Form **990**

Return of Organization Exempt From Income Tax

В

			Under sect	ion 501(c), 5	27, or 4947(a)(1) of the	Internal Reve	enue C	Code (excep	t private foundati	ions)	
	rtment of the Tre	ocup,	>	Do not enter	social securi	ty numb	ers on this for	m as it	may be ma	de public.		Open to Public
	nal Revenue Serv		>	Information	about Form 99	00 and i	ts instructions	is at v	www.irs.gov	/form990.		Inspection
F	or the 201	6 calen	dar year, or t	ax year beg	jinning	(07/01 ,2016	, and	ending		06/	30 , 20 17
		C Name	of organization I	NTERNET	CORPORATI	ON FO	R ASSIGNE	D		D Employer iden	tificatio	on number
С	Check if applicable: NAMES AND NUMBERS 9										218	
	Address change	Doing	business as							1		
	Name change	Numb	er and street (or l	P.O. box if mail i	s not delivered to	street add	dress)	Room	/suite	E Telephone num	nber	
	Initial return	120	25 WATERFF	RONT DRIV	E, SUITE	300				(310) 301	-580	00
	Final return/ terminated	City o	town, state or pi	rovince, country	, and ZIP or foreig	n postal o	code					
	Amended	LOS	ANGELES,	CA 90094	ŀ					G Gross receipts	\$	343,106,716.
	Application pending	F Name	and address of p	rincipal officer:	BO GORA	AN MA	RBY			H(a) Is this a group subordinates?		or Yes X No
	_ r	120	25 WATERFF	RONT DRIV	'E STE 300	LOS	ANGELES,	CA S	90094	H(b) Are all subordir		ded? Yes No
	Tax-exempt sta	atus:	X 501(c)(3)	501(c) () ◀ (inse	ert no.)	4947(a)(1)	or	527	If "No," attach	n a list. (s	see instructions)
	Website:	WWW.I	CANN.ORG						•	H(c) Group exemp	tion num	ber >
	Form of organ	ization:	X Corporation	Trust	Association	Other	•	L	Year of form	ation: 1998 M s	State of	legal domicile: CA
ł	art I Su	mmary										
	1 Briefly	describ	e the organizat	ion's mission	or most signific	ant activ	ities: SEE SC	CHED	ULE O			
3												
5												
	2 Check	this box	if the	organization	discontinued it	s opera	tions or dispose	ed of m	nore than 25°	% of its net assets		
3	3 Numb	er of vot	ing members of	f the governin	g body (Part VI,	line 1a)					3	16.
5			ependent voting								4	15.
			of individuals e								5	299.
			of volunteers (es		`						6	20.
ĺ	7a Total	unrelate	d business rever	nue from Part							7a	0.
			business taxab								7b	0.
										Prior Year		Current Year

9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 19 193,512,588. 286,797, 19 200,472,881. 297,217, 200,472,881. 290,402. 200,472,881. 290,402. 200,472,881. 290,402. 200,472,881. 290,402. 200,472,881. 290,402. 200,472,881. 290,402. 200,472,881. 290,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402.	0.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 19 193,512,588. 286,797, 19 200,472,881. 297,217, 200,472,881. 290,402. 200,472,881. 290,402. 200,472,881. 290,402. 200,472,881. 290,402. 200,472,881. 290,402. 200,472,881. 290,402. 200,472,881. 290,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402. 200,402.	nt Year
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) ▶ 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 193,512,588. 286,797, 5,827,132. 6,791, 5,82,91, 5,827,132. 6,791, 5,827,132.	28,137.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 . 200, 472, 881. 297, 217, 200, 472, 881. 297, 217, 61, 439, 068. 60, 036, 61, 419, 068. 60, 036, 61, 419, 068. 60, 036, 61, 419, 068. 61, 419, 0	97,690.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 . 200, 472, 881. 297, 217, 200, 472, 881. 297, 217, 61, 439, 068. 60, 036, 61, 419, 068. 60, 036, 61, 419, 068. 60, 036, 61, 419, 068. 61, 419, 0	91,803.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 200,472,881. 297,217, 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,337,098. 1,496, 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 61,419,068. 60,036, 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 80,290,102. 88,831,046,268. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 143,046,268. 150,364,052,053. 19 Revenue less expenses. Subtract line 18 from line 12. 57,426,613. 146,852,053.	0
Harmonic of the common and the plant (Yart IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 10 . 11	17,630.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 10 61,419,068. 60,036, 60,036, 60,036, 61,419,068. 60,036, 60,036, 60,036, 61,419,068. 61,419,068. 61,419,068. 60,036, 60,0	96,668.
16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 57,426,613. 146,852,	0
16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 80,290,102. 88,831,046,268. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 143,046,268. 150,364,046,046. 19 Revenue less expenses. Subtract line 18 from line 12. 57,426,613. 146,852,046.	36,670.
17 Other expenses (Part IX, Column (A), lines 11a-11d, 11f-24e) 30,230,102. 60,631, 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 143,046,268. 150,364, 19 Revenue less expenses. Subtract line 18 from line 12. 57,426,613. 146,852,	0
17 Other expenses (Part IX, Column (A), lines 11a-11d, 11f-24e) 30,230,102. 60,631, 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 143,046,268. 150,364, 19 Revenue less expenses. Subtract line 18 from line 12. 57,426,613. 146,852,	
19 Revenue less expenses. Subtract line 18 from line 12	31,612.
	64,950.
ଚ୍ଚିଦ୍ର Beginning of Current Year End of Yea	52,680.
	f Year
20 Total assets (Part X, line 16) 399,625,737. 519,565,	65,588.
21 Total liabilities (Part X, line 26) 66,041,494. 44,879	79,422.
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 399,625,737. 519,565,	86,166.

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.

