						0.	,	ا.٥			0.
(24) ANK SANTENS	1.00					$\vdash$				+			
BOARD MEMBER		х						0.	(	٥.			0.
(25) MANSI SHAH	1.00					$\vdash$				+			
BOARD MEMBER		х						0.	(	0.			0.
(26) STEVEN H. SCHULMAN	1.00												
BOARD MEMBER		х						0.	(	0.			0.
1b Subtotal							▶	413,568.	(	0.		58,	763.
c Total from continuation sheets to Part VI							<b></b>	0.	(	0.			0.
d Total (add lines 1b and 1c)							▶	413,568.	(	0.		58,	763.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													. 3
											_	Yes	No
3 Did the organization list any <b>former</b> officer,	•		•	•	•		_		•				
line 1a? If "Yes," complete Schedule J for si										F	3		Х
4 For any individual listed on line 1a, is the su												Х	
and related organizations greater than \$150										· <b>F</b>	4		
5 Did any person listed on line 1a receive or a											5		х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or sı	ıch <u>r</u>	oers	on					<u>)</u>		
Complete this table for your five highest contains the second secon	mnensated inc	lene	nde	nt cc	ntr	acto	rs th	hat received more than \$	100 000 of compen		fro	m	
the organization. Report compensation for t										oatioi			
(A)	-			<u> </u>				(B)			(C	)	
Name and business	address	NO	NE					Description of s	ervices	Com		satio	n
							_						

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

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

52-2241212 CORPORATION

Form 990 CORPORATION									52-22412	12
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, a	nd F	lighe	est (	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that	app	ly)	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JIM SANDMAN BOARD MEMBER	1.00	х						0.	0.	0.
(28) DAVID DJAHA	1.00							- •		
BOARD MEMBER		х						0.	0.	0.
(29) SHEILA MCCORKLE	1.00									
BOARD MEMBER		х	L		L	L		0.	0.	0.
Total to Part VII, Section A, line 1c										

CORPORATION

Form 990 (2021) CORPORATION

Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a res	sponse	or note to anv lin	e in this Part VIII			
							<b>,</b>	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
တ္ တ	1		Federated campaigns		1	а					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues		_						
ទីខ្ល			Fundraising events				696,178.				
fts,			Related organizations			d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ig je			Government grants (contri			e	236,552.				
Sin			-		· ·	-	200,002.				
e Hi		ı	All other contributions, gifts,			اء	1,008,957.				
₽₽			similar amounts not included				1,000,337.				
o d		-	Noncash contributions included in I		_	g  \$		1,941,687.			
O a		n	Total. Add lines 1a-1f				Business Code	1,541,007.			
	_		PPPC POD CPDVICEC				900099	54 051	54 051		
<u>ic</u>	2	2 a	FEES FOR SERVICES				900099	54,051.	54,051.		
er re		b	-								
n S		С									
ra Sev		d									
Program Service Revenue		е									
۵.			All other program service								
		g	Total. Add lines 2a-2f					54,051.			
	3	3	Investment income (include								
			other similar amounts) $\dots$					27,180.			27,180.
	4	ļ	Income from investment o	f tax	-exempt	bond p	roceeds				
	5	5	Royalties	. <u></u>			<b></b>				
					(i) F	Real	(ii) Personal				
	6	a	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)				<b>&gt;</b>				
	7	' a	Gross amount from sales of		(i) Sec	urities	(ii) Other				
			assets other than inventory	7a	28	3,967.					
		b	Less: cost or other basis								
ē			and sales expenses	7b	2:	2,378.					
her Revenue		С	Gain or (loss)	7c		5,589.					
ě			Net gain or (loss)				<b>•</b>	6,589.			6,589.
e	8		Gross income from fundraisir								
₽			including \$								
			contributions reported on								
			Part IV, line 18			8a	0.				
		b	Less: direct expenses				9,958.				
			Net income or (loss) from			(===	<b>&gt;</b>	-9,958.			-9,958.
	Q		Gross income from gamin		_			,			
	_	-	Part IV, line 19								
		h				۱					
			Net income or (loss) from								
	10		Gross sales of inventory, le			CS					
		, u	and allowances			10a					
		h									
			Less: cost of goods sold  Net income or (loss) from:				1				
		Ü	THE HICOTHE OF (1088) HOTH	Jaies	o illivel	погу	Business Code				
ns	44	. ~	MISCELLANEOUS INCOM	E			900099	200.	200.		
Miscellaneous Revenue		_	INCOM					200.	200.		
llar		b									
Sce		C	All alle au un control								
Ξ̈́			All other revenue					200.			
	۰.		Total. Add lines 11a-11d				·····		E4 0E1	0	22 011
	12	<u>:</u>	Total revenue. See instruction	INS	<u></u>	<u></u>	<b>-</b>	2,019,749.	54,251.	0.	23,811.

