

INTERNET CORPORATION FOR ASSIGNED  
NAMES AND NUMBERS  
Instructions for Filing  
Form RRF-1  
California Annual Registration Renewal Fee Report  
For the year ended June 30, 2021

The original return should be signed (use full name) and dated on page 1 by an authorized officer of the organization.

File the signed return by May 16, 2022 with:

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

A check or money order payable to "Department of Justice" in the amount of \$1,000 should be attached to the return. Be sure to include the federal EIN and "2020 Form RRF-1" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

MAIL TO  
Registry of Charitable Trusts  
P O Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

WEBSITE ADDRESS:  
www.oag.ca.gov/charities

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703, Government Code section 12586.1 IRS extensions will be honored.

(For Registry Use Only)

INTERNET CORPORATION FOR ASSIGNED Name of Organization		Check if: <input type="checkbox"/> Change of address	
List all DBAs and names the organization uses or has used		<input type="checkbox"/> Amended report	
12025 WATERFRONT DR, STE 300 Address (Number and Street)		State Charity Registration Number <u>111047</u>	
LOS ANGELES CA 90094 City or Town, State and ZIP Code		Corporate or Organization No. <u>2121683</u>	
(310) 301-5800 Telephone Number		Federal Employer ID No. <u>95-4712218</u>	
E-mail Address			

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2020 ending 06/30/2021) list:

Total Revenue \$ (including noncash contributions) 163,942,482. Noncash Contributions \$ \_\_\_\_\_ Total Assets \$ 576,405,732.

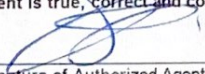
Program Expenses \$ 97,673,855. Total Expenses \$ 131,377,720.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? ATCH 1	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? ATCH 2	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

 XAVIER CALVEZ SVP, PLANNING & CFO 4/26/2021  
Signature of Authorized Agent Printed Name Title Date

**INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS**

**FEIN: 95-4712218**

**FORM RRF-1**

**PART B, LINE 1 – EXPLANATION OF FINANCIAL TRANSACTIONS**

RAFAEL LITO IBARRA IS A VOTING MEMBER OF THE ICANN BOARD OF DIRECTORS. MR. IBARRA, WHO BECAME AN ICANN DIRECTOR IN OCTOBER 2015, MANAGES AND ADMINISTRATES THE .SV COUNTRY CODE TOP LEVEL DOMAIN (CCTLD) AS WELL AS AN IPV4 ADDRESS BLOCK EQUIVALENT TO A CLASS B, THROUGH HIS ROLE AS FOUNDING PRESIDENT AND EXECUTIVE DIRECTOR FOR SVNET (CCTLD MANAGER FOR .SV). REVENUE TO ICANN FROM SVNET AMOUNTED TO APPROXIMATELY \$1,000 AND \$1,000 FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, RESPECTIVELY. TO AVOID ANY CONFLICT OF INTEREST BETWEEN ICANN AND SVNET, MR. IBARRA ABSTAINS FROM VOTING ON ALL MATTERS HE IDENTIFIES AS AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST THAT COME BEFORE THE BOARD FOR DECISION.

NIGEL ROBERTS IS A VOTING MEMBER OF THE ICANN BOARD OF DIRECTORS. MR. ROBERTS, WHO BECAME AN ICANN DIRECTOR IN OCTOBER 2018, WORKS WITH ISLAND NETWORKS LTD. AND ISLAND NETWORKS (JERSEY) LTD., WHICH ARE THE CCTLD MANAGERS FOR .GG AND .JE, RESPECTIVELY. REVENUE TO ICANN FROM ISLAND NETWORKS LTD. AND ISLAND NETWORKS (JERSEY) LTD., AMOUNTED TO \$0 AND \$1,000 FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, RESPECTIVELY. TO AVOID ANY CONFLICT OF INTEREST BETWEEN ICANN AND ISLAND NETWORKS LTD. AND ISLAND NETWORKS (JERSEY) LTD., MR. ROBERTS ABSTAINS FROM VOTING ON ALL MATTERS HE IDENTIFIES AS AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST THAT COME BEFORE THE BOARD FOR DECISION.

LISE FUHR IS A VOTING MEMBER OF THE PTI BOARD OF DIRECTORS WITH A TERM THROUGH SEPTEMBER 2022 AND ALSO SERVES AS CHAIR OF THE BOARD. PTI IS A CONTROLLED AFFILIATE OF ICANN, WHICH COMMENCED OPERATIONS ON OCTOBER 1, 2016. MS. FUHR WAS APPOINTED TO THE INTERNET SOCIETY PUBLIC INTEREST REGISTRY BOARD OF DIRECTORS FOR A THREE-YEAR TERM STARTING IN JULY 2016 AND WAS REAPPOINTED IN 2019 FOR ANOTHER THREE-YEAR TERM. REVENUE TO ICANN FROM THE INTERNET SOCIETY PUBLIC INTEREST REGISTRY (PIR) AMOUNTED TO APPROXIMATELY \$2,755,000 AND \$2,717,000 FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, RESPECTIVELY, UNDER THE FEE STRUCTURE OF ITS REGISTRY AGREEMENT WITH ICANN. IN ACCORDANCE WITH THE PTI CONFLICTS OF INTEREST POLICY, MS. FUHR CONSIDERS WHETHER EACH ITEM THAT COMES BEFORE THE PTI BOARD FOR DECISION POSES AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST AND IS REQUIRED TO DISCLOSE ANY SUCH CONFLICT OF INTEREST, IF ONE ARISES.

MR. WEI WANG WAS A VOTING MEMBER OF THE PTI BOARD OF DIRECTORS THROUGH OCTOBER 2020. PTI IS A CONTROLLED AFFILIATE OF ICANN, WHICH COMMENCED OPERATIONS ON OCTOBER 1, 2016. UNTIL 10 APRIL 2020, MR. WANG SERVED AS THE TECHNICAL PARTNERSHIP MANAGER AT GOOGLE CHINA. REVENUE TO ICANN FROM GOOGLE AMOUNTED TO \$2,241,000 FOR THE YEAR ENDED JUNE 30, 2020 AND NO REVENUE IS DISCLOSED FOR THE FISCAL YEAR ENDING 2021 SINCE WEI DID NOT SERVE DURING THIS PERIOD. IN ACCORDANCE WITH THE PTI CONFLICTS OF INTEREST POLICY, MR. WANG CONSIDERED THROUGHOUT HIS TERM ON THE PTI BOARD OF DIRECTORS WHETHER EACH ITEM THAT CAME BEFORE THE PTI BOARD FOR DECISION POSED AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST AND WAS REQUIRED TO DISCLOSE ANY SUCH CONFLICT OF INTEREST, IF ONE AROSE.

PATRICIO POBLETE IS A VOTING MEMBER OF THE ICANN BOARD OF DIRECTORS WITH A TERM FROM OCTOBER 2020 THROUGH OCTOBER 2023. IN 1987, THE DEPARTMENT OF COMPUTER SCIENCE OF THE UNIVERSITY OF CHILE, WHICH LATER CAME TO BE NIC CHILE, TOOK ON THE RESPONSIBILITY OF MANAGING THE REGISTRY FOR .CL, THE CCTLD FOR THE REPUBLIC OF CHILE. MR. POBLETE HAS LED NIC CHILE, UNDER THE UNIVERSITY OF CHILE, SINCE ITS FOUNDING. REVENUE TO ICANN FROM THE UNIVERSITY OF CHILE APPROXIMATELY \$25,000, FOR THE YEAR ENDED JUNE 30, 2021. TO AVOID ANY CONFLICT OF INTEREST BETWEEN ICANN AND THE UNIVERSITY OF CHILE, MR. POBLETE ABSTAINS FROM VOTING ON ALL MATTERS HE IDENTIFIES AS AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST THAT COME BEFORE THE BOARD FOR DECISION.

**INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS**

**FEIN: 95-4712218**

**FORM RRF-1**

**PART B, LINE 5 – EXPLANATION OF GOVERNMENTAL FUNDING**

IN CONNECTION WITH ITS STATUS AS A NON-PROFIT PUBLIC BENEFIT CORPORATION, ICANN RECEIVES SOME CONTRIBUTIONS FROM VARIOUS FOREIGN GOVERNMENTS SUCH AS:

1. FINNISH TRANSPORT AND COMMUNICATIONS AGENCY (TRAFICOM)  
**MAILING ADDRESS:** ERIK PALMENIN AUKIO 1, P.O. BOX 313, HELSINKI, FINLAND  
**PHONE:** +358 29 534 5000
2. KOREA INTERNET & SECURITY AGENCY (KISA)  
**MAILING ADDRESS:** PLATINUM TOWER 11<sup>TH</sup> FLOOR, SEOCHO-RO 398, SEOUL, KOREA  
**PHONE:** +82-2-405-5118
3. NASK PIB  
**MAILING ADDRESS:** KOLSKA 12, 01-045, WARSAW, POLAND  
**PHONE:** +30 2810 391600
4. ICS-FORTH GR  
**MAILING ADDRESS:** N. PLASTIRA 100 VASSILIKA VOUTON 70013, CRETE, GREECE  
**PHONE:** +30 2810 391600
5. NORID AS  
**MAILING ADDRESS:** POSTBOKS 4769 SLUPPEN, N-7465, TRONDHEIM, NORWAY  
**PHONE:** +56 2 29782000
6. ACADEMIC AND RESEARCH NETWORK OF SLOVENIA, REGISTRY.SI  
**MAILING ADDRESS:** TEHNOLOSKI PARK 18 1000, LJUBLJANA, SLOVENIA  
**PHONE:** +386 1 479 88 77
7. TAIWAN NETWORK INFORMATION CENTER  
**MAILING ADDRESS:** SECTION 2 4F-2 NO 9, ROOSEVELT ROAD 100, TAIPEI, TAIWAN  
**PHONE:** +886-2-23413300
8. MINISTRY OF INFORMATION AND COMMUNICATIONS TECHNOLOGIES (MINTIC)  
**MAILING ADDRESS:** CALLE 100 NO 8A – 49 TORRE B OF 507, BOGOTA, COLOMBIA  
**PHONE:** +57-1-3443460

9. TELECOMMUNICATIONS REGULATORY AUTHORITY (TRA)

**MAILING ADDRESS:** P.O. BOX 116688, DUBAI, UNITED ARAB EMIRATES

**PHONE:** +971-2-777-2229

10. CHINA INTERNET NETWORK INFORMATION CENTER (CNNIC)

**MAILING ADDRESS:** FL 1, BUILDING 1, SOFTWARE PARK, CHINESE ACADEMY OF SCIENCES, 4 SOUTH 4<sup>TH</sup> ST., ZHONGGUANCUN, BEIJING, CHINA

**PHONE:** +8610-58813000

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

**A For the 2020 calendar year, or tax year beginning** 07/01, 2020, and ending 06/30, 2021

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS</b>			<b>D</b> Employer identification number 95-4712218
	Doing Business As			<b>E</b> Telephone number (310) 301-5800
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ 716,172,890.
	12025 WATERFRONT DR, STE 300			
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90094			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>F</b> Name and address of principal officer: BO GORAN MARBY 12025 WATERFRONT DR, STE 300, LOS ANGELES, CA 90094			<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ WWW.ICANN.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 1998	<b>M</b> State of legal domicile: CA		

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15.
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	293.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	51.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,065,952.	3,618,006.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	136,109,583.	145,400,199.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,418,080.	14,924,277.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	149,593,615.	163,942,482.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,064,794.	1,041,098.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	76,647,744.	77,697,580.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	59,467,688.	52,639,042.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	137,180,226.	131,377,720.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	12,413,389.	32,564,762.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	532,883,189.	576,405,732.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	49,898,136.	20,601,531.
		482,985,053.	555,804,201.

## 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.

<b>Sign Here</b>	Signature of officer	Date			
	XAVIER CALVEZ SVP, PLANNING & CFO	04/26/2022			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOCELYNE MILLER	Jocelyne C. Miller	4/28/22		P00634378
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-656596	Phone no. 858-535-7200		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 97,673,855. including grants of \$ 1,041,098. ) (Revenue \$ 145,400,199. )

SEE SCHEDULE O.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 97,673,855.



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> See instructions . . . . .		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 22-38 cover various organizational requirements and reporting obligations.