•				14 May	2018		
Sign	Signature of officer)		Date			
Here	XAVIER CALVEZ	CFO					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN		
	JOCELYNE MILLER	Joulyne C. Miller	05/14/18	self-employed	P00634378	3	
Preparer Use Only	Firm's name FRNST & YOUNG U.S.	. LLP	Fi	rm's EIN ▶ 34-	6565596		
	Firm's address ▶4365 EXECUTIVE DRIVE, SUIT	Ph	Phone no. 858-535-7200				
May the IF	RS discuss this return with the preparer showr	n above? (see instructions)			X Yes	ı	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Form 990 (2016) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 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 X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?......X Yes 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 \$ 109,970,694. including grants of \$ 1,496,668.) (Revenue \$ 286,797,690.) SEE SCHEDULE O.) (Revenue \$ 4b (Code: including grants of \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

109,970,694.

JSA 6E1020 1.000

Form **990** (2016)

60100666

4e Total program service expenses ▶

Form 990 (2016) Page **3**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? # "Yes," complete Schedule A. 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? # "Yes," complete Schedule C, Part I. 3 X 4 Section 501(c)(3) organizations engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? # "Yes," complete Schedule C, Part II. 5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-19" "Yes," complete Schedule C, Part III. 5 Is 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? # "Yes," complete Schedule D, Part II. 7 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? # "Yes," complete Schedule D, Part III. 8 Did the organization maintain and provide advices on the distribution or investment of amounts in such funds or accounts? # "Yes," complete Schedule D, Part III. 9 Did the organization area of the part X: for provide credit counseling, debt management, credit repair, or debt negotiation services # "Yes," complete Schedule D, Part IV. 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments, I" "Yes," complete Schedule D, Part V. 10 Did the organization services # "Yes," complete Schedule D, Part V. 11 If the organization report an amount for limit between the securities in Part X, line 10 # "Yes," complete Schedule D, Part V. 12 Did the organization report an amount for the insidite in	Part	V Checklist of Required Schedules			
2 S Is the organization equired to complete Schedule B, Schedule of Contributors (see instructions)?				Yes	No
2 S Is the organization equired to complete Schedule B, Schedule of Contributors (see instructions)?	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2 is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 3			1	Х	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer If "Vess," complete Schedule C, Part I. 5 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(1), do clearly if "Vess," complete Schedule C, Part II. 5 Is the organization as section 501(c)(4), 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Vess," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors in "Yess," complete Schedule D, Part I. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 9 Did the organization in maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 10 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," organized schedule D, Part IV. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X. 11 If the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 12 Did the organization report an amount for other assets in Part X, line	2		2	Х	
candidates for public office? If "Yes," complete Schedule C, Part II. 8 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization a section 501(c)(4), 501(c)(5) or 501(c)(5) or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 92 in 1991. If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization repairation collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III. 9 Did the organization services? If "Yes," complete Schedule D, Part IV. 10 Did the organization in part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VII. 11 If the organization services? If "Yes," complete Schedule D, Part VIII. 12 Did the organization report an amount for investments-orber securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 13 Did the organization report an amount for investments-orber securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 14 Did the organization	3				
4 Section 501(c)(3) organizations, bit the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "res," complete Schedule C, Part III. 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-18? If "res," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors in "res," complete Schedule D, Part I. 7 Did the organization advise on the distribution or investment of amounts in such funds or accounts? If "res," complete Schedule D, Part II. 8 Did the organization collections of works of art, historical treasures, or other similar assets? If "res," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or acustodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "res," complete Schedule D, Part V. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," organized Schedule D, Part V. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part X. 12 Did the organization report an amount for investments-other securities in Part X, line 10? If "res," complete Schedule D, Part X. 12 Did the organization report an amount for investments-other securities in Part X, line 10? If a lat is 5% or more of its total assets reported in Part X, line 10? If "res," complete Schedule D, Part X. 13 Did the organization report an amount for ther assets in Part X, line 10. Part X. 14 Did the organization report an amount for the resets in Part X, line 10. Part X. 15 Did the orga			3		X
election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization and itself in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, cor provide credit counseling, dobt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. If It is total assets applicable. Did the organization server or a amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments-order securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more o	4				
5 is the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 Did the organization amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 12 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 13 Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X . 14 Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X . 15 Did the			4	Х	
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 5	5				
Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization institution collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts for amount for lives serve and complete Schedule D, Part V, If the organization report an amount for lives in Serve and experiment in Part X, line 10? If "Yes," complete Schedule D, Part XI. Did the organization report an amount for investments-program related in Part X, line 10? If "Yes," complete Schedule D, Part XI. Did					
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts for liability and part Y, line 21, for escrow or custodial account liability, serve as a custodian for amounts for liability and part Y, line 21, for escrow or custodial account liability, serve as a custodian for amounts for liability and lia			5		X
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I,	6				
"Yes," complete Schedule D, Part I, Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for other lasbilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. Did the organization seport an amount for other lasbilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. Did the organization seport an amount for other lasbilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," comple					
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, VII, VIII, IX, or X as applicable. a Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII. d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X. 110			6		Х
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II "Yes," complete Schedule D, Part III "Yes," complete Schedule D, Part IV "Yes," complete Schedule D, Part IV, "YII, VIII, IX, or X as applicable. If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part IV, "YII, VIII, IX, or X as applicable. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV "Yes," complete Schedule D, Part IX "Yes,	7				
18 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	_		7		Х
complete Schedule D, Part III 1 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, in provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V,	8	·			
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes, "complete Schedule D, Part X". 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI, VII, VIII, IX, or X as applicable. 11 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, VIII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII . 13 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . 13 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII. 15 Did the organization silability for uncertain tax positions under FiN 46 (ASC 740)? If "Yes," complete Schedule D, Part X . 16 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional as the organization and several part X, line 122, then completing Schedule D, Part X and XII is optional as the organization and program service activities outside the United States? . 12 Did the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes,"	-		8		X
custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 13 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII. 16 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 17 Did the organization obtain separate independent audited financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII. 18 Did the organization answered "No! to line 12a, then completing Schedule D, Parts X I and XIII. 19 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts III and IV. 19 Did the organization report on Part	9				
debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable. 12 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 13 b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 14 c Did the organization report an amount for other isasets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 15 Did the organization report an amount for other isasets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 2 c Did the organization report an amount for other isasets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 2 d Did the organization or separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X and III to X 2 d Did the organization or consolidated in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X I and XII. 2 d Did the organization maintain an office, employees, or agents outside of the United States? 2 d Did the organization have aggregate revenues or expenses of more than \$10,000 from grammaking, fundraising, business, investment, and program service activities outside by Did the Organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and	-				
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11c			9		Х
endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11c	10				
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional. 12a	-		10		Х
VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11				
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	-				
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	а				
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. f Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 11d			11a	Х	
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization blability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E. 13	b	·			
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		· · · · · · · · · · · · · · · · · · ·	11b		Х
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	С				
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 116	•		11c		Х
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14 Did the organization maintain an office, employees, or agents outside of the United States?. 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 9a?	d				
the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	~		11d		Х
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	e				X
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X					
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts III and IV. 15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 16 X 17 X 18 X 19 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	•	,	11f	Х	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12a				
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	~		12a		Х
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	b				
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	-		12b	Х	
14a Did the organization maintain an office, employees, or agents outside of the United States?	13				Х
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		- · · · · · · · · · · · · · · · · · · ·	\vdash	Х	
fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV					
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV					
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			14b	Х	
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Y 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	15				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-		15	Х	
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16				
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	-		16	Х	
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	17				
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	-		17		Х
Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			18		Х
	19		"		
	. •		19		Х