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
	3b, 9b, and 10b of Part VIII.	· .	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	206,971.	134,082.	39,744.	33,14
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	486,020.	314,856.	93,330.	77,834
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,957.	9,690.	2,872.	2,39
9	Other employee benefits	413.	268.	79.	60
0	Payroll taxes	44,422.	28,778.	8,530.	7,11
1	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	29,300.	13,993.	7,629.	7,678
	Lobbying				
	Professional fundraising services. See Part IV, line 17	78,297.			78,29
	Investment management fees	Ì			
	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A), amount, list line 11g expenses on Sch 0.)	250,444.	156,994.	85,602.	7,848
2	Advertising and promotion	·	·	·	·
	Office expenses				
	Information technology				
5	Royalties				
	Occupancy	99,832.	64,452.	19,447.	15,933
7	Travel	245.	,	245.	,
8	Payments of travel or entertainment expenses	-		-	
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
9					
:1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
		5,879.	3,796.	1,145.	938
3	Other expenses. Itemize expenses not covered	3,015.	3,750.	1,113.	730
4	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.)  MISC. EXPENSE	61,188.	36,818.	16,080.	8,29
	PROGRAM EXPENSES	207.	207.	10,000.	0,230
b	I NOOKAT EALENDED	207.	207.	+	
C				+	
d	<u> </u>				
	All other expenses	1 070 175	762 024	074 703	220 520
	Total functional expenses. Add lines 1 through 24e	1,278,175.	763,934.	274,703.	239,53
6	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2021)

52-2241212 Page **11** Form 990 (2021) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 138,807. 1 255,818. Cash - non-interest-bearing 436,270. 1,021,828. Savings and temporary cash investments 2 97,462. 43,449. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 63,256. Prepaid expenses and deferred charges 9 58,546. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 21,765. 16,745. b Less: accumulated depreciation 10b 10c 359,228. 359,855. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 1,116,788. 1,756,241. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 29.722. 51,130. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 119,457. Secured mortgages and notes payable to unrelated third parties 0. 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 149,179. 51,130. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 491,030. 1,157,943. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 476,579. 547,168. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

1,756,241. Form 990 (2021)

1,705,111.

32

Total net assets or fund balances

Total liabilities and net assets/fund balances

967,609.

1,116,788.

32

33

га	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			019,			
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	278,	175.		
3	Revenue less expenses. Subtract line 2 from line 1	3			741,	574.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			967,	609.		
5	5 Net unrealized gains (losses) on investments5							
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,							
	column (B))	10		1,	705,	111.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		<u>Ш</u>		
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	it			1		
	Act and OMB Circular A-133?		L	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		t			1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
			F	orm	990	(2021)		

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

INTERNATIONAL SENIOR LAWYERS Name of the organization **Employer identification number** CORPORATION 52-2241212 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Page 2

CORPORATION

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

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

 al
,515.
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<b>▶</b>
1 5

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</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 business 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						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	. —
<u>C-</u>	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					T I	
15	Public support percentage for 2021 (I			column (f))		15	<u>%</u>
16	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2021. If the						<b>.</b> .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation If the organization	n did not chock a	boy on line 14 10	or 10h chock th	nic boy and soo in	etructions	

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### 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.)