Part 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 [X]

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 1a-1c cover Form 1096 reporting, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BO GORAN MARBY DIRECTOR, PRESIDENT & CEO	60.00 0.	X		X				908,674.	0.	68,866.
(2) JOHN JEFFREY GENERAL COUNSEL AND SECRETARY	60.00 0.			X				688,339.	0.	68,866.
(3) SUSANNA H BENNET CHIEF OPERATING OFFICER	60.00 0.			X				682,920.	0.	44,002.
(4) THERESA SWINEHART SVP, GDD AND STRATEGY	60.00 0.			X				548,283.	0.	57,598.
(5) XAVIER CALVEZ SVP, PLANNING & CFO	60.00 0.			X				510,547.	0.	68,866.
(6) CYRUS NAMAZI SVP, GLOBAL DOMAINS SERVICES	60.00 0.				X			499,470.	0.	22,318.
(7) JAMES HEDLUND SVP, CONTRACTUAL COMPLIANCE	60.00 0.				X			464,057.	0.	48,576.
(8) DAVID CONRAD SVP & CHIEF TECHNOLOGY OFFICER	55.00 5.00				X			448,921.	0.	58,805.
(9) ASHWIN RANGAN SVP, ENGINEERING & CIO	60.00 0.			X				446,234.	0.	59,747.
(10) DANIEL E HALLORAN DEPUTY GENERAL COUNSEL	60.00 0.					X		416,641.	0.	68,831.
(11) NICHOLAS TOMASSO VP, GLOBAL MEETING OPERATIONS	60.00 0.				X			425,227.	0.	59,451.
(12) GINA VILLAVICENCIO SVP, GLOBAL HUMAN RESOURCES	60.00 0.				X			407,180.	0.	52,335.
(13) DAVID OLIVE SVP, POLICY DEVELOPMENT SUPPORT	60.00 0.			X				393,803.	0.	59,506.
(14) AMY STATHOS DEPUTY GENERAL COUNSEL	60.00 0.					X		385,959.	0.	48,376.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) SALLY JANE NEWELL SVP, GLOBAL COMMUNICATIONS	60.00 0.				X			371,085.	0.	58,304.
( 16) KATHRYN CARVER SVP, GOVERNMENT & IGO ENGMT	60.00 0.				X			357,775.	0.	58,602.
( 17) JOHN L CRAIN CHIEF SEC. & STABILITY OFFICER	60.00 0.					X		329,667.	0.	68,744.
( 18) SHEILA KAY JOHNSON DEPUTY GENERAL COUNSEL	60.00 0.					X		348,058.	0.	48,332.
( 19) CHRISTOPHER GIFT VP, PRODUCT MANAGEMENT	60.00 0.					X		316,629.	0.	59,648.
( 20) BECKY BURR DIRECTOR	16.00 0.	X						51,786.	0.	0.
( 21) AKINORI MAEMURA DIRECTOR	16.00 0.	X						45,000.	0.	0.
( 22) AVRI DORIA DIRECTOR	16.00 0.	X						45,000.	0.	0.
( 23) DANKO JEVTOVIC DIRECTOR	16.00 0.	X						45,000.	0.	0.
( 24) IHAB OSMAN DIRECTOR	16.00 0.	X						45,000.	0.	0.
( 25) LEON SANCHEZ DIRECTOR	16.00 0.	X						45,000.	0.	0.
<b>1b Sub-total</b> . . . . .								9,226,255.	0.	1,079,773.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								188,693.	0.	0.
<b>d Total (add lines 1b and 1c)</b> . . . . .								9,414,948.	0.	1,079,773.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 204**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 141**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) MANDLA MSIMANG ----- DIRECTOR	16.00 ----- 0.	X					45,000.	0.	0.	
( 27) NIGEL ROBERTS ----- DIRECTOR	16.00 ----- 0.	X					45,000.	0.	0.	
( 28) RAFAEL LITO IBARRA ----- DIRECTOR	16.00 ----- 0.	X					45,000.	0.	0.	
( 29) SARAH DEUTSCH ----- DIRECTOR	16.00 ----- 0.	X					45,000.	0.	0.	
( 30) PATRICIO POBLETE ----- DIRECTOR	16.00 ----- 0.	X					8,693.	0.	0.	
( 31) MAARTEN BOTTERMAN ----- DIRECTOR	16.00 ----- 0.	X					0.	0.	0.	
( 32) MATTHEW SHEARS ----- DIRECTOR	16.00 ----- 0.	X					0.	0.	0.	
( 33) RON DA SILVA ----- DIRECTOR	16.00 ----- 0.	X					0.	0.	0.	
( 34) TRIPTI SINHA ----- DIRECTOR	16.00 ----- 0.	X					0.	0.	0.	
( 35) CHRIS DISSPAIN ----- DIRECTOR (TERM 10/2020)	16.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							188,693.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 204

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	0.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	3,618,006.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 0.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			3,618,006.			
	<b>Program Service Revenue</b>	<b>2a</b>	REGISTRY/REGISTRAR FEES	Business Code	900099	97,590,821.	97,590,821.	
<b>b</b>		ADDRESS REGISTRY FEES		900099	29,760,520.	29,760,520.		
<b>c</b>		ACCREDITATION FEES		900099	9,902,000.	9,902,000.		
<b>d</b>		PTI SERVICES AGREEMENT		900099	7,444,323.	7,444,323.		
<b>e</b>		APPLICATION FEES		900099	609,535.	609,535.		
<b>f</b>		All other program service revenue . . . . .			93,000.	93,000.		
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			145,400,199.			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .			2,280,751.		2,280,751.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			0.			
	<b>5</b>	Royalties . . . . .			0.			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . .			0.			
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
						564,873,934.		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>			552,230,408.		
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>			12,643,526.		
<b>d</b>	Net gain or (loss) . . . . .			12,643,526.		12,643,526.		
<b>Miscellaneous Revenue</b>	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		0.			
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>		0.			
	<b>c</b>	Net income or (loss) from fundraising events. . . . .			0.			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0.			
					0.			
	<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>			0.		
	<b>c</b>	Net income or (loss) from gaming activities. . . . .			0.			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0.			
					0.			
					0.			
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>			0.			
<b>c</b>	Net income or (loss) from sales of inventory. . . . .			0.				
<b>Miscellaneous Revenue</b>	<b>11a</b>	_____	Business Code					
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			0.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			163,942,482.	145,400,199.		14,924,277.	



**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 response or note to any line in this Part IX  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	818,753.	818,753.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	222,345.	222,345.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	7,761,786.	6,985,607.	776,179.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	313,977.	313,977.		
7 Other salaries and wages . . . . .	52,117,511.	37,524,608.	14,592,903.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	5,745,719.	4,136,918.	1,608,801.	
9 Other employee benefits . . . . .	8,128,117.	5,852,244.	2,275,873.	
10 Payroll taxes . . . . .	3,630,470.	2,613,938.	1,016,532.	
11 Fees for services (nonemployees):				
a Management . . . . .	0.			
b Legal . . . . .	4,265,325.	2,857,768.	1,407,557.	
c Accounting . . . . .	799,342.		799,342.	
d Lobbying . . . . .	300,000.	300,000.		
e Professional fundraising services. See Part IV, line 17 . . . . .	0.			
f Investment management fees . . . . .	714,938.		714,938.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <b>ATCH 3</b> . . . . .	16,079,956.	12,863,965.	3,215,991.	
12 Advertising and promotion . . . . .	26,307.	18,941.	7,366.	
13 Office expenses . . . . .	262,288.	188,847.	73,441.	
14 Information technology . . . . .	7,208,669.	5,190,242.	2,018,427.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	4,443,298.	3,199,174.	1,244,124.	
17 Travel . . . . .	1,021,875.	766,406.	255,469.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	880,974.	704,779.	176,195.	
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	3,713,385.	2,673,637.	1,039,748.	
23 Insurance . . . . .	635,703.	457,706.	177,997.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RISK COSTS - GTLD . . . . .	4,539,766.	4,539,766.		
b BAD DEBT EXPENSE . . . . .	-452,029.	-452,029.		
c DUES, SUBSCRIPTIONS & PUB . . . . .	134,899.	89,933.	44,966.	
d PTI IANA CONTRACT . . . . .	7,444,323.	5,359,913.	2,084,410.	
e All other expenses . . . . .	620,023.	446,417.	173,606.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	131,377,720.	97,673,855.	33,703,865.	
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	60,996,474.	<b>1</b>	78,867,805.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net. . . . .	33,732,065.	<b>4</b>	35,754,080.
	<b>5</b> 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 . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,130,110.	<b>9</b>	3,456,259.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 60,922,511.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 45,691,029.	14,471,913.	<b>10c</b> 15,231,482.
	<b>11</b> Investments - publicly traded securities. . . . .	419,111,523.	<b>11</b>	441,600,183.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,441,104.	<b>15</b>	1,495,923.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	532,883,189.	<b>16</b>	576,405,732.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	14,257,268.	<b>17</b>	15,170,870.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	35,640,868.	<b>19</b>	5,430,661.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	49,898,136.	<b>26</b>	20,601,531.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	482,985,053.	<b>27</b>	555,804,201.
	<b>28</b> Net assets with donor restrictions. . . . .	0.	<b>28</b>	0.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	482,985,053.	<b>32</b>	555,804,201.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	532,883,189.	<b>33</b>	576,405,732.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	163,942,482.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	131,377,720.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	32,564,762.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	482,985,053.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	7,540,880.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	32,797,035.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-83,529.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	555,804,201.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization **INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS**

Employer identification number  
**95-4712218**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2020; 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,628,137.	3,160,648.	3,370,388.	3,065,952.	3,618,006.	16,843,131.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	286,797,690.	125,870,285.	147,544,217.	136,109,583.	145,400,199.	841,721,974.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	290,425,827.	129,030,933.	150,914,605.	139,175,535.	149,018,205.	858,565,105.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .	175,469,779.	56,889,658.	66,771,769.	71,042,911.	75,169,284.	445,343,401.
<b>c</b> Add lines 7a and 7b. . . . .	175,469,779.	56,889,658.	66,771,769.	71,042,911.	75,169,284.	445,343,401.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						413,221,704.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .	290,425,827.	129,030,933.	150,914,605.	139,175,535.	149,018,205.	858,565,105.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	2,744,763.	5,246,790.	6,421,108.	6,091,471.	2,280,751.	22,784,883.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .					0.	0.
<b>c</b> Add lines 10a and 10b . . . . .	2,744,763.	5,246,790.	6,421,108.	6,091,471.	2,280,751.	22,784,883.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	293,170,590.	134,277,723.	157,335,713.	145,267,006.	151,298,956.	881,349,988.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	46.89%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	49.41%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	2.59%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	2.34%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	1e	
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 . . . . .			
b	From 2016 . . . . .			
c	From 2017 . . . . .			
d	From 2018 . . . . .			
e	From 2019 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016 . . . .			
b	Excess from 2017 . . . .			
c	Excess from 2018 . . . .			
d	Excess from 2019 . . . .			
e	Excess from 2020 . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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**Schedule of Contributors**

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS</b>	Employer identification number <b>95-4712218</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS</b>	<b>Employer identification number</b> 95-4712218
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
7	N/A <hr/> <hr/>	\$ 25,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;"><b>Person</b></td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
8	N/A <hr/> <hr/>	\$ 25,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;"><b>Person</b></td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
9	N/A <hr/> <hr/>	\$ 130,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;"><b>Person</b></td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
10	N/A <hr/> <hr/>	\$ 60,800.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;"><b>Person</b></td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
11	N/A <hr/> <hr/>	\$ 75,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;"><b>Person</b></td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
12	N/A <hr/> <hr/>	\$ 6,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;"><b>Person</b></td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								

Name of organization <b>INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS</b>	<b>Employer identification number</b> 95-4712218
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
13	N/A <hr/> <hr/>	\$ 101,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
14	N/A <hr/> <hr/>	\$ 15,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
15	N/A <hr/> <hr/>	\$ 10,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
16	N/A <hr/> <hr/>	\$ 18,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
17	N/A <hr/> <hr/>	\$ 5,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
18	N/A <hr/> <hr/>	\$ 5,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								

Name of organization <b>INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS</b>	Employer identification number <b>95-4712218</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A _____ _____	\$ 53,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS</b>	Employer identification number <b>95-4712218</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS</b>	<b>Employer identification number</b> 95-4712218
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A <hr/> <hr/>	\$ 20,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <b>Person</b> <b>Payroll</b> <b>Noncash</b> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
32	N/A <hr/> <hr/>	\$ 225,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <b>Person</b> <b>Payroll</b> <b>Noncash</b> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
33	N/A <hr/> <hr/>	\$ 26,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <b>Person</b> <b>Payroll</b> <b>Noncash</b> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
34	N/A <hr/> <hr/>	\$ 100,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <b>Person</b> <b>Payroll</b> <b>Noncash</b> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
35	N/A <hr/> <hr/>	\$ 6,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <b>Person</b> <b>Payroll</b> <b>Noncash</b> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
36	N/A <hr/> <hr/>	\$ 10,000.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <b>Person</b> <b>Payroll</b> <b>Noncash</b> </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>