Form **990** (2016)

11165W 2020 60100666 PAGE 4

Page 4 Form 990 (2016)

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Λ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	х	
04-	employees? If "Yes," complete Schedule J	23	- 1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		Х
L	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		21
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С		24c		
d	to defease any tax-exempt bonds?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		v	
	or IV, and Part V, line 1.	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256	х	
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Λ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		Х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		22
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for foderal income tax purposes? If "You " complete School to P.			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Х
30	Part VI	-		
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
	10. Hotel 7th 1 of the 300 meta are required to complete deficultie of		000	(0045)

6E1030 1.000 11165W 2020 60100666 Form 990 (2016) Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance 143 1a 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | Statements, filed for the calendar year ending with or within the year covered by this return. . 2a Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X **b** If "Yes," enter the name of the foreign country: ightharpoonup ATTACHMENT 1 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7c Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?............... b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <u>10b</u> Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders............. b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?

JSA 6E1040 1.000

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Page 6

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0				
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	, and the second se			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	(ج	
	on bit one content broquests information about policies het required by the internal reterior	- Cou	Yes	No
40-	Did the expenientian have level shorters branches as efficience?	10a	X	
	Did the organization have local chapters, branches, or affiliates?	100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Х	
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	130	21	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		Х
	with a taxable entity during the year?	16a		21
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		
Section	on C. Disclosure	16b		<u> </u>
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 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Dynamic Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 record	s:►		

JSA 6E1042 1.000 Form **990** (2016)

11165W 2020 60100666 PAGE 7

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1)MAARTEN BOTTERMAN	16.00										
DIRECTOR	0.	Х						6,692.	0.	0.	
(2)BECKY BURR	16.00										
DIRECTOR	0.	Х						0.	0.	0	
(3)CHERINE CHALABY	16.00										
DIRECTOR	0.	Х						45,000.	0.	0	
(4)STEVE CROCKER	16.00										
DIRECTOR	0.	Х						0.	0.	0	
(5)RON DA SILVA	16.00										
DIRECTOR	0.	Х						45,000.	0.	0	
(6)CHRIS DISSPAIN	16.00										
DIRECTOR	0.	Х						45,000.	0.	0	
(7)ASHA HEMRAJANI	16.00										
DIRECTOR	0.	Х						45,000.	0.	0	
(8)RAFAEL LITO IBARRA	16.00										
DIRECTOR	0.	Х						45,000.	0.	0	
(9)KHALED KOUBAA	16.00										
DIRECTOR	0.	Х						6,692.	0.	0	
(10)MARKUS KUMMER	16.00										
DIRECTOR	0.	Х						45,000.	0.	0	
(11)BRUNO LANVIN	16.00										
DIRECTOR (THRU OCTOBER 2016)	0.	Х	L	L		L	L	37,500.	0.	0	
(12)AKINORI MAEKMURA	16.00										
DIRECTOR	0.	Х						6,692.	0.	0	
(13)ERIKA MANN	16.00										
DIRECTOR (THRU OCTOBER 2016)	0.	Х						37,500.	0.	0	
(14)BO GORAN MARBY	60.00										
PRESIDENT & CEO	0.	Х		X				616,932.	0.	48,865.	