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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 supporting organization was vested in the same persons that controlled or managed the supported organizations was vested in the same persons that controlled or managed the supported organizations.  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is 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 operanization's officers, directors, or trustees either (i) appointed or elected by the supported organization's of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's of the relationship described on line 2, above, did the organization's supported organization(s).  2 Were any of the organization in the organization's investment policies and in directing the use of the organization's supported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI there the organization's supported organization'		Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
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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					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		3a		
	b	·			
			3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	inization (see
	instructions)	· <del>-</del>		•

Schedule A (Form 990) 2021

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	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 organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval - prior IRS approval - prior -	rovide 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	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	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			
a	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> 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			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

INTERNATIONAL SENIOR LAWYERS

CORPORATION

**Employer identification number** 52 - 2241212

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff	•	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, h		
6	Starr and volunteer flours devoted to monitoring, inspecting, in	andling of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion essements during the year
•	S	ing of violations, and emoroning conservat	non casements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b	n)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	ÿ	
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	s.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> 4
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

132051 10-28-21

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021 CORPORATION 52-2241212 Page 2

	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or (	Other	Simila	r Assets	Contin	nued)	age Z
3	Using the organization's acquisition, accession							Toorien	iucu)	
_	collection items (check all that apply):	<b>,</b>	,	<b>9</b>		,				
а	Public exhibition	d	I oan or exc	hange program	1					
b	Scholarly research	e		9 -  9						
c	Preservation for future generations	· ·								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization'	s exem	nt purpo:	se in Part	XIII.		
5	During the year, did the organization solicit of						oo iii i ai c	,		
Ū	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		to il tilo organizatio	in anoworda in	00 0111	01111 000	,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Is the organization an agent, trustee, custodia	an or other intermedia	arv for contributions	s or other asset	ts not in	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
	gg		- · · · · · · · · · · · · · · · · · · ·					Amoun	t	
С	Beginning balance					1c				
	Additions during the year									
e	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					•				Ī
	t V Endowment Funds. Complete it					).			-	
	·	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	years	back
1a	Beginning of year balance	476,579.	929,342.	660,	252.	4	58,502.		458,	455.
b	Contributions	743,170.	271,396.	895,	910.	8	45,552.		535,	757.
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	672,581.	724,159.	626,	820.	6	43,802.		535,	710.
f	Administrative expenses									
g	End of year balance	547,168.	476,579.	929,	342.	6	60,252.		458,	502.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	)) held as:						
а	Board designated or quasi-endowment	•	%	•						
b	Permanent endowment	%	_							
С	Term endowment   100	<del></del> %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered	for the	organiza	ation	_		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	See Form 990, F	Part X, li	ne 10.				
	Description of property	(a) Cost or ot	her <b>(b)</b> Cost	or other	(c) Ac	cumulate	ed	(d) Boo	k valu	е
		basis (investm	ent) basis	(other)	dep	reciation				
1a	Land									
	Buildings									
С	Leasehold improvements			5,449.		4,	593.			856.
d	Equipment			39,168.		23,	279.		15,	889.
е	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part V	( column (R) line 1	00.1					16,	745.