Name of organization <b>INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS</b>	Employer identification number <b>95-4712218</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	N/A	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS</b>	<b>Employer identification number</b> 95-4712218
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
43	N/A <hr/> <hr/> <hr/>	\$ 10,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
44	N/A <hr/> <hr/> <hr/>	\$ 45,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
45	N/A <hr/> <hr/> <hr/>	\$ 10,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input checked="" type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								
46	N/A <hr/> <hr/> <hr/>	\$ 75,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
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	<hr/> <hr/> <hr/>	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
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	<hr/> <hr/> <hr/>	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><b>Person</b></td> <td style="width:10%; text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input type="checkbox"/>	<b>Payroll</b>	<input type="checkbox"/>	<b>Noncash</b>	<input type="checkbox"/>
<b>Person</b>	<input type="checkbox"/>								
<b>Payroll</b>	<input type="checkbox"/>								
<b>Noncash</b>	<input type="checkbox"/>								

Name of organization INTERNET CORPORATION FOR ASSIGNED  
NAMES AND NUMBERS

Employer identification number  
95-4712218

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization INTERNET CORPORATION FOR ASSIGNED  
NAMES AND NUMBERS

Employer identification number  
95-4712218

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (See instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2020

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No															

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? . . . . .		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .	X		
<b>c</b> Media advertisements? . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public? . . . . .		X	
<b>e</b> Publications, or published or broadcast statements? . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .	X		346,368.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .		X	
<b>i</b> Other activities? . . . . .		X	
<b>j</b> Total. Add lines 1c through 1i . . . . .			346,368.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .		X	

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? . . . . .	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . . .	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year. . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) . . . . .	<b>5</b>	

**Part IV Supplemental Information**

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

FORM 990, SCHEDULE C, PART II-B, LINES 1B AND 1G

LOBBYING EXPENDITURES

THE ORGANIZATION UTILIZED THE SERVICES OF A STAFF REGISTERED LOBBYIST AS

WELL AS TWO GOVERNMENT AFFAIRS FIRMS DURING THE YEAR ENDED JUNE 30, 2021,

FOR A TOTAL COST OF \$346,368.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization INTERNET CORPORATION FOR ASSIGNED

Employer identification number

NAMES AND NUMBERS

95-4712218

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9) and Total.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

**Part XIII** Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48 (ASC 740-10) FOOTNOTE

ICANN IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES IN THE UNITED STATES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. HOWEVER, ICANN IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE BASIC FINANCIAL STATEMENTS TAKEN AS A WHOLE.

ICANN BELIEVES IT IS IN COMPLIANCE WITH ALL APPLICABLE LAWS, HOWEVER, UPON AUDIT BY A TAXING AUTHORITY, IF AMOUNTS ARE FOUND DUE, ICANN MAY BE LIABLE FOR SUCH TAXES. MANAGEMENT HAS ANALYZED ICANN'S TAX POSITIONS TAKEN ON FEDERAL AND STATE INCOME TAX RETURNS FOR ALL OPEN TAX YEARS AND HAS CONCLUDED THAT, AS OF JUNE 30, 2021 AND 2020, NO LIABILITIES ARE REQUIRED TO BE RECORDED IN CONNECTION WITH SUCH TAX POSITIONS IN ICANN'S FINANCIAL STATEMENTS. THE FISCAL 2016 THROUGH 2020 TAX YEARS REMAIN OPEN FOR EXAMINATION BY THE TAXING AUTHORITIES. NO INTEREST OR PENALTIES ARE RECOGNIZED DURING THE YEAR AS ICANN HAS NOT RECORDED INCOME TAX CONTINGENCIES. ICANN IS NOT UNDER EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR ANY OPEN TAX YEARS.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS**

Employer identification number  
**95-4712218**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EUROPE	3.	53.	PROGRAM SERVICES	SEE 990 PART III	13,847,841.
<b>(2)</b> EAST ASIA AND THE PACIFIC	2.	24.	PROGRAM SERVICES	SEE 990 PART III	4,415,476.
<b>(3)</b> NORTH AMERICA	0.	2.	PROGRAM SERVICES	SEE 990 PART III	2,616,869.
<b>(4)</b> SOUTH AMERICA	1.	7.	PROGRAM SERVICES	SEE 990 PART III	1,520,512.
<b>(5)</b> MIDDLE EAST AND NORTH AFRICA	0.	3.	PROGRAM SERVICES	SEE 990 PART III	949,950.
<b>(6)</b> SUB-SAHARAN AFRICA	1.	6.	PROGRAM SERVICES	SEE 990 PART III	845,955.
<b>(7)</b> SOUTH ASIA	0.	2.	PROGRAM SERVICES	SEE 990 PART III	396,415.
<b>(8)</b> CENTRAL AMERICA/CARIBBEAN	0.	1.	PROGRAM SERVICES	SEE 990 PART III	222,229.
<b>(9)</b> RUSSIA/INDEPENDENT STATES	0.	2.	PROGRAM SERVICES	SEE 990 PART III	77,454.
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .	7.	100.			24,892,701.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	7.	100.			24,892,701.

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

Schedule F (Form 990) 2020



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	INDIA DNS PR COMPETITION	77,800.	WIRE/CASH			BOOK
(2)			EUROPE/ICELAND/GREENLAND	IGFSA CONTRI	30,000.	WIRE/CASH			BOOK
(3)			EUROPE/ICELAND/GREENLAND	EURODIG 2021	7,500.	WIRE/CASH			BOOK
(4)			SUB-SAHARAN AFRICA	AFRICA INTER SUMMIT	7,000.	WIRE/CASH			BOOK
(5)			EUROPE/ICELAND/GREENLAND	SPONSOR 14TH EURO-SSIG	6,000.	WIRE/CASH			BOOK
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . **5.**

3 Enter total number of other organizations or entities . . . **5.**

**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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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  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  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  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  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  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  No

**Part V Supplemental Information**

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

FORM 990, SCHEDULE F, PART I, LINE 2

FOR BOTH GRANTS WITHIN THE UNITED STATES AND OUTSIDE OF THE UNITED STATES, ICANN MAINTAINS TWO PROGRAMS THAT AWARD GRANTS OF SUPPORT THAT ENABLE INDIVIDUALS TO ATTEND ICANN PUBLIC MEETINGS: THE ICANN FELLOWSHIP PROGRAM AND THE NEXTGEN PROGRAM.

THE ICANN FELLOWSHIP PROGRAM SEEKS TO HELP CREATE A BROADER BASE OF KNOWLEDGEABLE CONSTITUENTS TO ENGAGE IN THE ICANN MULTISTAKEHOLDER PROCESS AND TO HELP THOSE CONSTITUENTS BECOME THE NEW VOICES OF EXPERIENCE IN THEIR REGIONS AND ON THE GLOBAL STAGE. THROUGH THE FELLOWSHIP PROGRAM, ICANN PROVIDES COACHING AND TRAVEL ASSISTANCE FOR INDIVIDUALS TO ATTEND AN ICANN PUBLIC MEETING. DURING THE MEETING, PROGRAM PARTICIPANTS IMMERSE IN A "FAST-TRACK" EXPERIENCE INTO ICANN'S MULTISTAKEHOLDER PROCESS, WITH PRESENTATIONS ABOUT THE MANY PARTS OF ICANN AND OPPORTUNITIES TO NETWORK AND INTERACT WITH ICANN COMMUNITY MEMBERS, BOARD MEMBERS AND PERSONNEL. PRIORITY IS GIVEN TO CANDIDATES CURRENTLY LIVING IN UNDERSERVED AND UNDERREPRESENTED COMMUNITIES AROUND THE WORLD, THOSE WHO REPRESENT DIVERSITY OF GENDER, SECTOR, REGION, EXPERIENCE, AND EXPERTISE, AND/OR HAVE ESTABLISHED FINANCIAL NEED. FOR MORE INFORMATION ON THE FELLOWSHIP PROGRAM, PLEASE REFER TO: [HTTPS://WWW.ICANN.ORG/FELLOWSHIPPROGRAM](https://www.icann.org/fellowshipprogram).

THE NEXTGEN PROGRAM IS FOCUSED ON THE NEXT GENERATION OF INDIVIDUALS WHO WILL BECOME ACTIVELY ENGAGED IN SHAPING THE FUTURE OF THE GLOBAL INTERNET POLICY IN THEIR REGIONAL COMMUNITIES. THROUGH THIS PROGRAM, ICANN

**Part V Supplemental Information**

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

PROVIDES COACHING AND TRAVEL ASSISTANCE TO STUDENTS FROM THE REGIONS WHERE THE ICANN PUBLIC MEETING IS TAKING PLACE. FOR MORE INFORMATION ON THE NEXGEN PROGRAM, PLEASE REFER TO:  
[HTTPS://WWW.ICANN.ORG/PUBLIC-RESPONSIBILITY-SUPPORT/NEXTGEN.](https://www.icann.org/public-responsibility-support/nextgen)

BOTH OF THESE PROGRAMS COVER THE COST OF ECONOMY CLASS AIRFARE AND HOTEL, AS WELL AS PROVIDE A STIPEND AFTER SUCCESSFUL COMPLETION OF THE PROGRAM, IN ORDER TO ASSIST IN COVERING SOME BASIC EXPENSES INCURRED BY PARTICIPANTS. TRAVEL AND HOTEL COSTS ASSOCIATED WITH INDIVIDUALS PRE-SELECTED TO ATTEND THE PUBLIC MEETING ARE BOOKED AND PAID FOR DIRECTLY BY ICANN. ALL INDIVIDUALS ARE ELIGIBLE TO RECEIVE A FLAT STIPEND NOT TO EXCEED US\$500.00. STIPENDS ARE GENERALLY PROVIDED TO PARTICIPANTS BY WIRE TRANSFER AND ARE PAID TO EACH INDIVIDUAL SUBSEQUENT TO THE MEETING AND AFTER THE PARTICIPANT HAS DEMONSTRATED COMPLETION OF HIS OR HER PROGRAM.

ICANN ALSO PROVIDES TRAVEL SUPPORT TO OTHER MEMBERS OF THE VOLUNTEER COMMUNITY TO FACILITATE POLICY DEVELOPMENT EFFORTS AND OUTREACH IMPORTANT TO ICANN'S MISSION. THE PROCESS FOR SELECTION OF SUPPORTED TRAVELERS IS LARGELY BASED ON SPECIFIC CRITERIA ESTABLISHED BY EACH STAKEHOLDER/CONSTITUENCY GROUP. TRAVEL SUPPORT EXTENDED TO THESE GROUPS IS REPORTED AS PART OF TRAVEL EXPENSES IN PART IX, STATEMENT OF FUNCTIONAL EXPENSES. FOR OTHER CONTRIBUTIONS, STAKEHOLDER ENGAGEMENT TEAM MEMBERS DEVELOP REQUESTS BASED UPON ICANN'S STRATEGIC PLAN AND ICANN'S

**Part V Supplemental Information**

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

OPERATING PLAN. SPECIFIC NEEDS WITHIN SPECIFIC REGIONS OF THE WORLD ARE CONSIDERED. ICANN EXECUTIVES REVIEW THE LIST OF SUGGESTED CONTRIBUTIONS AND DECIDE ON WHICH CONTRIBUTIONS TO PURSUE. THE ICANN BOARD AND COMMUNITY CONSIDER THE CONTRIBUTIONS WITHIN THE OVERALL FISCAL YEAR OPERATING PLAN AND BUDGET PROCESS.

DUE TO THE COVID-19 PANDEMIC, DURING THE TWELVE MONTHS ENDED JUNE 30, 2021, ALL MEETINGS WERE HELD VIRTUALLY. ACCORINGLY, NO TRAVEL RELATED EXPENSES WERE INCURRED FOR THESE PROGRAMS FOR THE YEAR ENDING JUNE 30, 2021.

FORM 990, SCHEDULE F, PART I, LINE 3

AT JUNE 30, 2021, ICANN HAD INTERNATIONAL OFFICES LOCATED IN BRUSSELS, BELGIUM; ISTANBUL, TURKEY; SINGAPORE AND MONTEVIDEO, URUGUAY; AND ENGAGEMENT CENTERS IN BEIJING, CHINA; NAIROBI, KENYA; AND GENEVA, SWITZERLAND AS DISPLAYED IN PART I, LINE 3, COL (B) OF SCHEDULE F.