35A 6E1041 1.000 Form **990** (2016)

11165W 2020 60100666 PAGE 8

Form 990 (2016) Page 8

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)		an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) RINALIA RAHIM ABDUL	16.00									
DIRECTOR	0.	Х						45,000.	0.	0.
16) GEORGE SADOWSKY	16.00									
DIRECTOR	0.	Х						45,000.	0.	0.
17) MIKE SILBER	16.00									
DIRECTOR	0.	Х						0.	0.	0.
18) BRUCE TONKIN	16.00									_
DIRECTOR (THRU OCTOBER 2016)	0.	Х						0.	0.	0.
19) LOUSEWIES VAN DER LAAN	16.00									
DIRECTOR	0.	Х						53,712.	0.	0.
20) KUO-WEI WU	16.00									
DIRECTOR (THRU OCTOBER 2016)	0.	Х						37,500.	0.	0.
21) AKRAM ATALLAH	60.00									
PRESIDENT, GDD	5.00			Х				682,885.	0.	62,730.
22) SUSANNA H BENNETT	60.00									
CHIEF OPERATING OFFICER	0.			Х				450,670.	0.	42,586.
23) XAVIER CALVEZ	60.00									
CHIEF FINANCIAL OFFICER	0.			Х				405,170.	0.	58,980.
24) JOHN JEFFREY	60.00									
GENERAL COUNSEL & SECRETARY	0.			Х				559,888.	0.	40,980.
25) DAVID OLIVE	60.00									
SVP, POLICY DEVELOPMENT SUPPORT	0.			Х				445,773.	0.	50,928.
1b Sub-total							▶	982,008.	0.	48,865.
c Total from continuation sheets to Part VII, S	ection A			• • •			•	8,448,147.	0.	1,029,598.
d Total (add lines 1b and 1c)	_						•	9,430,155.	0.	1,078,463.
Total number of individuals (including but not reportable compensation from the organization)	limited to tl		liste				o re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office	er directo	r or	fri	icto:	Δ .	kov c	mn	Jovee or highes	t companyated	133 136
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations great										

for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors**

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

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

Form **990** (2016)

JSA 6E1055 2.000

Part VII

Χ

Page 8 Form 990 (2016)

	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)	box,	ot ch unles	Pos neck ss pe	rson	e than or/truste e or/truste e mployee	an	(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	
2	6) ASHWIN RANGAN	60.00										
_	SVP, ENGINEERING & CIO	0.			X				394,598.	0.	62,730.	
2	7) DAVID CONRAD	60.00										
_	CHIEF TECHNOLOGY OFFICER	5.00				Х			374,348.	0.	50,928.	
2	8) ELISE GERICH	10.00										
_	VP, IANA SVCS & PRESIDENT PTI	50.00				Х			317,100.	0.	50,647.	
2	9) JAMES HEDLUND	60.00										
	VP, STRATEGIC PROGRAMS	0.				Х			378,454.	0.	58,684.	
3	0) TAREK KAMEL	60.00										
_	SVP, GOVERNMENT AND IGO ENGMT	0.				Х			474,460.	0.	58,167.	
3	1) CYRUS NAMAZI	60.00										
_	VP, DNS INDUSTRY ENGAGEMENT	0.				Х			417,185.	0.	48,647.	
3	2) THERESA SWINEHART	60.00										
_	SVP, MULTISTAKEHOLDER STRATEGY	0.				Х			465,771.	0.	40,341.	
3	3) NICHOLAS TOMASSO	60.00										
_	VP, GLOBAL MEETING OPS	0.				Х			278,104.	0.	50,718.	
3	4) CHRISTINE WILLETT	60.00										
_	VP, GTLD OPERATIONS	0.				Х			362,157.	0.	58,980.	
3	5) ROBERT DUNCAN BURNS	60.00										
-	SVP, GLOBAL COMMUNICATIONS	0.					X		383,720.	0.	58,684.	
3	6) ALLEN GROGAN	60.00										
-	CHIEF CONTRACT COMPLIANCE OFF.	0.					X		376,882.	0.	50,928.	
_	CHIEF CONTRACT COMPLIANCE OFF. 0. X 376,882. 0. 50,928. 1b Sub-total											
	 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedute For any individual listed on line 1a, is the sorganization and related organizations great individual. 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes 	ule J for suc sum of rep eater than accrue cor	ch ind oortab \$15 mpen	ividu le c i0,00 satio	ual com 00?	pen If	satior "Yes n any	n ar ;"	nd other compens complete Schedu	sation from the le J for such	Yes No 3 X 4 X 5 X	

Section B. Independent Contractors

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

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

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

Form **990** (2016)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average	(-1-		Pos	C) sition	- 4h - · ·		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	rson	e than of is both ust Highest compensated employee	an	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
37) DANIEL E HALLORAN	60.00									
DEPUTY GENERAL COUNSEL	0.					X		322,207.	0.	58,980
38) NIGEL HICKSON	60.00									
VP, IGO ENGAGEMENT	0.					Х		332,995.	0.	42,020
39) AMY A STATHOS	60.00									
DEPUTY GENERAL COUNSEL	0.					Х		347,881.	0.	41,007
40) FADI CHEHADE	60.00									
FORMER PRESIDENT & CEO	0.						Х	496,687.	0.	41,933
	<u> </u>									
	 -	-								
	†	1								
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						> >			
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 of	
Teportable compensation from the organization		100								Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	oortab 1 \$15	le c 50,0	com 00?	per	satio	n a	nd other compens	sation from the left of the sation from the	4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5 X
for services rendered to the organization? If "You Section B. Independent Contractors	es, comple	ie SCI	ieal	iie J	ııor	sucn	per	SUII	<u> </u>	5 X
Complete this table for your five highest compensation from the organization. Report of 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 ►

Form **990** (2016)