Complete if the organization answered Tes of	n 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 end-of-year market value
Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.	- Faura 000 David IV line	111a Caa Farma 000 Part V line 10
Complete if the organization answered "Yes" of		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.		
	- F 000 D-+N/ I'	
		11d See Form 900 Part V line 15
		e 11d. See Form 990, Part X, line 15.
<b>(a)</b> D	n Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.  (b) Book value
(a) D		
(a) D (1) (2)		
(a) D (1) (2) (3)		
(a) D (1) (2) (3) (4)		
(a) D (1) (2) (3) (4) (5)		
(a) D (1) (2) (3) (4) (5)		
(a) D (1) (2) (3) (4) (5) (6)		
(a) D (1) (2) (3) (4) (5) (6) (7) (8)		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line (Column X)	Description	(b) Book value
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of the complete if the organization answered "Yes" of the complete if the organization and the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization and the complete if the organ	Description	(b) Book value
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of the complete if the organization answered "Yes" of the complete if the organization of liability	Description	(b) Book value
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes	Description	(b) Book value
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2)	Description	(b) Book value
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Potal. (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X)  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2) (3)	Description	(b) Book value
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Dal. (Column (b) must equal Form 990, Part X, col. (B) line of the complete if the organization answered "Yes" of the complete if the organization of liability  (1) Federal income taxes  (2)  (3)  (4)	Description	(b) Book value
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)	Description	(b) Book value
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of the part X Other Liabilities.  Complete if the organization answered "Yes" of the part X Other Liabilities.  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	(b) Book value
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of the complete if the organization answered "Yes" of the complete if the organization of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	(b) Book value
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of the part X Other Liabilities.  Complete if the organization answered "Yes" of the part X Other Liabilities.  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	(b) Book value

132053 10-28-21

. ui	Reconciliation of Revenue per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, li				
1	Total revenue, gains, and other support per audited financial statements			1	9,109,164.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-4,072.		
b	Donated services and use of facilities	2b	7,083,529.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	9,958.		
е	Add lines 2a through 2d			2e	7,089,415.
3	Subtract line 2e from line 1			3	2,019,749.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	.)		5	2,019,749.
Par	t XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total expenses and losses per audited financial statements			1	8,371,662.
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	7,083,529.		
С	Other losses				
d	Other (Describe in Part XIII.)		9,958.		
е	Add lines 2a through 2d			2e	7,093,487.
3	Subtract line 2e from line 1			3	1,278,175.
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			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			5	1,278,175.
Par	t XIII Supplemental Information.	•			
lines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a V, LINE 4:				
TEMP	ORARILY RESTRICTED FUNDS ARE FOR PROGRAMS AND OPERATIONS	IN FUTURE			
YEAR	s.				
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
SPEC	IAL EVENT EXPENSES, NET	9,958.			
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				
SPEC	IAL EVENT EXPENSES, NET	9,958.			

### INTERNATIONAL SENIOR LAWYERS'

Schedule D (Form 990) 2021 CORPORATION  Part XIII Supplemental Information (continued)	52-2241212	Page <b>5</b>
Part XIII   Supplemental Information (continued)		

### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization INTERNATIONAL SENIOR LAWYERS CORPORATION 52-2241212 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CAPACITY-BUILDING AND TRAINING, LEGISLATIVE REVIEW, LEGAL SUPPORT IN SUB-SAHARAN AFRICA 0 NEGOTIATIONS, LEGAL 94,019. LEGAL RESEARCH, LEGAL ADVICE ON TAXATION AND ASIA AND THE PACIFIC 0 SUSTAINABLE DEVELOPMENT 116,016. LEGAL ADVICE ON SUSTAINABLE DEVELOPMENT, CAPACITY BUILDING WORKSHOPS AND TRAININGS, LEGAL RESEARCH SOUTH AMERICA 0 96,853. 0 306,888. 3 a Subtotal

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

0

0

Schedule F (Form 990) 2021

306,888.

and 3b)

**b** Total from continuation

sheets to Part I ...... Totals (add lines 3a

CORPORATION 52-2241212

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>(b)</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)		
exempt 501(c)(3) orga	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

Page 2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash noncash assistance assistance

# Schedule F (Form 990) 2021 CP Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X 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)	Yes	X No