THE NUMBER OF PEOPLE IN EACH REGION SHOWN IN PART I, LINE 3, COL (C) OF SCHEDULE F INCLUDES EMPLOYEES AND LONG-TERM INDEPENDENT CONTRACTORS PROVIDING SERVICES TO ICANN.

THE TOTAL EXPENDITURES BY REGION SHOWN IN PART I, LINE 3, COL (F) OF SCHEDULE F INCLUDES:

A. THE AMOUNTS PAID (FOR COMPENSATION, TRAVEL REIMBURSEMENT, AND OTHER

**Part V Supplemental Information**

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

COSTS AND EXPENSES) FROM THE US ACCOUNTS PAYABLE DEPARTMENT APPLICABLE TO THE REGION. THIS INCLUDES AMOUNTS SHOWN ON PARTS II AND III AS GRANTS OR OTHER ASSISTANCE.

B. AMOUNTS EXPENDED TO FUND THE BELGIUM, TURKEY, SINGAPORE, URUGUAY, CHINA, SWITZERLAND, KENYA BRANCH/LIAISON/REPRESENTATIVE OFFICES OR ENGAGEMENT CENTERS, AND PERSONNEL COSTS INCLUDING OFFICE EXPENSES, TRAVEL-RELATED AND OTHER EXPENSES PAID BY THE U.S. ACCOUNTS PAYABLE DEPARTMENT.

C. ALL PAYMENTS MADE TO INTERNATIONAL BASED EMPLOYEES AND CONTRACTORS WERE RECORDED IN US DOLLARS.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization INTERNET CORPORATION FOR ASSIGNED  
NAMES AND NUMBERS

Employer identification number  
95-4712218

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) USTTI 1150 CT AVE NW WASHINGTON, DC 20036	52-1294659	501(C)(3)	35,000.				USTTI BOARD CONTRIBUTION
(2) UNIVERSITY OF OREGON 1720 E. 13TH AVE. EUGENE, OR 97403	47-4727800	501(C)(3)	500,000.				CONTRIBUTION TO NSRC CY20/CY21
(3) IETF ADMINISTRATION LLC 1000 N W ST #1200 WILMINGTON, OR 19801	83-1755858	501(C)(3)	30,000.				IETF SPONSORSHIP
(4) UNDESA 2 UN PLAZA NEW YORK, NY 10011	71-0992446	501(C)(3)	121,782.				FY20 CONTRIBUTION TO UNDESA
(5) GLOBAL CYBER ALLIANCE, INC. 31 TECH VALLEY DR. E GREENBUSGH, NY 12061	47-5344606	501(C)(3)	50,000.				GCA PREMIUM PARTNERSHIP
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

Schedule I (Form 990) 2020



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART I, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING GRANTS IN THE UNITED STATES

THE GRANTS ARE AWARDED TO QUALIFIED ORGANIZATIONS AND SELECTED

INDIVIDUALS. ONCE FUNDS ARE TRANSFERRED, ICANN DOES NOT MONITOR THE

FUNDS. THE USE OF THE FUNDS IS AT THE DISCRETION OF THE GRANTEE. REFER TO

SCHEDULE F, PART V, FOR FURTHER DETAILS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization **INTERNET CORPORATION FOR ASSIGNED**

Employer identification number

NAMES AND NUMBERS

95-4712218

**Part I Questions Regarding Compensation**

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence              |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees                |
| <input type="checkbox"/> Discretionary spending account                       | <input checked="" type="checkbox"/> 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

**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?

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
  - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- 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:

- a** The organization?
  - b** Any related organization?
- 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	BO GORAN MARBY DIRECTOR, PRESIDENT & CEO	(i)	673,462.	202,038.	33,174.	37,500.	31,366.	977,540.	37,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	JOHN JEFFREY GENERAL COUNSEL AND SECRETARY	(i)	493,463.	158,204.	36,672.	37,500.	31,366.	757,205.	14,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	SUSANNA H BENNET CHIEF OPERATING OFFICER	(i)	187,604.	55,852.	439,464.	38,738.	5,264.	726,922.	37,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	THERESA SWINEHART SVP, GDD AND STRATEGY	(i)	386,292.	125,319.	36,672.	37,500.	20,098.	605,881.	37,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	XAVIER CALVEZ SVP, PLANNING & CFO	(i)	393,777.	116,096.	674.	37,500.	31,366.	579,413.	37,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	CYRUS NAMAZI SVP, GLOBAL DOMAINS SERVICES	(i)	93,750.	0.	405,720.	17,403.	4,915.	521,788.	37,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	DAVID CONRAD SVP & CHIEF TECHNOLOGY OFFICER	(i)	345,100.	103,148.	673.	37,500.	21,305.	507,726.	37,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	ASHWIN RANGAN SVP, ENGINEERING & CIO	(i)	343,035.	102,530.	669.	37,500.	22,247.	505,981.	37,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	JAMES HEDLUND SVP, CONTRACTUAL COMPLIANCE	(i)	355,662.	106,304.	2,091.	28,910.	19,666.	512,633.	14,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	DANIEL E HALLORAN DEPUTY GENERAL COUNSEL	(i)	318,362.	95,156.	3,123.	37,500.	31,331.	485,472.	37,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	NICHOLAS TOMASSO VP, GLOBAL MEETING OPERATIONS	(i)	262,008.	58,510.	104,709.	37,500.	21,951.	484,678.	37,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	GINA VILLAVICENCIO SVP, GLOBAL HUMAN RESOURCES	(i)	307,100.	90,127.	9,953.	33,750.	18,585.	459,515.	33,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	DAVID OLIVE SVP, POLICY DEVELOPMENT SUPPORT	(i)	301,628.	90,154.	2,021.	37,500.	22,006.	453,309.	37,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	AMY STATHOS DEPUTY GENERAL COUNSEL	(i)	321,297.	64,022.	640.	37,500.	10,876.	434,335.	37,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	SALLY JANE NEWELL SVP, GLOBAL COMMUNICATIONS	(i)	285,238.	85,255.	592.	36,136.	22,168.	429,389.	32,511.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	JOHN L CRAIN CHIEF SEC. & STABILITY OFFICER	(i)	253,275.	75,841.	551.	37,500.	31,244.	398,411.	37,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.

**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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHEILA KAY JOHNSON DEPUTY GENERAL COUNSEL	(i)	289,275.	57,641.	1,142.	37,500.	10,832.	396,390.	37,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 KATHRYN CARVER SVP, GOVERNMENT & IGO ENGMT	(i)	276,250.	81,031.	494.	37,500.	21,102.	416,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CHRISTOPHER GIFT VP, PRODUCT MANAGEMENT	(i)	263,497.	52,569.	563.	37,500.	22,148.	376,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

FORM 990, PART VII AND SCHEDULE J

AMOUNTS LISTED IN PART VII OF FORM 990 AND SCHEDULE J REPRESENT AMOUNTS FOR THE 2020 CALENDAR YEAR.

FORM 990, SCHEDULE J, PART I, LINE 1A

ICANN DOES NOT OFFER FIRST CLASS TRAVEL BUT ALLOWS CERTAIN TRAVELERS TO TRAVEL BUSINESS CLASS EITHER AS A RESULT OF THEIR FUNCTION OR DUE TO MEDICAL REQUIREMENTS, OR UNLESS A COMPLIMENTARY UPGRADE HAS BEEN OFFERED TO THE TRAVELER FREE OF CHARGE OR THE TRAVELER CHOOSES TO PAY FOR AN UPGRADE WITH THEIR OWN MONEY. SOME AIRLINES USE THE DESCRIPTION OF FIRST CLASS INSTEAD OF BUSINESS CLASS, WHICH MAY LEAD SOME ICANN-FUNDED TRAVELERS TO HAVE TRAVELED FIRST CLASS AS A RESULT. IF AN AIRLINE OFFERS BOTH FIRST AND BUSINESS CLASS, WITH FIRST CLASS BEING USUALLY MORE EXPENSIVE THAN BUSINESS CLASS, ICANN DOES NOT ALLOW FOR FIRST CLASS TRAVEL, UNLESS A COMPLIMENTARY UPGRADE HAS BEEN OFFERED TO THE TRAVELER FREE OF CHARGE OR THE TRAVELER CHOOSES TO PAY FOR AN UPGRADE WITH THEIR OWN MONEY.

DURING CALENDAR YEAR 2020, THE INDIVIDUALS LISTED BELOW RECEIVED

**Part III Supplemental Information**

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

COMPENSATION THAT WAS TREATED AS OTHER TAXABLE BENEFITS AND INCLUDED IN  
SCHEDULE J AS REPORTABLE COMPENSATION:

1) NICHOLAS TOMASSO - TAX GROSS-UP PAYMENTS, RELOCATION ALLOWANCE AND  
HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE ACCORDING TO CONTRACTUAL  
EXPATRIATE BENEFITS

2) BO GORAN MARBY - TAX GROSS-UP PAYMENTS, EXPATRIATE TAX REPORTING  
SERVICES (WHICH ARE CLASSIFIED AS PERSONAL SERVICES).

FORM 990, SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS

SUSANNA BENNETT WAS PAID \$380,380 AND CYRUS NAMAZI WAS PAID \$375,000 IN  
SEVERANCE PAYMENTS DURING THE 2020 CALENDAR YEAR.

FORM 990, SCHEDULE J, PART I, LINE 7

REGARDING AT-RISK COMPENSATION:

THE OVERARCHING OBJECTIVE OF ICANN'S REMUNERATION FRAMEWORK IS TO ENSURE  
REMUNERATION PROVIDED IS COMPETITIVE GLOBALLY AND THAT IT PROVIDES

**Part III Supplemental Information**

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

PERSONNEL WITH APPROPRIATE MOTIVATION FOR HIGH PERFORMANCE TOWARDS AGREED OBJECTIVES. THIS FRAMEWORK IS DESCRIBED IN DETAIL WITHIN THE DOCUMENT ENTITLED ICANN PERSONNEL REMUNERATION PRACTICES.

SEE ATTACHED LINKS:

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY21-01  
JUL20-EN.PDF](https://www.icann.org/en/system/files/files/remuneration-practices-fy21-01-jul20-en.pdf)

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY20-01  
JUL19-EN.PDF](https://www.icann.org/en/system/files/files/remuneration-practices-fy20-01-jul19-en.pdf)

FORM 990, SCHEDULE J, PART II

ICANN'S OVERALL COMPENSATION PHILOSOPHY IS TO TARGET COMPENSATION BETWEEN THE 50TH AND 75TH PERCENTILE OF THE RELEVANT MARKET, TO ATTRACT AND RETAIN THE RIGHT PERSONNEL. THE DRIVING ELEMENT OF THIS PHILOSOPHY IS THAT ICANN'S COMPENSATION IS MARKET-BASED. ICANN HAS PERSONNEL IN MANY DIFFERENT PARTS OF THE WORLD AND STRIVES TO APPLY THIS PHILOSOPHY LOCALLY. EMPLOYMENT MARKETS AROUND THE WORLD ARE QUITE DIFFERENT, AND

**Part III Supplemental Information**

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

ALSO BRING DIFFERENT TAX, BENEFIT, AND OTHER LOCAL CONDITIONS TO BEAR. IN  
ADDITION, EXCHANGE RATE FLUCTUATIONS ALSO AFFECT THE U.S. DOLLAR  
EQUIVALENCE OF THE PERSONNEL WHO IS PAID IN OTHER CURRENCIES THAN THE US  
DOLLAR.