Page 9

Part VIII	Statement	of	Revenue
-----------	-----------	----	---------

		Check if Schedule O contains a respor	nse or note to an	y line in this Part VI	<u> </u>	<u></u>	<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	3,628,137.				
	h	Total. Add lines 1a-1f		3,628,137.			
ž			Business Code				
Program Service Revenue	2a	NEW GTLD PROGRAM REVENUE	900099	155,776,164.	155,776,164.		
	b	REGISTRY/REGISTRAR FEES	900099	88,148,648.	88,148,648.		
	С	ADDRESS REGISTRY FEES	900099	29,907,177.	29,907,177.		
	d	ACCREDITATION FEES	900099	10,226,288.	10,226,288.		
am	е	SPONSORSHIPS	900099	578,438.	578,438.		
ogr	f	All other program service revenue		2,160,975.	2,160,975.		
<u> </u>	g	Total. Add lines 2a-2f	<u> ▶</u>	286,797,690.			
	3	Investment income (including divider and other similar amounts)	nds, interest,	2,744,763.			2,744,763.
	4 5	Income from investment of tax-exempt bond	•	0.			
	"	Royalties	(ii) Personal	0.			
	6a b c	Gross rents		0.			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
	С	Gain or (loss)					
	d	Net gain or (loss)		4,047,040.			4,047,040.
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising events	0.	0.			
	9a	Gross income from gaming activities.					
	b	See Part IV, line 19 a Less: direct expenses b					
	C	Net income or (loss) from gaming activities		0.			
	10a b	Gross sales of inventory, less returns and allowances					
	1	Net income or (loss) from sales of inventory Miscellaneous Revenue		0.			
	11a						
	b						
	C						
	d	All other revenue		0.			
	12	Total Add lines 11a-11d			206 707 500		6 701 000
JSA	12	Total revenue. See instructions.		297,217,630.	286,797,690.		6,791,803.

6E1051 1.000

Form **990** (2016)

11165W 2020 60100666 PAGE 12

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						
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	768,424.	768,424.				
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	728,244.	728,244.				
1	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	0.	720,211.				
5	Compensation of current officers, directors,						
J	trustees, and key employees	8,611,651.	6,501,796.	2,109,855.			
6	Compensation not included above, to disqualified						
Ŭ	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	120,000.	102,000.	18,000.			
7	Other salaries and wages	36,580,596.	27,668,455.	8,912,141.			
	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	4,794,863.	3,628,157.	1,166,706.			
9	Other employee benefits	6,775,601.	4,547,383.	2,228,218.			
10	Payroll taxes	3,153,959.	2,386,525.	767,434.			
	Fees for services (non-employees):						
	Management	0. 6,535,324.	4,386,124.	2,149,200.			
	Legal	2,007,599.	4,300,124.	2,149,200.			
	Accounting	780,055.	780,055.	2,007,399.			
	I Lobbying	0.	700,033.				
	Professional fundraising services. See Part IV, line 17 Investment management fees	462,418.		462,418.			
	Other. (If line 11g amount exceeds 10% of line 25, column	,		, , ,			
٤	(A) amount, list line 11g amount exceeds 10% of line 25, column	22,487,228.	15,092,099.	7,395,129.			
12	Advertising and promotion	205,979.	138,241.	67,738.			
13	Office expenses	723,990.	485,899.	238,091.			
14	Information technology	10,862,729.	7,290,422.	3,572,307.			
15	Royalties	0.					
16	Occupancy	3,731,241.	2,504,189.	1,227,052.			
17	Travel	14,602,849.	9,800,570.	4,802,279.			
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	0. 5,392,679.	5,392,679.				
19	Conferences, conventions, and meetings	5,392,679.	5,354,015.				
20	Interest	0.					
21 22	Depreciation, depletion, and amortization	8,723,666.	5,854,810.	2,868,856.			
23	Insurance	642,943.	431,506.	211,437.			
24	Other expenses. Itemize expenses not covered			·			
-	above (List miscellaneous expenses in line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)						
	RISK COSTS - GTLD	5,424,308.	5,424,308.				
~	DUES, SUBSCRIPTIONS & PUB	458,510.	307,202.	151,308.			
_	MISC (VAT, TAX & LICENSE)	337,615.	299,127.	38,488.			
•	PTI FUNDING CONTRIBUTION	5,452,479.	5,452,479.				
	All other expenses	150,364,950.	109,970,694.	40,394,256.			
_	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	130,301,301.	100,010,094.	10,371,230.			
	organization reported in column (B) joint costs						
	from a combined educational campaign and fundraising solicitation. Check here						
	following SOP 98-2 (ASC 958-720)	0.					
JSA	L	L			Form 990 (2016)		

JSA 6E1052 1.000

Form **990** (2016)

11165W 2020 60100666 PAGE 13

Form 990 (2016) Page **11**

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X			
(A)			(B)
Beginning			End of year
1 Cash - non-interest-bearing 37,42	2,561.	1	107,431,427.
2 Savings and temporary cash investments	0.	2	0.
3 Pledges and grants receivable, net	0.	3	0.
4 Accounts receivable, net 37,22	2,883.	4	39,872,027.
5 Loans and other receivables from current and former officers, directors,			
trustees, key employees, and highest compensated employees.			
Complete Part II of Schedule L	0.	5	0.
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
organizations (see instructions). Complete Part II of Schedule I	0.	_	0.
7 Notes and loans receivable, net 8 Inventories for sale or use	0.	7	0.
	0.	-	0.
	1,953.	9	1,979,161.
10a Land, buildings, and equipment: cost or			
other basis. Complete Part VI of Schedule D 10a 43,796,570.	0.455		15 451 020
	2,475.		17,451,038.
11 Investments - publicly traded securities 303,42		11	352,114,763.
12 Investments - other securities. See Part IV, line 11	0.		0.
13 Investments - program-related. See Part IV, line 11	0.		0.
14 Intangible assets	2,923.	1.7	717,172.
		15 16	519,565,588.
	3,341.	17	18,811,703.
	0.		0.
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	8,153.	19	26,067,719.
19 Deferred revenue 47,24 20 Tax-exempt bond liabilities	0.		0.
21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	_	0.
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
disqualified persons. Complete Part II of Schedule L	0.	22	0.
23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
24 Unsecured notes and loans payable to unrelated third parties	0.		0.
25 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.	25	0.
26 Total liabilities. Add lines 17 through 25	1,494.	26	44,879,422.
Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
27 Unrestricted net assets 333,58	4,243.	27	474,686,166.
28 Temporarily restricted net assets	0.	28	0.
29 Permanently restricted net assets	0.	29	0.
Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.			
		30	
31 Paid-in or capital surplus, or land, building, or equipment fund		31	
32 Retained earnings, endowment, accumulated income, or other funds		32	
0	4,243.	33	474,686,166.
Total net assets or fund balances Total liabilities and net assets/fund balances 333,58 34 Total liabilities and net assets/fund balances 399,62		_	519,565,588.