### SCHEDULE G (Form 990)

Department of the Treasury

Part I

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

INTERNATIONAL SENIOR LAWYERS

CORPORATION

Employer identification number

52-2241212 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization rais							
a X Mail solicitations e X Solicitation of non-government grants							
<b>b</b> X Internet and email solicitation	s <b>f</b> X Solicitat	tion of	gover	nment grants			
c Phone solicitations	g Special	fundra	ising (	events			
d In-person solicitations							
2 a Did the organization have a written	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees, or		
key employees listed in Form 990, F	Part VII) or entity in connection with pr	rofessi	onal fu	undraising services?	Yes	X No	
<b>b</b> If "Yes," list the 10 highest paid indi	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fundraiser is to be	<b>;</b>	
compensated at least \$5,000 by the	e organization.						
		l					
(i) Name and address of individual	(m)		Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid	
or entity (fundraiser)	(ii) Activity	have c	ustody trol of	from activity	fundraiser	to (or retained by) organization	
		contrib	utions?		listed in col. (i)	organization	
VINGO NYC - 350 7TH AVE,	ASSISTED ORGANIZATION WITH	Yes	No				
SUITE 1504, NEW YORK , NY	20TH ANNIVERSARY		Х	598,178.	78,297.	519,881.	
Гotal				598,178.	78,297.	519,881.	
3 List all states in which the organization			utions	or has been notified	it is exempt from re	gistration	
or licensing.	-						

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

Г	ırt I	of fundraising <b>Events.</b> Complete if the of fundraising event contributions and great of fundraising event contributions and great of fundraising events.				
		<u>-</u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			20TH ANNIVERSARY			(add col. (a) through
4			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
3eve	1	Gross receipts	696,178.			696,178.
_			606 170			606 179
	2	Less: Contributions	696,178.			696,178.
	3	Gross income (line 1 minus line 2)				
		, , , , , , , , , , , , , , , , , , , ,				
	4	Cash prizes				
'n	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
xbe	"	Tions admity docto				
St E	7	Food and beverages				
Dire						
	8	Entertainment				2,000.
	9	Other direct expenses				7,958.
	10	Direct expense summary. Add lines 4 through	. ,		_	9,958. -9,958.
Pa	11     11   1	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		990 Part IV line 19 o		5,550.
		\$15,000 on Form 990-EZ, line 6a.	anowored reconstruction	000,1 0.217, 1110 10, 0	roportou moro trair	
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	) (c) Other gaining	col. (a) through col. (c)
3eve						
	1	Gross revenue				
	,	Cash prizes				
ses	-	Odsii piizes				
ben	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
	5	Other direct expenses			/	
	ء ا	Volunteer labor	Yes % No	Yes %	%	
	"	volunteer labor	L NO	I NO	NO	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
		•				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		er the state(s) in which the organization condu	_			Yes No
		he organization licensed to conduct gaming and No," explain:				. L Yes No
~		vo, explain.				
	_					
10a	We	re any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	k year?	Yes No
b	lf "`	Yes," explain:				
	_					

### INTERNATIONAL SENIOR LAWYERS'

Sch	nedule G (Form 990) 2021 CORPORATION 52	-224121	.2	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	. —		
12			Yes	No
40	to administer charitable gaming?	. Ш	163	NO
	Indicate the percentage of gaming activity conducted in:	1	ı	
	a The organization's facility			<u>%</u>
ı	b An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
	c If "Yes," enter name and address of the third party:			
•	on res, enter hame and address of the time party.			
	Name >			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—		
•				
D	organization's own exempt activities during the tax year \( \) \$  art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and (v).	D4-111-15-	0	0 - 40 -
ГС		art III, IIr	ies 9,	90, 100,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: WINGO NYC			
(I)	ADDRESS OF FUNDRAISER: 350 7TH AVE, SUITE 1504, NEW YORK , NY 10001			
_				
(T)	I) ACTIVITY: ASSISTED ORGANIZATION WITH 20TH ANNIVERSARY EVENT/CAMPAIGN			
`	-,			