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2020**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS**

Employer identification number  
**95-4712218**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . . ▶							\$						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DENIC EG	CONTRIBUTION & VENDOR	300,000.	DATA ESCROW AGENT FEE		X
(2) STIFTELSEN INTERNETINFRASTRUKTUR	CONTRIBUTION & VENDOR	1,059,128.	NEW GTLD PROGRAM CONTRACT		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

FORM 990, SCHEDULE L, PART IV, LINE 1, COLUMN A

FOR FY 2021, TWO ORGANIZATIONS WERE IDENTIFIED AS INTERESTED PERSONS, AS

DEFINED BY THE INTERNAL REVENUE SERVICE. THESE ORGANIZATIONS WERE

SIGNIFICANT INDEPENDENT CONTRACTORS AS WELL AS SUBSTANTIAL CONTRIBUTORS

WITH TRANSACTION VALUES OF \$100,000 OR MORE.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization INTERNET CORPORATION FOR ASSIGNED

Employer identification number

NAMES AND NUMBERS

95-4712218

FORM 990, PART I, LINE 1 AND PART III, LINE 1

ORGANIZATION'S MISSION

ICANN'S MISSION IS TO COORDINATE, AT THE OVERALL LEVEL, AND TO ENSURE THE STABLE AND SECURE OPERATION OF, THE GLOBAL INTERNET'S SYSTEM OF UNIQUE IDENTIFIERS. IN PARTICULAR, ICANN FULFILLS ITS MISSION EITHER DIRECTLY, OR THROUGH AN AFFILIATE BY: (I) COORDINATING THE ASSIGNMENT OF INTERNET TECHNICAL PARAMETERS AS NEEDED TO MAINTAIN UNIVERSAL CONNECTIVITY ON THE INTERNET; (II) PERFORMING AND OVERSEEING FUNCTIONS RELATED TO THE COORDINATION OF THE INTERNET PROTOCOL ("IP") ADDRESS SPACE; (III) PERFORMING AND OVERSEEING FUNCTIONS RELATED TO THE COORDINATION OF THE INTERNET DOMAIN NAME SYSTEM ("DNS"), INCLUDING, SUPPORTING THE DEVELOPMENT OF, AND IMPLEMENTING POLICIES FOR DETERMINING THE CIRCUMSTANCES UNDER WHICH NEW TOP-LEVEL DOMAINS ARE ADDED TO THE ROOT ZONE; (IV) OVERSEEING OPERATION OF THE AUTHORITATIVE INTERNET ROOT ZONE; AND (V) ENGAGING IN ANY OTHER RELATED LAWFUL ACTIVITY IN FURTHERANCE OF ITEMS (I) THROUGH (IV). SEE ADDITIONAL INFORMATION ABOUT ICANN'S PROGRAMS AND ACTIVITIES ON THE ICANN WEBSITE AND IN THE ICANN ANNUAL REPORT POSTED ON [HTTPS://WWW.ICANN.ORG/](https://www.icann.org/).

FORM 990, PART I, LINE 3 AND PART VI, LINE 1A AND LINE 1B

GOVERNING BODY

THERE ARE 16 VOTING MEMBERS OF THE BOARD OF DIRECTORS, INCLUDING ICANN'S PRESIDENT AND CEO, WHO SERVES EX OFFICIO AS A VOTING BOARD MEMBER.

ICANN'S BYLAWS PROVIDE FOR FOUR NON-VOTING LIAISONS TO THE BOARD WHO ARE

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
--	--

ENTITLED TO ATTEND BOARD MEETINGS, PARTICIPATE IN BOARD DISCUSSIONS AND DELIBERATIONS, AND HAVE ACCESS (UNDER CONDITIONS ESTABLISHED BY THE BOARD) TO MATERIALS PROVIDED TO DIRECTORS FOR USE IN BOARD DISCUSSIONS, DELIBERATIONS AND MEETINGS. THE FOLLOWING INDIVIDUALS SERVED AS NON-VOTING LIAISONS DURING THE FISCAL YEAR ENDING JUNE 30, 2021:

- 1) KAVEH RANJBAR (RSSAC LIAISON, NOV 2016 - PRESENT)
- 2) MANAL ISMAIL (GAC LIAISON, 2017-PRESENT)
- 3) MERIKE KÄO (SSAC LIAISON, 2018 - OCT 2021)
- 4) HARALD ALVESTRAND (IETF LIAISON, 2018 - PRESENT)

FORM 990, PART I, LINE 6

**VOLUNTEERS**

ICANN ACCOMPLISHES ITS MISSION THROUGH IMPLEMENTATION OF POLICIES APPROVED BY ITS BOARD OF DIRECTORS. THESE POLICIES START OUT AS RECOMMENDATIONS FORMED AND REFINED BY THE GLOBAL ICANN COMMUNITY THROUGH ITS SUPPORTING ORGANIZATIONS AND INFLUENCED BY ITS ADVISORY COMMITTEES. ICANN USES THE TERM "SUPPORTING ORGANIZATIONS" TO DESCRIBE THE GROUPS WITHIN ICANN'S COMMUNITY THAT SUPPORT ICANN'S MISSION THROUGH MECHANISMS ESTABLISHED WITHIN THEIR AREAS OF EXPERTISE, WHICH DIFFERS FROM THE DEFINITION USED BY THE INTERNAL REVENUE SERVICE.

ICANN CONSIDERS THAT THERE ARE 51 VOLUNTEER LEADERS THAT SERVE THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES IN LEADERSHIP POSITIONS SUCH AS CHAIR AND VICE CHAIR.

Name of the organization INTERNET CORPORATION FOR ASSIGNED  
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IN ADDITION TO THE VOLUNTEER LEADERS THAT ARE APPOINTED TO SPECIFIC ROLES AND REPORTED IN FORM 990, PART I, LINE 6, THERE ARE ALSO HUNDREDS (IF NOT MORE) OF VOLUNTEERS FROM ALL OVER THE WORLD THAT PARTICIPATE IN THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES, AND GREATER ICANN COMMUNITY.

THESE VOLUNTEERS PARTICIPATE IN POLICY DEVELOPMENT WORKING GROUPS AND REVIEW TEAMS. AMONG OTHER THINGS. VOLUNTEER POLICY DEVELOPMENT WORKING GROUPS FORM AROUND AN ISSUE AND CONSIDER IT FROM ALL ANGLES, MAKING POLICY RECOMMENDATIONS BY CONSENSUS WHEREVER POSSIBLE. ICANN ALSO INCLUDES SEVERAL DIFFERENT BYLAWS-MANDATED REVIEWS THAT ARE PERFORMED BY VOLUNTEERS. MANY OF THESE WORKING GROUPS AND REVIEW TEAMS ARE OPEN TO EVERYONE IN ICANN'S COMMUNITY, IN A BOTTOM-UP, OPEN AND TRANSPARENT PROCESS, THAT DOES NOT REQUIRE A MEMBERSHIP OR A SELECTION PROCESS FOR PARTICIPATION (OTHER THAN LIMITED BY THE SIZE OF THE WORKING GROUP OR REVIEW TEAM IF SPECIFIED). BECAUSE THE OPEN PROCESS FOR VOLUNTEERS TO PARTICIPATE, THE NUMBER OF VOLUNTEERS INVOLVED DURING THE PERIOD IS NOT TRACKED AND REPORTED HERE.

ICANN'S ANNUAL REPORT PROVIDES HIGHLIGHTS OF COMMUNITY INVOLVEMENT AND ACHIEVEMENT FOR THE FISCAL YEAR ENDED JUNE 30, 2021. SEE DISCUSSION IN

([HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/ANNUAL-REPORT-2021-EN.PDF](https://www.icann.org/en/system/files/files/annual-report-2021-en.pdf))

FORM 990, PART I, LINES 8-22  
FINANCIAL PRESENTATION

Name of the organization INTERNET CORPORATION FOR ASSIGNED  
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THE FINANCIAL STATEMENTS OF ICANN ARE PRESENTED ON A STAND-ALONE BASIS. TRANSACTIONS WITH ITS AFFILIATE PUBLIC TECHNICAL IDENTIFIERS (PTI) ARE REPORTED ON AN ARMS-LENGTH BASIS. PTI IS A SEPARATE LEGAL ENTITY AND SEPARATELY FILES A FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX.

DURING THE FISCAL YEAR ENDED JUNE 30, 2021 ICANN RECORDED THE FOLLOWING TRANSACTIONS IN RELATION TO SERVICES DELEGATED TO PTI TO PERFORM THE INTERNET ASSIGNED NUMBERS AUTHORITY (IANA) FUNCTIONS:

1. FORM 990, PART VIII STATEMENT OF REVENUE, LINE 2D INCLUDES "PTI SERVICES AGREEMENT" REVENUE OF \$7,444,323, REPRESENTING AMOUNTS INVOICED AT COST FOR PERSONNEL AND OTHER RESOURCES PROVIDED TO PTI TO PERFORM THE IANA SERVICES.

2. FORM 990, PART IX STATEMENT OF FUNCTIONAL EXPENSES, LINE 24A INCLUDES "PTI IANA CONTRACT" EXPENSE OF \$7,444,323, FOR EXPENSES PAYABLE TO PTI FOR IANA SERVICES PERFORMED IN ACCORDANCE WITH THE IANA NAMING FUNCTION CONTRACT.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS

AS OF JUNE 30, 2021, THE INTERNET ROOT ZONE CONSISTED OF 18 LEGACY AND 1,184 NEW GENERIC TOP LEVEL DOMAINS (GTLDS) THAT WERE OPERATED UNDER CONTRACT WITH ICANN, AND OVER 300 COUNTRY CODE TOP LEVEL DOMAINS (CCTLDS). EACH GTLD OF THE 18 LEGACY GTLDS AND ALL OF THE NEW GTLDS

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REFERENCED ABOVE HAS A DESIGNATED "REGISTRY OPERATOR" AND A REGISTRY AGREEMENT BETWEEN THE OPERATOR AND ICANN. THE REGISTRY OPERATOR IS RESPONSIBLE FOR THE TECHNICAL OPERATION OF THE GTLD, INCLUDING ALL OF THE NAMES REGISTERED IN THAT TLD. APPROXIMATELY 2,500 ICANN ACCREDITED REGISTRARS INTERACT WITH REGISTRANTS (AND OTHERS) TO PERFORM DOMAIN NAME REGISTRATION AND OTHER RELATED SERVICES FOR NEW GTLDS.

ICANN IS A MULTISTAKEHOLDER ORGANIZATION THAT COORDINATES THE INTERNET'S DOMAIN NAME SYSTEM AND NUMBERS ADDRESSING FOR THE BENEFIT OF INTERNET USERS WORLDWIDE, WHICH HELPS ENABLE A SINGLE, INTEROPERABLE INTERNET. ICANN IS RESPONSIBLE FOR THE GLOBAL TECHNICAL COORDINATION OF THE DNS. AS OF JUNE 30, 2021, THERE WERE OVER 370 MILLION REGISTERED INTERNET SECOND LEVEL DOMAIN NAMES, INCLUDING APPROXIMATELY 218 MILLION SECOND LEVEL DOMAIN NAMES FOUND IN GTLDS, MOST OF WHICH ARE GOVERNED BY ICANN'S COMMUNITY-DEVELOPED POLICIES. SEE ADDITIONAL INFORMATION ABOUT ICANN'S PROGRAMS AND ACTIVITIES ON THE ICANN WEBSITE AND IN THE ICANN ANNUAL REPORT POSTED AT [HTTPS://WWW.ICANN.ORG/](https://www.icann.org/).

#### NEW GTLD AUCTIONS

CONTENTION SETS ARE GROUPS OF APPLICATIONS FOR IDENTICAL OR CONFUSINGLY SIMILAR STRINGS. IF TWO OR MORE APPLICANTS ARE UNABLE TO RESOLVE THEIR CONTENTION THROUGH OTHER MEANS, THEY PROCEED TO AN ICANN AUCTION, WHICH IS THE METHOD OF LAST RESORT TO RESOLVE STRING CONTENTIONS AS PRESCRIBED IN MODULE 4 OF THE APPLICANT GUIDEBOOK. THERE WERE NO ICANN AUCTIONS CONDUCTED DURING THE FISCAL YEAR ENDED JUNE 30, 2021.

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FOR MORE INFORMATION ON AUCTIONS VISIT

[HTTPS://NEWGTlds.ICANN.ORG/EN/APPLICANTS/AUCTIONS](https://newgtlds.icann.org/en/applicants/auctions)

FORM 990, PART IV, LINE 28A-C

BUSINESS TRANSACTIONS WITH INTERESTED PARTIES

ICANN MAY ENTER INTO OR CONSIDER PARTICIPATION IN SMALL ARM'S LENGTH  
TRANSACTIONS BETWEEN ICANN AND CERTAIN TAXABLE ORGANIZATIONS WITH WHICH  
CERTAIN ICANN DIRECTORS OR OFFICERS (OR MEMBERS OF THEIR FAMILIES) MAY  
HAVE AN AFFILIATION. UNDER ICANN'S CONFLICTS OF INTEREST POLICY, ALL  
OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY ACTUAL, POTENTIAL OR  
PERCEIVED CONFLICTS OF INTEREST BEFORE ENTERING INTO DISCUSSION ON SUCH  
MATTERS. IN ADDITION, THE BOARD COMMITTEE RESPONSIBLE FOR CONFLICTS OF  
INTEREST AT LEAST ANNUALLY REVIEWS ALL BOARD MEMBER CONFLICTS OF INTEREST  
STATEMENTS.

SEE:

[HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/SOIS-EN](https://www.icann.org/resources/pages/governance/sois-en)

ICANN DISCLOSES RELATED PARTY TRANSACTIONS IN FOOTNOTE 9 TO ITS AUDITED  
FINANCIAL STATEMENTS WHICH CAN BE FOUND AT THE FOLLOWING LINK.