Form **990** (2016)

6E1053 1.000 11165W 2020

Page **12** Form 990 (2016)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		97,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2		50,3		
3	Revenue less expenses. Subtract line 2 from line 1	3		46,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	33,5		
5	Net unrealized gains (losses) on investments	5		_	54,1	.01.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-5,6	96,6	56.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	4	74,6	86,1	66.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	l or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				3.7	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		-		х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in	_		х
	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	its.		3b	000	

Form **990** (2016)

6E1054 1.000 11165W 2020 60100666 PAGE 15

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service 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.

▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95-4712218

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
		anization is not a private fou	ndation because it	t is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(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 organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated f	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	•			•	, , , , , , ,	
7		An organization that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		•				
8		A community trust describe	-		-			
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:						
10	X	An organization that norma receipts from activities rela	Ily receives: (1) m	ore than 331/3 % of its	support Sertain e	t from co	ntributions, membersh	nip fees, and gross
		support from gross investm	nent income and u	nrelated business tax	able inco	ome (les	s section 511 tax) from	businesses
		acquired by the organizatio					•	
11		An organization organized	•		-			
12		An organization organized		-	-			
		of one or more publicly su Check the box in lines 12a t						
	Г		•	- · · · · · · · · · · · · · · · · · · ·			•	
а	L	Type I. A supporting orga	•	•	•		• , , ,	
		the supported organization				ajority of	the directors or truste	es of the
	Г	supporting organization.	-					(-) b b
b		Type II. A supporting org						
		control or management or organization(s). You must	· · · -	=	the sam	ie persor	is that control of man	age the supported
С	Г	Type III functionally integ	-	•	atod in c	onnoctio	n with and functional	ly intograted with
·	_	its supported organization						iy integrated with,
d		Type III non-functionally		•				ted organization(s)
<u> </u>		that is not functionally into			-			
		requirement (see instruct	-	-	-		·	an anomivonoso
е		Check this box if the orga	•	•				I. Type III
	_	functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	, ,,
f	Er	nter the number of supported						
g	Pr	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		,
(A)								
(B)								
(C)								
_					-			
(D)								
(E)								
_	_							
Tot	al							

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

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page 2 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 Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total contributions, Gifts. grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by person each (other governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

	loss from the sale of capital assets (Explain in Part VI.)				
11	Total support. Add lines 7 through 10				
12	Gross receipts from related activities, etc. (see instructions)	12			
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year organization, check this box and stop here				
Sec	tion C. Computation of Public Support Percentage				
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14			%
15	Public support percentage from 2015 Schedule A, Part II, line 14	15			%
16a	331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is	331/3%	or mo	re, check	_
	this box and stop here. The organization qualifies as a publicly supported organization			▶	
b	331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line	15 is 3	31/3%	or more,	
	check this box and stop here. The organization qualifies as a publicly supported organization			▶	
17a	10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a	, or 16t), and I	ine 14 is	
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box ar	id stop	here. E	Explain in	
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies	as a pu	blicly s	upported	
	organization			▶	
b	10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a	a, 16b,	or 17a,	and line	
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check the	is box	and st	op here.	
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organizatio	n qualifi	es as a	a publicly	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

10

Net income from unrelated business activities, whether or not the business is regularly carried on

Other income. Do not include gain or

11165W 2020 60100666

PAGE 17

Schedule A (Form 990 or 990-EZ) 2016 Page 3

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.)

Sec	tion A. Public Support	•			•	,	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees		- ,	- ,	. ,		
	received. (Do not include any "unusual grants.")	656,512.	2,072,140.	2,044,258.	1,133,161.	3,628,137.	9,534,208.
2	Gross receipts from admissions, merchandise	030,312.	2,072,110.	2,011,230.	1,133,101.	3,020,137.	3,331,200.
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose	233,114,259.	121,311,659.	214,799,352.	193,512,588.	286,797,690.	1,049,535,548.
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	233,770,771.	123,383,799.	216,843,610.	194,645,749.	290,425,827.	1,059,069,756.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0.
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	37,871,606.	37,543,078.	84,215,410.	76,543,850.	175,469,779.	411,643,723.
_	Add lines 7a and 7b	37,871,606.	37,543,078.	84,215,410.	76,543,850.	175,469,779.	411,643,723.
8	Public support. (Subtract line 7c from	31,012,0001	31731370701	01/223/1101	70731370301	173/103/1731	111/013//1251
	line 6.)						647,426,033.
Sec	tion B. Total Support						047,420,033.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	233,770,771.	123,383,799.	216,843,610.	194,645,749.	290,425,827.	1,059,069,756.
	Gross income from interest, dividends, payments received on securities loans,	233,770,771.	123,303,799.	210,043,010.	194,045,749.	290,423,627.	1,039,009,730.
	rents, royalties and income from similar						
	sources	2,411,378.	2,783,804.	1,483,793.	1,203,202.	2,744,763.	10,626,940.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	2,411,378.	2,783,804.	1,483,793.	1,203,202.	2,744,763.	10,626,940.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)	026 100 140	106 165 602	010 205 402	105 040 051	002 150 500	1 000 000 000
4.4	First five years. If the Form 990 is f		126,167,603.	218,327,403.			1,069,696,696.
14	•	U	•		•		` ^ ` /
500	organization, check this box and stop here					<u> </u>	
	tion C. Computation of Public Sup	•		n n (f))			60.52%
15	Public support percentage for 2016 (line 8					15	
16	Public support percentage from 2015 Sche					16	66.11%
	tion D. Computation of Investmen					I I	00
17	Investment income percentage for 2016 (li	,				17	.99%
18	Investment income percentage from 2015	Schedule A, Part	III, line 17			18	.99%
19 a	331/3% support tests - 2016. If the or	ganization did no	ot check the box	on line 14, and	d line 15 is more	e than 331/3 %,	
	17 is not more than 331/3%, check th	is box and stop	here. The orga	anization qualifies	s as a publicly	supported organ	ization X
b	331/3% support tests - 2015. If the orga	anization did not	check a box on I	ine 14 or line 19	a, and line 16 is	more than 331/	3 %, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	ganization qualifie	es as a publicly	supported organ	ization ►
20	Private foundation. If the organization	did not check	a box on line 1	14, 19a, or 19b	, check this bo	ox and see instr	ructions ►
JSA	1 1 000				s	chedule A (Form 9	990 or 990-EZ) 2016
UL 122	11.000 11165W 2020			6	0100666		PAGE 18