### INTERNATIONAL SENIOR LAWYERS'

Schedule G	G (Form 990)	CORPORATION		52-2241212	Page 4
Part IV	G (Form 990)  Supplemental Info	mation (continued)			

### **SCHEDULE J** (Form 990)

Department of the Treasury

**Compensation Information** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

Employer identification number CORPORATION 52-2241212

Pa	art I Questions Regarding Compensation	2241212				
	the state of the s		Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
	tradecos, and onlocis, morading the CES, Excedite Bricotor, regularing the Rome Greened Crimine Tal.					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations  X Approval by the board or compensation committee					
	Approvar by the board of compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
7	organization or a related organization:					
а		4a		х		
b	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?			х		
	Participate in or receive payment from an equity-based compensation arrangement?			x		
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Tes to any or lines 4a o, list the persons and provide the applicable amounts for each term in a time.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		х		
b	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
-	contingent on the net earnings of:					
а	The organization?	6a		х		
	Any related organization?			х		
_	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
•	not described on lines 5 and 6? If "Yes," describe in Part III					
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7				
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	····· 👅				
•	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2021 CORPORATION 52-2241212

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			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARA LULO	(i)	184,980.	0.	0.	8,894.	13,097.	206,971.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

CORPORATION

Page 3

### SCHEDULE O (Form 990)

Department of the Treasury

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

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

INTERNATIONAL SENIOR LAWYERS'

CORPORATION

Employer identification number 52-2241212

PART III - LINE 4A ISLP PROVIDES PRO BONO LEGAL SUPPORT TO SOCIAL ENTERPRISES. CIVIL SOCIETY ORGANIZATIONS, AND GOVERNMENTS IN THE GLOBAL SOUTH ON MATTERS THAT ADVANCE THE RULE OF LAW AND JUST, ACCOUNTABLE, AND INCLUSIVE ECONOMIC DEVELOPMENT. WE DRAW FROM AN EXPANSIVE NETWORK OF SENIOR-LEVEL VOLUNTEER ATTORNEYS WITH DEEP UNDERSTANDING OF THE LEGAL FRAMEWORKS THAT SHAPE ECONOMIC DEVELOPMENT. ISLP BRINGS AN EXPANSIVE RANGE OF SPECIALIZED LEGAL EXPERTISE, INCLUDING IN PROJECT DEVELOPMENT AND FINANCE, BANKING, TRADE, TAX, BANKRUPTCY AND INSOLVENCY, MEDIA LAW, ACCOUNTABILITY AND TRANSPARENCY. ISLP'S WORK SPANS A WIDE RANGE OF SECTORS RELATED TO ECONOMIC DEVELOPMENT INCLUDING RENEWABLE ENERGY NATURAL RESOURCES MANAGEMENT, PUBLIC HEALTH, INFRASTRUCTURE DEVELOPMENT, AND TELECOMMUNICATIONS. OUR WORK IS DEMAND-DRIVEN AND BASED ON THE ATTORNEY-CLIENT MODEL: LEGAL EXPERTS PROVIDE ADVICE AND GUIDANCE, WHILE CLIENTS DIRECT THEIR DEVELOPMENT DECISIONS AND OUTCOMES. A BRIEF LIST OF EXAMPLES OF ISLP'S PROGRAMMATIC WORK IN 2021 INCLUDE: STRATEGIC LEGAL ADVICE AND LEGAL SUPPORT ON ISSUES RELATING TO CONTRACT NEGOTIATIONS IN THE NATURAL RESOURCES SECTOR IN PANAMA; LEGISLATIVE REVIEW OF ZAMBIA'S DRAFT PRIVATE-PUBLIC PARTNERSHIP ACT WITH A VIEW TOWARDS ALIGNMENT WITH INTERNATIONAL BEST PRACTICES; LITIGATION SUPPORT IN DEFENSE OF FREEDOM OF EXPRESSION AND MEDIA INCLUDING AMICUS CURIAE BRIEFS SUBMITTED IN THE HIGH COURTS OF SEVERAL COUNTRIES; --ON BEHALF OF THE COMMITTEE TO PROTECT JOURNALISTS. AN ANALYSIS OF THE INDIAN CONSTITUTION AND ITS PROVISIONS ON THE RIGHT TO FREEDOM OF