SEE:

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/ICANN-FINANCIAL-REPORT-FYE-30J  
UN21-EN.PDF](https://www.icann.org/en/system/files/files/icann-financial-report-fye-30j-un21-en.pdf)



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ICANN CHECKED THE BOX "YES" FOR PART IV, LINE 28C IN ORDER TO DISCLOSE SUBSTANTIAL CONTRIBUTORS IN SCHEDULE L, PART IV. THE IRS INSTRUCTIONS UPDATED THE DEFINITION OF INTERESTED PERSONS TO INCLUDE SUBSTANTIAL CONTRIBUTORS. HOWEVER, THE IRS HAS NOT UPDATED THE 2020 FORM 990, PART IV, LINES 28A-C LANGUAGE FOR THE CHANGE IN THE RELATED IRS INSTRUCTIONS. THEREFORE, TO COMPLY WITH THE INSTRUCTIONS, ICANN HAS CHECKED "YES" FOR LINE 28C AND DISCLOSED THE INTERESTED PERSONS LISTED ARE ENTITIES THAT ARE BOTH VENDORS AND CONTRIBUTORS TO ICANN. HOWEVER, ICANN DID NOT HAVE ANY BUSINESS TRANSACTIONS WITH AN ENTITY IN WHICH A CURRENT OR FORMER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE (OR A FAMILY MEMBER) WAS AN OFFICER, DIRECTOR, TRUSTEE, OR DIRECT OR INDIRECT OWNER OF THAT ENTITY.

FORM 990, PART V, LINE 4B

ICANN HAS BANK ACCOUNTS IN THE FOLLOWING FOREIGN COUNTRIES AS LISTED IN ATTACHMENT 1:

BELGIUM

TURKEY

SWITZERLAND

SINGAPORE

FORM 990, PART VI, LINE 7A

BODIES THAT APPOINT MEMBERS OF ICANN'S GOVERNING BODY

THE NOMINATING COMMITTEE (NOMCOM) IS RESPONSIBLE FOR THE NOMINATION OF EIGHT ICANN VOTING BOARD MEMBERS (SEE ARTICLE 7, SECTION 7.2(A)(1) OF ICANN BYLAWS AT:

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[HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/BYLAWS-EN/#ARTICLE7](https://www.icann.org/resources/pages/governance/bylaws-en/#article7).

THE NOMCOM IS ALSO CHARGED WITH POPULATING A PORTION OF THE AT-LARGE ADVISORY COMMITTEE (ALAC), THE COUNTRY CODE NAMES SUPPORTING ORGANIZATION (CCNSO) COUNCIL AND THE GENERIC NAMES SUPPORTING ORGANIZATION (GNSO) COUNCIL. THE NOMCOM COMPLEMENTS THE OTHER MEANS FOR FILLING A PORTION OF KEY ICANN LEADERSHIP POSITIONS ACHIEVED WITHIN THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES.

ARTICLE 8 OF THE BYLAWS STATES THAT THE NOMCOM SHALL ADOPT SUCH OPERATING PROCEDURES AS IT DEEMS NECESSARY, WHICH SHALL BE PUBLISHED ON THE ICANN WEBSITE. THE NOMCOM IS DESIGNED TO FUNCTION INDEPENDENTLY FROM THE BOARD, THE SUPPORTING ORGANIZATIONS, AND ADVISORY COMMITTEES.

MEMBERS OF THE NOMCOM CONTRIBUTE BOTH THEIR UNDERSTANDING OF THE BROAD INTERESTS OF THE INTERNET AS A WHOLE AND THEIR KNOWLEDGE AND EXPERIENCE OF THE CONCERNS AND INTERESTS OF THE INTERNET STAKEHOLDERS THAT HAVE APPOINTED THEM. THE CHALLENGE FOR THE NOMCOM IS TO INTEGRATE THESE PERSPECTIVES AND DERIVE CONSENSUS IN ITS SELECTIONS. ALTHOUGH APPOINTED BY SUPPORTING ORGANIZATIONS AND OTHER ICANN BODIES, INDIVIDUAL NOMCOM MEMBERS ARE NOT ACCOUNTABLE TO THEIR APPOINTING GROUPS BUT RATHER TO ICANN AS A WHOLE. NOMCOM MEMBERS ARE ACCOUNTABLE FOR ADHERENCE TO THE BYLAWS AND FOR COMPLIANCE WITH THE RULES AND PROCEDURES ESTABLISHED BY THE NOMCOM.

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IN ADDITION, AND ALSO IN ACCORDANCE WITH ICANN'S BYLAWS, EACH OF THE FOLLOWING SUPPORTING ORGANIZATIONS NOMINATE TWO VOTING BOARD MEMBERS TO THE ICANN BOARD, EACH FOR A THREE-YEAR TERM: THE ADDRESS SUPPORTING ORGANIZATION (ASO), THE CCNSO AND THE GNSO. FURTHER, THE AT-LARGE COMMUNITY ALSO NOMINATES ONE VOTING BOARD MEMBER TO THE ICANN BOARD EVERY THREE YEARS.

AFTER THE NOMCOM, THE SUPPORTING ORGANIZATIONS AND THE AT-LARGE COMMUNITY IDENTIFY THEIR NOMINATIONS, THEY PROMPTLY NOTIFY THE EMPOWERED COMMUNITY, WHICH IS THE SOLE DESIGNATOR OF ICANN AND WHICH SHALL DESIGNATE, WITHIN THE MEANING OF SECTION 5220 OF THE CALIFORNIA CORPORATIONS CODE, ALL OF THE ABOVE IDENTIFIED VOTING BOARD MEMBERS AS DIRECTORS TO THE ICANN BOARD. IN ADDITION TO THE EMPOWERED COMMUNITY DESIGNATED BOARD MEMBERS, THE PRESIDENT AND CEO SITS AS AN EX OFFICIO VOTING BOARD MEMBER, WHO IS SELECTED BY THE ICANN BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 7B

IN ACCORDANCE WITH ICANN'S BYLAWS, ICANN CREATED AN UNINCORPORATED ASSOCIATION CALLED THE EMPOWERED COMMUNITY. THE EMPOWERED COMMUNITY IS MADE UP OF ENTITIES PARTICIPATING IN ICANN'S MULTISTAKEHOLDER COMMUNITY. THE EMPOWERED COMMUNITY HAS LIMITED AND ENUMERATED POWERS IN RELATION TO THE ICANN BOARD. THE EMPOWERED COMMUNITY IS RESPONSIBLE FOR THE DESIGNATION OF ALL VOTING MEMBERS OF THE ICANN BOARD OF DIRECTORS (OTHER THAN THE PRESIDENT AND CEO). SUBJECT TO SPECIFIED RULES AND PROCEDURES, THE EMPOWERED COMMUNITY MAY REJECT THE ICANN BOARD'S APPROVAL OF SOME BYLAWS AMENDMENTS, BUDGETS, ANNUAL AND FIVE-YEAR OPERATING PLANS, AND

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FIVE-YEAR STRATEGIC PLANS. IF THE EMPOWERED COMMUNITY INVOKES THIS REJECTION RIGHT, THE ICANN BOARD MUST GO BACK AND LOOK AT THESE ITEMS AGAIN. THE EMPOWERED COMMUNITY MAY NOT DICTATE THE VERSION OF THESE DOCUMENTS THAT THE ICANN BOARD MUST APPROVE. THE EMPOWERED COMMUNITY MUST ALSO CONSENT TO THE ICANN BOARD'S APPROVAL OF THE AMENDMENT OF CERTAIN PARTS OF THE ICANN BYLAWS (SUCH AS ICANN'S MISSION OR KEY ACCOUNTABILITY COMMITMENTS), AS WELL AS TO RESTATEMENTS OF THE ARTICLES OF INCORPORATION OR A SALE OF ASSETS.

FORM 990, PART VI, LINES 10A & 10B

LOCAL CHAPTERS, BRANCHES AND AFFILIATES

DURING FISCAL YEAR 2021, ICANN HAD OFFICES OUTSIDE OF THE UNITED STATES IN BRUSSELS, BELGIUM; ISTANBUL, TURKEY; SINGAPORE, SINGAPORE AND MONTEVIDEO, URUGUAY; AND ENGAGEMENT CENTERS IN BEIJING, CHINA; GENEVA, SWITZERLAND; AND NAIROBI, KENYA; ALL OF WHICH PROVIDED SUPPORT TO THEIR RESPECTIVE GEOGRAPHICAL REGIONS AND/OR TIME ZONES.

PUBLIC TECHNICAL IDENTIFIERS (PTI) IS AN AFFILIATE OF ICANN. PTI WAS ESTABLISHED IN AUGUST 2016 UNDER THE LAWS OF THE STATE OF CALIFORNIA AS A NON-PROFIT PUBLIC BENEFIT CORPORATION AND ICANN IS THE SOLE MEMBER OF PTI.

ICANN HAS WRITTEN POLICIES AND PROCEDURES GOVERNING THE ACTIVITIES OF SUCH OFFICES, ENGAGEMENT CENTERS AND AFFILIATES TO ENSURE THEIR OPERATIONS ARE CONSISTENT WITH THE ICANN'S EXEMPT PURPOSES.

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FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

A COPY OF THE FORM 990 IS PROVIDED TO ICANN'S BOARD MEMBERS BEFORE IT IS FILED. THE PROCESS BY WHICH THE FORM 990 IS PREPARED, REVIEWED AND RECEIVED IS AS FOLLOWS:

1. ICANN ENGAGES AN OUTSIDE TAX PREPARER TO ASSIST IN THE PREPARATION OF ITS FORM 990.

2. ICANN'S SVP, PLANNING AND CHIEF FINANCIAL OFFICER (CFO), AND OFFICE OF THE GENERAL COUNSEL REVIEW THE FORM 990, AND THE SVP, PLANNING AND CFO SIGNS OFF FOR APPROVAL.

3. THE FORM 990 IS PROVIDED TO THE ICANN BOARD MEMBERS.

FORM 990, PART VI, LINE 12C

CONFLICTS OF INTEREST POLICY

ICANN HAS WRITTEN CONFLICTS OF INTEREST POLICIES, WHICH ARE APPLICABLE TO ALL BOARD MEMBERS, ORGANIZATION PERSONNEL, AND INDEPENDENT CONTRACTORS.

THE OFFICE OF THE GENERAL COUNSEL MONITORS THE POLICIES WITH OVERSIGHT BY THE BOARD GOVERNANCE COMMITTEE (BGC) AS THEY RELATE TO THE BOARD. A

CONFLICTS OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY AND

SIGNED BY EACH BOARD MEMBER, OFFICER, ORGANIZATION PERSONNEL, AND

INDEPENDENT CONTRACTOR. THE ORGANIZATION PERSONNEL DISCLOSURE STATEMENTS

ARE REVIEWED BY THE HEAD OF HUMAN RESOURCES AND DISCUSSED WITH THE

GENERAL COUNSEL'S OFFICE IF ANY ISSUES ARISE. THE BOARD LEVEL DISCLOSURE

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STATEMENTS ARE REVIEWED BY THE OFFICE OF GENERAL COUNSEL AND THE BGC.

THE BOARD MEMBER, OFFICER AND KEY EMPLOYEE CONFLICTS OF INTEREST POLICY  
CAN BE FOUND AT:

[HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/COI-EN.](https://www.icann.org/resources/pages/governance/coi-en)

THIS POLICY DESCRIBES, AMONG OTHER THINGS, THE DUTY TO DISCLOSE, THE  
PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST, THE DUTY TO ABSTAIN, HOW  
VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY WILL BE HANDLED, THE  
PROCESS BY WHICH ALL COVERED PERSONS SIGN ANNUALLY THEIR AFFIRMATION OF  
THE POLICY AND DISCLOSE THEIR ACTUAL OR POTENTIAL CONFLICTS, AND THE  
REQUIREMENT AND NATURE OF PERIODIC REVIEWS.

A SUMMARY OF BOARD MEMBER AND OFFICER DISCLOSURE STATEMENTS IS POSTED ON  
ICANN'S WEBSITE AT:

[HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/SOIS-EN.](https://www.icann.org/resources/pages/governance/sois-en)

FORM 990, PART VI, LINES 13 & 14

WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY  
ICANN MAINTAINS AN INTERNAL DOCUMENT RETENTION AND DESTRUCTION POLICY AND  
HISTORICALLY HAS FOLLOWED BEST INDUSTRY PRACTICES, IN ACORDANCE WITH  
APPLICABLE LAWS, FOR RETENTION AND DESTRUCTION. ICANN ALSO MAINTAINS AN  
INTERNAL WHISTLEBLOWER (OR "ANONYMOUS HOTLINE") POLICY, THAT ALSO FOLLOWS  
INDUSTRY BEST PRACTICES.