Schedule A (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2016 Page **5**

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
sect	ion C. Type II Supporting Organizations			
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4		
Soct	ion D. All Type III Supporting Organizations	1		
Jeci	ion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, ,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
_		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the experience have the power to regularly appoint or elect a majority of the efficiency directors or			
а	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>Provide details in Part VI.</i>	3a		
b		Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016

Page 6 Schedule A (Form 990 or 990-EZ) 2016

Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	organization (see
instructions).	. 5	71 11	

Schedule A (Form 990 or 990-EZ) 2016

6E1231 1.000 11165W 2020 60100666 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2016 Page **7**

Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish e.			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			

Schedule A (Form 990 or 990-EZ) 2016

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2017. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2013...

Excess from 2014...

Excess from 2015...

Excess from 2016...

and 4c.

b

Part V

11165W 2020 60100666 PAGE 22

Schedule A (Form 990 or 990-EZ) 2016 Page 8

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.)

Schedule A (Form 990 or 990-EZ) 2016

11165W 2020 60100666 PAGE 23

Schedule B (Form 990, 990-EZ,

or 990-PF)

Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. **Employer identification number**

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS 95-4712218 Organization type (check one): Filers of: Section: X $501(c)(^3$ Form 990 or 990-EZ) (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, 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

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number 95-4712218

art I	Contributors ((See instructions).	Use duplicate co	pies of Part I if ad	lditional space is needed.
-------	----------------	---------------------	------------------	----------------------	----------------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	· · · · · ·		
1	CIRA		Person
			Payroll
	350 SPARKS STREET SUITE 306	\$85,000.	Noncash
	OFFICIAL ONE P.T.O.		(Complete Part II for
	OTTOWA ONTARIO CANADA K1R 7S8		noncash contributions.)
(-)		(1)	4.0
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and Zir + 4	Total Contributions	Type or contribution
2	UNIVERSIDAD DE CHILE		Person
			Payroll
	RUT. 60.910.000-1 MIRAFLORES 222 PISO 14	\$50,000.	Noncash
		Ţ	(Complete Part II for
	SANTIAGO		noncash contributions.)
	CHILE 832-0198		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	DENIC EG		Person
	DENIC EG		I erson
	KAISERSTRASSE 75-77	\$ 260,000.	Payroll
		\$	Noncash
	FRANKFURT AM MA		(Complete Part II for noncash contributions.)
	GERMANY D-60329		Horicasii contributions.)
(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4		Type of contribution
No.	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4		Type of contribution Person X
No.	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1	Total contributions	Person X Payroll Noncash (Complete Part II for
No.	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST	Total contributions	Type of contribution Person Payroll Noncash
No4	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454	\$ 20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454 (b)	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4 (a)	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454	\$ 20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No. 4 (a)	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454 (b)	\$ 20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454 (b) Name, address, and ZIP + 4 JAPAN REGISTRY SERVICES CO., LTD.	\$ 20,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
(a) No.	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454 (b) Name, address, and ZIP + 4	\$ 20,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
(a) No.	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454 (b) Name, address, and ZIP + 4 JAPAN REGISTRY SERVICES CO., LTD. CHIYODA 1ST BLDG E 13-F 3-8-1 NISHIKANDA	\$ 20,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No.	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454 (b) Name, address, and ZIP + 4 JAPAN REGISTRY SERVICES CO., LTD. CHIYODA 1ST BLDG E 13-F 3-8-1 NISHIKANDA TOKYO	\$ 20,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash
(a) No.	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454 (b) Name, address, and ZIP + 4 JAPAN REGISTRY SERVICES CO., LTD. CHIYODA 1ST BLDG E 13-F 3-8-1 NISHIKANDA TOKYO JAPAN 101-0065	\$ 20,000. (c) Total contributions \$ 75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. 5	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454 (b) Name, address, and ZIP + 4 JAPAN REGISTRY SERVICES CO., LTD. CHIYODA 1ST BLDG E 13-F 3-8-1 NISHIKANDA TOKYO JAPAN 101-0065 (b)	\$ 20,000. (c) Total contributions \$ 75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contribution) (d) (d) (d)
(a) No.	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454 (b) Name, address, and ZIP + 4 JAPAN REGISTRY SERVICES CO., LTD. CHIYODA 1ST BLDG E 13-F 3-8-1 NISHIKANDA TOKYO JAPAN 101-0065	\$ 20,000. (c) Total contributions \$ 75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454 (b) Name, address, and ZIP + 4 JAPAN REGISTRY SERVICES CO., LTD. CHIYODA 1ST BLDG E 13-F 3-8-1 NISHIKANDA TOKYO JAPAN 101-0065 (b)	\$ 20,000. (c) Total contributions \$ 75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
(a) No. 5	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454 (b) Name, address, and ZIP + 4 JAPAN REGISTRY SERVICES CO., LTD. CHIYODA 1ST BLDG E 13-F 3-8-1 NISHIKANDA TOKYO JAPAN 101-0065 (b) Name, address, and ZIP + 4	\$ 20,000. (c) Total contributions \$ 75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
(a) No.	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454 (b) Name, address, and ZIP + 4 JAPAN REGISTRY SERVICES CO., LTD. CHIYODA 1ST BLDG E 13-F 3-8-1 NISHIKANDA TOKYO JAPAN 101-0065 (b) Name, address, and ZIP + 4	\$ 20,000. (c) Total contributions \$ 75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.
(a) No.	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454 (b) Name, address, and ZIP + 4 JAPAN REGISTRY SERVICES CO., LTD. CHIYODA 1ST BLDG E 13-F 3-8-1 NISHIKANDA TOKYO JAPAN 101-0065 (b) Name, address, and ZIP + 4 KAUNAS UNIVERSITY OF TECHNOLOGY	\$ 20,000. (c) Total contributions \$ 75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contribution) (d) Type of contributions.) (d) Type of contribution Person Payroll Noncash A Payroll Noncash Payroll Noncash
(a) No.	Name, address, and ZIP + 4 NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454 (b) Name, address, and ZIP + 4 JAPAN REGISTRY SERVICES CO., LTD. CHIYODA 1ST BLDG E 13-F 3-8-1 NISHIKANDA TOKYO JAPAN 101-0065 (b) Name, address, and ZIP + 4 KAUNAS UNIVERSITY OF TECHNOLOGY	\$ 20,000. (c) Total contributions \$ 75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.