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

Name of the organization INTERNATIONAL SENIOR LAWYERS'  CORPORATION	Employer identification number 52-2241212
EXPRESSION;	
LEGAL SUPPORT AND ADVICE TO A NUMBER OF SOCIAL ENTERPRISES,	
INCLUDING A PROVIDER OF SOLAR MICROGRIDS TO RURAL COMMUNITIES IN	
SEVERAL WEST AFRICAN COUNTRIES, AND AN INITIATIVE WORKING TO ADDRESS	
PLASTIC POLLUTION AND LACK OF ACCESS TO CLEAN DRINKING WATER.	
SUPPORTING INDIGENOUS AND LOCALLY-LED CIVIL SOCIETY GROUPS SUCH AS	
HUMAN RIGHTS AND ENVIRONMENTAL DEFENDERS THROUGH LEGAL ASSISTANCE	
INCLUDING LEGAL RESEARCH, LEGISLATIVE COMPARATIVE REVIEW, AND LEGAL	
WORKSHOPS AND TRAININGS.	
FORM 990, PART VI, SECTION A, LINE 1A:	
WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, THE EXECUTIVE COMMITTEE	
SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS OF THE BOARD OF DIRECTORS,	
EXCEPT TO THE EXTENT, IF ANY, THAT SUCH AUTHORITY SHALL BE LIMITED BY	
RESOLUTION OF THE ENTIRE BOARD OF DIRECTORS; PROVIDED, HOWEVER, THAT	
NEITHER THE EXECUTIVE COMMITTEE NOR ANY OTHER COMMITTEE SHALL HAVE	
AUTHORITY AS TO THE FOLLOWING MATTERS:	
1. THE FILLING OF VACANCIES ON THE BOARD OF DIRECTORS OR ON ANY COMMITTEE;	
2. THE AMENDMENT OR REPEAL OF THESE BYLAWS OR THE ADOPTION OF NEW BYLAWS;	
3. THE AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD OF DIRECTORS	
WHICH BY ITS TERMS SHALL NOT BE SO AMENDABLE OR REPEALABLE;	
4. THE FIXING OF COMPENSATION OF THE DIRECTORS FOR SERVING ON THE BOARD OF	
DIRECTORS OR ANY COMMITTEE;	
5. THE ELECTION OR REMOVAL OF OFFICERS AND DIRECTORS;	
6. THE APPROVAL OF A MERGER OR PLAN OF DISSOLUTION;	

 $\overline{\text{7. THE AUTHORIZATION OF THE}}$  SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF

Schedule O (Form 990) 2021 Page 2 INTERNATIONAL SENIOR LAWYERS' Name of the organization **Employer identification number** CORPORATION 52-2241212 SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION; AND 8. THE APPROVAL OF AMENDMENTS TO THE ARTICLES OF INCORPORATION. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WILL BE E-MAILED TO ALL BOARD MEMBERS FOR COMMENTS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS ARE REQUIRED TO INFORM THE BOARD WHEN CONFLICTS OF INTEREST ARISE. CONFLICT OF INTEREST DISCLOSURE FORMS ARE SENT TO THE BOARD MEMBERS ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION C, LINE 19: THE ISLP-U.S.'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING: PROGRAM SERVICE EXPENSES 156,994. MANAGEMENT AND GENERAL EXPENSES 85,602. FUNDRAISING EXPENSES 7,848. TOTAL EXPENSES 250,444. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 250,444.

132212 11-11-21 Schedule O (Form 990) 2021