FORM 990, PART VI, LINES 15A & 15B

PROCESS FOR DETERMINING COMPENSATION

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ICANN FOLLOWS PRINCIPLES OF ACCOUNTABILITY AND TRANSPARENCY AND DESCRIBES ITS REMUNERATION PLANS AND PRACTICES, WHICH ARE CONTINUALLY UPDATED. THE VERSION OF ICANN'S REMUNERATION PRACTICES APPLICABLE DURING FY2020 AND FY2021 ARE POSTED AT:

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY20-01  
JUL19-EN.PDF](https://www.icann.org/en/system/files/files/remuneration-practices-fy20-01-jul19-en.pdf) AND  
[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY21-01  
JUL20-EN.PDF](https://www.icann.org/en/system/files/files/remuneration-practices-fy21-01-jul20-en.pdf)

THE PROCESS FOR DETERMINING COMPENSATION, INCLUDING SURVEYS OF COMPARABLE POSITIONS AND OTHER MARKET STUDIES IS DESCRIBED IN THESE REMUNERATION PRACTICES REPORTS. OFFICER COMPENSATION IS DISCLOSED AS WELL. SALARIES OF ALL OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS FOLLOWING RECOMMENDATIONS FROM THE BOARD COMPENSATION COMMITTEE, WHICH ARE INFORMED BY RECOMMENDATIONS AND COMPARABLE DATA PROVIDED BY INDEPENDENT COMPENSATION EXPERTS. CONFIDENTIAL MINUTES OF THESE MEETINGS ARE MAINTAINED BY THE BOARD SECRETARY AS PART OF THE CORPORATE SECRETARIAT FUNCTION. EACH YEAR THE APPOINTMENT OF EACH OFFICER IS CONFIRMED BY THE BOARD OF DIRECTORS AT THE ANNUAL GENERAL MEETING. THE ANNUAL COMPENSATION MERIT REVIEW PROCESS FOR ORGANIZATION PERSONNEL FOR THE PERIOD OF JULY 1, 2020 THROUGH JUNE 30, 2021 WAS COMPLETED AS OF JULY 1, 2020.

FORM 990, PART VI, LINE 18  
AVAILABILITY OF 990

Name of the organization **INTERNET CORPORATION FOR ASSIGNED  
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ICANN POSTS ITS FORM 990 ON ITS WEBSITE. THE PRIOR YEAR POSTING IS  
LOCATED AT:

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/ICANN-IRS-990-FY20-11MAY21-EN.  
PDF](https://www.icann.org/en/system/files/files/icann-irs-990-fy20-11may21-en.pdf)

IN ADDITION, THE FORM 990 IS POSTED ON THE [HTTPS://WWW.GUIDESTAR.ORG/](https://www.guidestar.org/)  
WEBSITE. FINALLY, HARD COPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST.  
REQUESTS SHOULD BE SUBMITTED TO ICANN'S SVP PLANNING AND CFO BY EMAIL TO  
XAVIER.CALVEZ@ICANN.ORG, OR BY PHONE AT +1.310.301.5800.

ICANN POSTS THE IRS LETTER GRANTING TAX-EXEMPT STATUS, AND THE FAVORABLE  
DETERMINATION LETTER ON ITS WEBSITE AT:

[HTTPS://ARCHIVE.ICANN.ORG/EN/FINANCIALS/TAX/US/IRS-LETTER-GRANT-28AUG00.HT  
M AND](https://archive.icann.org/en/financials/tax/us/irs-letter-grant-28aug00.htm)

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/IRS-FAVORABLE-DETERMINATION-LE  
TTER-19SEP08-EN.PDF](https://www.icann.org/en/system/files/files/irs-favorable-determination-letter-19sep08-en.pdf), RESPECTIVELY.

FORM 990, PART VI, LINE 19

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICTS OF INTEREST, AND FINANCIAL  
STATEMENTS.

IN ACCORDANCE WITH ITS CORPORATE BYLAWS (SEE

[HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/BYLAWS-ARCHIVE-EN\)](https://www.icann.org/resources/pages/governance/bylaws-archive-en)

ICANN IS COMMITTED TO ACCOUNTABILITY AND TRANSPARENCY PRINCIPLES. THIS  
INCLUDES PROVIDING EXTENSIVE ACCESS TO THE PUBLIC THROUGH THE ICANN



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WEBSITE OF ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND  
FINANCIAL STATEMENTS.

FORM 990, PART VII

OFFICER/DIRECTOR SERVICE DATES

IN PART VII, A DATE FOLLOWING AN OFFICER'S OR DIRECTOR'S NAME INDICATES  
THE DATE ON WHICH THE OFFICER'S OR DIRECTOR'S SERVICES ENDED. IF NO DATE  
IS INDICATED, THAT OFFICER OR DIRECTOR WAS ACTIVE AS OF JUNE 30, 2021.

FORM 990, PART VII, SECTION A, LINES 1, 5, AND 15-18, COLUMN D  
COMPENSATION FOR MAARTEN BOTTERMAN, MATTHEW SHEARS, TRIPTI SINHA, CHRIS  
DISSPAIN, AND RON DA SILVA ARE NOT CONSIDERED REPORTABLE. THEIR  
COMPENSATION IS/WAS PAID IN US DOLLARS OR THE EQUIVALENT, TO THEIR  
COMPANIES, RESPECTIVELY. SPECIFICALLY, GNKS CONSULTING BV WAS PAID  
\$75,000 ON BEHALF OF MR. BOTTERMAN, COMPOLI LTD. WAS PAID \$45,000 ON  
BEHALF OF MR. SHEARS, KAZARIM LLC WAS PAID \$45,000 ON BEHALF OF MS.  
SINHA, DNS CAPITAL LTD WAS PAID \$36,477 ON BEHALF OF MR. DISSPAIN WHO  
SERVED UNTIL OCTOBER 2020, AND NETWORK TECHNOLOGIES GLOBAL WAS PAID  
\$45,000 ON BEHALF OF MR. DA SILVA.

FORM 990, PART VII, SECTION B

COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS  
ICANN DISCLOSES ALL CONTRACTORS WITH WHICH IT SPENT \$1,000,000 OR MORE  
DURING THE RELEVANT TIME PERIOD, IN ADDITION TO THE TOP FIVE CONTRACTORS.  
DURING THE FISCAL YEAR ENDED JUNE 30, 2021, ICANN DID NOT PAY \$1,000,000  
OR MORE TO ANY CONTRACTORS THAT ARE NOT DISCLOSED IN PART VII, SECTION B

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OF THE FORM 990. SEE ATTACHMENT 2.

FORM 990, PART VIII, LINE 2E

NEW GTLD PROGRAM REVENUE

EFFECTIVE JULY 1, 2020, ICANN ADOPTED THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 606, REVENUE FROM CONTRACTS WITH CUSTOMERS, USING THE MODIFIED RETROSPECTIVE TRANSITION METHOD.

UNDER THIS METHOD, ICANN RECORDED THE CUMULATIVE EFFECT OF INITIALLY APPLYING THE NEW STANDARD TO ALL TRANSACTIONS THAT WERE NOT COMPLETED AS OF THE DATE OF ADOPTION. THE ONLY TRANSACTIONS THAT RESULTED IN AN ADJUSTMENT TO REVENUE WERE THE REMAINING NEW GTLD PROGRAM APPLICATIONS FROM THE NEW GTLD 2012 PROGRAM, AS THE IMPACT OF APPLYING ASC 606 PRIMARILY RESULTED IN THE RECOGNITION OF REVENUE FROM ALL THE COMPLETED TRANSACTIONS AS THEIR PERFORMANCE OBLIGATIONS WERE ALREADY SATISFIED.

THE ADOPTION RESULTED IN AN INCREASE TO NET ASSETS OF \$32,797,034 AND A DECREASE TO DEFERRED REVENUE OF \$32,797,034 FOR APPLICATIONS THAT WERE PREVIOUSLY DELEGATED OR WITHDRAWN AS OF JULY 1, 2020. THIS RELATED TO THE REVENUE THAT WOULD HAVE BEEN RECOGNIZED IN PRIOR PERIODS WHEN APPLYING THE GUIDANCE OF ASC 606. THE ADJUSTMENT TO NET ASSETS IS REPORTED ON LINE 8 IN PART IX, THE RECONCILIATION OF NET ASSETS, AS A PRIOR PERIOD ADJUSTMENT.

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DURING FISCAL YEAR 2021, THERE WAS \$65K IN REVENUE RECOGNIZED, AS  
TRANSACTIONS INVOLVING ONE NEW GTLD APPLICATION WERE COMPLETED DURING THE  
FISCAL YEAR.

FORM 990, PART IX, LINE 24A

RISK COSTS - GTLD

RISK COSTS ARE EXPENSES THAT RELATE TO ANY CONTINGENCIES OR  
"HARD-TO-PREDICT" COSTS THAT MAY BE INCURRED BY ICANN RELATED TO THE NEW  
GTLD PROGRAM. APPROXIMATELY ONE THIRD OF TOTAL APPLICATION FEES CHARGED  
TO APPLICANTS IN RELATION TO THE NEW GTLD PROGRAM WERE IN ANTICIPATION OF  
THESE COSTS.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

FOREIGN EXCHANGE LOSS - (\$101,306)

OTHER INVESTMENT PROCEEDS - \$17,778

ROUNDING - (\$1)

TOTAL - (\$83,529)

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BELGIUM

SINGAPORE

SWITZERLAND

TURKEY

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
JONES DAY 555 S. FLOWER ST 50TH FLOOR LOS ANGELES, CA 90071	LEGAL SERVICES	8,769,608.
ARCHITECH SOLUTIONS CONSULTING SVCS, INC 70 BOND STREET, SUITE #400 TORONTO ONTARIO CANADA M5B1X3	IT CONSULTING SVCS	2,769,856.
ZENSAR TECHNOLOGIES, INC. 1415 W 22ND STREET, SUITE 925 OAK BROOK, IL 60523	IT CONSULTING SVCS	1,396,232.
STIFTELSEN FOR INTERNETINFRASTRUKTUR.SE PO BOX 7399 STOCKHOLM SWEDEN 10391	NEW GTLD PROGRAM	1,119,659.
OUTSOURCE TECHNICAL LLC 2 CORPORATE PLAZA DRIVE 125 NEWPORT BEACH, CA 92660	IT CONSULTING SVCS	1,093,070.

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
CONSULTING SERVICES	5,894,803.	4,715,842.	1,178,961.	0.
TEMPORARY ADMIN HELP	2,308,890.	1,847,112.	461,778.	0.
TRANSLATION SERVICES	2,033,310.	1,626,648.	406,662.	0.
NEW GTLD PRE-DELEGATION TSTING	1,054,087.	843,270.	210,817.	0.
DATA ESCROW	973,813.	779,050.	194,763.	0.
STUDIES & RESEARCH	816,404.	653,123.	163,281.	0.
TRANSCRIPTION SERVICES	796,739.	637,391.	159,348.	0.

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95-4712218ATTACHMENT 3 (CONT'D)FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
NEW GTLD TRADEMARK CLRNGHSE	482,836.	386,269.	96,567.	0.
COMMUNICATIONS	439,990.	351,992.	87,998.	0.
POLICY DEVELOPMENT	338,841.	271,073.	67,768.	0.
FIN & TECH EVALUATIONS	332,880.	266,304.	66,576.	0.
IDN PROGRAMS	316,165.	252,932.	63,233.	0.
NGLTD PROF SERVICES	122,123.	97,698.	24,425.	0.
RECRUITING SERVICES	98,121.	78,497.	19,624.	0.
STRATEGIC INITIATIVES	70,954.	56,764.	14,190.	0.
TOTALS	<u>16,079,956.</u>	<u>12,863,965.</u>	<u>3,215,991.</u>	<u>0.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization **INTERNET CORPORATION FOR ASSIGNED**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PUBLIC TECHNICAL IDENTIFIERS 12025 WATERFRONT DR, STE 300 LOS ANGELES, CA 90094 32-0512841	IANA FUNCTION	CA	501(C)(3)	10	ICANN	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses.		X
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PUBLIC TECHNICAL IDENTIFIERS	M	7,444,323.	FMV
(2) PUBLIC TECHNICAL IDENTIFIERS	N	953,441.	FMV
(3) PUBLIC TECHNICAL IDENTIFIERS	O	5,659,887.	FMV
(4) PUBLIC TECHNICAL IDENTIFIERS	Q	830,995.	FMV
(5)			
(6)			



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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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**Tax on Base Erosion Payments of Taxpayers With Substantial Gross Receipts**

(Rev. December 2020)

For tax year beginning 07/01, 2020, and ending 06/30, 2021

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8991](http://www.irs.gov/Form8991) for instructions and the latest information.

▶ See instructions.

Name INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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**Part I Applicable Taxpayer Determination**

Check box if this form is being filed by a taxpayer with which another taxpayer has been aggregated under Regs. section 1.59A-2(c). . . . .  **X**  
If the above box is checked, attach a statement listing the names and EINs of all separate taxpayers taken into account in the determination of "1 person" under Regs. section 1.59A-2(c).

	(a) First Preceding Tax Year	(b) Second Preceding Tax Year	(c) Third Preceding Tax Year
<b>1a</b> Gross receipts of the taxpayer. See instructions . . . . .	323,397,336	380,399,090	284,385,012
<b>b</b> Gross receipts from partnerships. . . . .			
<b>c</b> Gross receipts of all other persons treated as 1 person pursuant to Regs. section 1.59A-2(c) . . . . .	7,227,880	7,571,450	7,817,678
<b>d</b> Gross receipts. Combine lines 1a through 1c . . . . .	330,625,216	387,970,540	292,202,690
<b>e</b> Gross receipts of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 1d . . . . .			<b>1e</b> 1,010,798,446
<b>f</b> 3-year average annual gross receipts. See instructions . . . . .			<b>1f</b> 336,932,815
<b>g</b> Is line 1f \$500 million or more? <input type="checkbox"/> Yes. Continue to line 2. <input checked="" type="checkbox"/> No. STOP here and attach this form to your tax return.			
<b>2a</b> Base erosion tax benefit (from Schedule A, line 15, column (a-2)) . . . . .			<b>2a</b>
<b>b</b> Amount of deductions allowed under Chapter 1 of the Internal Revenue Code . . . . .			<b>2b</b>
<b>c</b> Base erosion tax benefits resulting from reductions in insurance premiums reported on Schedule A, line 8, column (a-2) . . . . .	<b>2c</b>		
<b>d</b> Base erosion tax benefits resulting from reductions in gross receipts reported on Schedule A, line 10, column (a-2) . . . . .	<b>2d</b>		
<b>e</b> Add lines 2c and 2d . . . . .			<b>2e</b>
<b>f</b> Total deductions for amounts paid or accrued for services to which the exception under Regs. section 1.59A-3(b)(3)(i) applies (from Schedule A, line 5b) . . . . .	<b>2f</b>		
<b>g</b> Qualified derivative payments excepted by Regs. section 1.59A-6(b). . . . .	<b>2g</b>		
<b>h</b> Total deductions allowed under sections 172, 245A, and 250 for the tax year . . . . .	<b>2h</b>		
<b>i</b> Does the taxpayer elect to waive deductions in accordance with Regulations section 1.59A-3(c)(6)(i)? . . . . . <input type="checkbox"/> Yes. Complete Schedule B. Enter the amount from line 15 of Schedule B. <input type="checkbox"/> No. Enter -0-.	<b>2i</b>		
<b>j</b> Deductions for exchange losses from section 988 transactions described in Regulations section 1.59A-2(e)(3)(ii)(D) . . . . .	<b>2j</b>		
<b>k</b> Deductions for TLAC securities and foreign TLAC securities described in Regulations section 1.59A-2(e)(3)(ii)(E) . . . . .	<b>2k</b>		
<b>l</b> Reinsurance losses incurred and claims payments described in Regulations section 1.59A-2(e)(3)(ii)(F) . . . . .	<b>2l</b>		
<b>m</b> Combine lines 2f through 2l . . . . .			<b>2m</b>
<b>n Total Deductions.</b> Subtract line 2m from the sum of line 2b and line 2e . . . . .			<b>2n</b>
<b>o Base Erosion Percentage.</b> Divide line 2a by line 2n . . . . .			<b>2o</b> %
<b>p</b> Is the taxpayer's base erosion percentage on line 2o 3% or higher (2% or higher for a bank or securities dealer)? <input type="checkbox"/> Yes. Continue to Part II. <input type="checkbox"/> No. STOP after completing Part I and Schedule A (and, if necessary, Schedule B) and attach this form to your tax return.			

For Paperwork Reduction Act Notice, see separate instructions.

Form **8991** (Rev. 12-2020)

<b>Part II Modified Taxable Income (MTI)</b>	
<b>3 a</b> Taxable income after net operating loss. See instructions. . . . .	<b>3a</b>
<b>b</b> Base erosion tax benefits for the tax year from Schedule A, line 15, column (b-2). . . . .	<b>3b</b>
<b>c</b> Base erosion percentage of the net operating loss deduction allowed under section 172 for the tax year. See instructions. . . . .	<b>3c</b>
<b>d Modified Taxable Income.</b> See instructions. . . . .	<b>3d</b>

<b>Part III Regular Tax Liability Adjusted for Purposes of Computing Base Erosion Minimum Tax Amount</b>	
<b>4 a</b> Regular tax liability . . . . .	<b>4a</b>
<b>b</b> Allowed credits, as adjusted (from Schedule C, line 7) . . . . .	<b>4b</b>
<b>c Regular tax liability adjusted</b> for purposes of computing Base Erosion Minimum Tax Amount. Subtract line 4b from line 4a. . . . .	<b>4c</b>

<b>Part IV Computation of Base Erosion Minimum Tax Amount</b>	
<b>5 a</b> Modified Taxable Income (from line 3d) . . . . .	<b>5a</b>
<b>b</b> BEAT Tax rate applicable for current tax year . . . . .	<b>5b</b> %
<b>c</b> Base Erosion Minimum Tax. Multiply line 5a by line 5b. . . . .	<b>5c</b>
<b>d</b> Regular tax liability adjusted for purposes of computing Base Erosion Minimum Tax Amount (from line 4c). . . . .	<b>5d</b>
<b>e Base Erosion Minimum Tax Amount.</b> Subtract line 5d from line 5c. If zero or less, enter -0- . . . . .	<b>5e</b>

**Schedule A Base Erosion Payments and Base Erosion Tax Benefits** (see instructions)

Does the taxpayer elect to use financial statements per Regs. section 1.59A-3(b)(4)(i)(D) for purposes of calculating interest expense allocable to a foreign corporation's effectively connected income?  Yes  No

(Check all applicable boxes in columns (c), (d), and (e) below)

Type of Base Erosion Payments	(a-1) Aggregate Group's Base Erosion Payments	(a-2) Aggregate Group's Base Erosion Tax Benefits	(b-1) Taxpayer's Base Erosion Payments	(b-2) Taxpayer's Base Erosion Tax Benefits	(c) Any 25% Owner of the Taxpayer	(d) Person Related Under Sections 267(b) or 707(b)(1) to the Taxpayer or Any 25% Owner of the Taxpayer	(e) Any Person Related Within the Meaning of Section 482 to the Taxpayer
1 Reserved for future use . . . . .							
2 Reserved for future use . . . . .							
3 Purchase or creations of property rights for intangibles (patents, trademarks, etc.). . . . .							
4 Rents, royalties, and license fees . . . . .							
5a Compensation/consideration paid for services <b>NOT</b> excepted by Regs. section 1.59A-3(b)(3)(i) . . . . .							
b Compensation/consideration paid for services excepted by Regs. section 1.59A-3(b)(3)(i) . . . . . \$ _____							
6 Interest expense . . . . .							
7 Payments for the purchase of tangible personal property . . . . .							
8 Premiums and/or other considerations paid or accrued for insurance and reinsurance as covered by Regs. section 1.59A-3(b)(1)(iii) . . . . .							

**Schedule A** Base Erosion Payments and Base Erosion Tax Benefits (see instructions) (continued from page 3)

Type of Base Erosion Payments	(Check all applicable boxes in columns (c), (d), and (e) below)						
	(a-1) Aggregate Group's Base Erosion Payments	(a-2) Aggregate Group's Base Erosion Tax Benefits	(b-1) Taxpayer's Base Erosion Payments	(b-2) Taxpayer's Base Erosion Tax Benefits	(c) Any 25% Owner of the Taxpayer	(d) Person Related Under Sections 267(b) or 707(b)(1) to the Taxpayer or Any 25% Owner of the Taxpayer	(e) Any Person Related Within the Meaning of Section 482 to the Taxpayer
<b>9a</b> Nonqualified derivative payments .....							
<b>b</b> Qualified derivative payments excepted by Regs. section 1.59A-6(b) ..... \$ _____							
<b>10</b> Payments reducing gross receipts made to surrogate foreign corporation .....							
<b>11</b> Other payments - specify .....							
<b>12</b> Combine lines 3 through 11 .....							
<b>13</b> Base erosion tax benefits related to payments reported on lines 3 through 11, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at 30% statutory withholding tax rate .....							
<b>14</b> Portion of base erosion tax benefits reported on lines 3 through 11, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at reduced withholding rate pursuant to income tax treaty. Multiply ratio of percentage withheld divided by 30% times tax benefit. See instructions .....							
<b>15</b> <b>Total</b> base erosion tax benefits. Subtract the sum of line 13 and line 14 from line 12. Enter the amount from column (a-2) in Part I, line 2a. Enter the amount from column (b-2) in Part II, line 3b. . . .							

**Schedule B Waiver of Deductions** (see instructions)

	(a) Description of item or property to which the deduction relates	(b) Date on which, or period in which, the waived deduction was paid or accrued	(c) Provision of Code and regulations, as applicable, that allows the deduction for which this election relates	(d) Line number on the controlled group member tax return where the deduction is reported	(e) Name of foreign related party that is or will be the recipient of the payment that generates the deduction	(f) Taxpayer Identification Number of foreign related party	(g) Country of organization of the foreign related party	(h) Amount of deduction claimed for the tax year with respect to the item or property	(i) Amount of deduction being waived for the tax year with respect to the item or property
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14	Totals from attachment, if necessary . . . . .								
15	Total deductions waived per Regulations section 1.59A-3(c)(6)(i). Add the amounts in column (i). Enter the result here and on Part I, line 2i . . . . .								

**Schedule C Credits Reducing Regular Tax Liability in Computing Base Erosion Minimum Tax Amount (BEMTA)**

**Part I Credits Allowed Against Regular Tax** (see instructions)

1	Total credits allowed in current year. See instructions		<b>1</b>	
2	Credits for increasing research activities from line 1c of all Parts III of Form 3800	<b>2</b>		
3	Total allowed credit for increasing research activities for current year. Enter the amount of research credit reported in Form 3800, Part II, line 38. See instructions		<b>3</b>	
4	Enter smaller of Schedule C, Part II, line 11 or Part III, line 16		<b>4</b>	
5	Limitation of applicable section 38 credits. Multiply line 4 by 80% (0.80)		<b>5</b>	
6	Adjustments to allowed credits. Add lines 3 and 5		<b>6</b>	
7	<b>Credits allowed against regular tax in computing BEMTA.</b> Subtract line 6 from line 1. Enter here and on Form 8991, line 4b		<b>7</b>	

**Part II Applicable Section 38 Credits**

(Only complete Parts II and III if you have allowed applicable section 38 credits.)

8	Low-income housing credit from lines 1d and 4d of all Parts III of Form 3800	<b>8</b>		
9	Renewable electricity production credit but only to extent of the renewable electricity under section 45(a) from lines 1f and 4e of all Parts III of Form 3800	<b>9</b>		
10	Investment credit but only to extent of energy credit property under section 48 from line 4a of all Parts III of Form 3800	<b>10</b>		
11	Total allowed applicable section 38 credits for current year. Enter the amount of applicable credits reported in Form 3800, Part II, line 38. See instructions		<b>11</b>	

**Part III BEMTA Determined Without Adjustment for Applicable Section 38 Credits**

12	Base erosion minimum tax (Form 8991, line 5c)		<b>12</b>	
13	Regular tax liability (Form 8991, line 4a)		<b>13</b>	
14	Subtract Schedule C, Part I, line 3, from line 1		<b>14</b>	
15	Regular tax adjusted for credits that offset BEMTA. Subtract line 14 from line 13		<b>15</b>	
16	Base erosion minimum tax determined without adjustment for applicable section 38 credits. Subtract line 15 from line 12; if zero or less, enter -0-		<b>16</b>	



Form 8991, Page 1 Detail

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Form 8991, Page 1, Part I, Seperate Taxpayers aggregated

Name	EIN
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Internet Corporation for Assigned Names and Numbers	95-4712218
Public Technical Identifiers	32-0512841