11165W 2020

60100666

Employer identification number 95-4712218

art I	Contributors ((See instructions).	Use duplicate	copies of Pa	art I if additional	space is needed.
-------	----------------	---------------------	---------------	--------------	---------------------	------------------

			T
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NIC-MEXICO COL. ALTAVISTA AV EUGENIO GARZA SADA 427 MONTERREY	\$ 38,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
	MEXICO 64840		Horicasti contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ASSOCIACAO DNS.PT AV. DO BRASIL, 101	\$ 15,000.	Person X Payroll
	LISBOA PORTUGAL 1700-066	\$15,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ACADEMIC & RESEARCH NETWORK OF SLOVENIA TEHNOLOSKI PARK 18 LJUBLJANA SLOVENIA 1000	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(0)		(a)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	INTERNET INFRASTRUCTURE FOUNDATION P.O. BOX 91 ALOFI NIUE	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	SWITCH (CH) WERDSTRASSE 2 ZURICH SWITZERLAND CH-8004	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	TAIWAN NETWORK INFORMATION CENTER SECTION 2 4F-2 NO 9, ROOSEVELT ROAD TAIPEI TAIWAN 100	\$41,916.	Person Payroll Noncash (Complete Part II for noncash contributions.)

11165W 2020

Employer identification number 95-4712218

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	MIDDLE EAST TECHNICAL UNIVERSITY	-	Person X Payroll
	DEPARTMENT OF COMPUTER ENGINEERING INONU	\$\$	Noncash
	ANKRA TURKEY 6531	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	NOMINET UK	-	Person
	MINERVA HOUSE EDMUND HALLEY ROAD	\$\$	Payroll Noncash
	OXFORD UNITED KINGDOM OX4 4DQ	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	INTERNETNZ	_	Person X
	PO BOX 11881	\$\$	Payroll Noncash
	WELLINGTON NEW ZEALAND 6142	-	(Complete Part II for noncash contributions.)
(a)		(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b)		
No.	(b) Name, address, and ZIP + 4		Type of contribution
No.	(b) Name, address, and ZIP + 4 HONG KONG INTERNET REGISTRATION CORP. UNIT 2002-2005, 20/F, ING TOWER 308 SHEUNG WAN	Total contributions	Type of contribution Person Payroll
No. 16	(b) Name, address, and ZIP + 4 HONG KONG INTERNET REGISTRATION CORP. UNIT 2002-2005, 20/F, ING TOWER 308 SHEUNG WAN HONG KONG	Total contributions \$12,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4 HONG KONG INTERNET REGISTRATION CORP. UNIT 2002-2005, 20/F, ING TOWER 308 SHEUNG WAN	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 16 (a)	(b) Name, address, and ZIP + 4 HONG KONG INTERNET REGISTRATION CORP. UNIT 2002-2005, 20/F, ING TOWER 308 SHEUNG WAN HONG KONG (b)	* 12,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
16 (a) No.	(b) Name, address, and ZIP + 4 HONG KONG INTERNET REGISTRATION CORP. UNIT 2002-2005, 20/F, ING TOWER 308 SHEUNG WAN HONG KONG (b) Name, address, and ZIP + 4	* 12,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash
16 (a) No.	(b) Name, address, and ZIP + 4 HONG KONG INTERNET REGISTRATION CORP. UNIT 2002-2005, 20/F, ING TOWER 308 SHEUNG WAN HONG KONG (b) Name, address, and ZIP + 4 EURID VZW/ASBL PARKSTATION WOLUWELAAN 150 DIEGEM VLAAMS BRABANT	\$ 12,000. (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
(a) No.	(b) Name, address, and ZIP + 4 HONG KONG INTERNET REGISTRATION CORP. UNIT 2002-2005, 20/F, ING TOWER 308 SHEUNG WAN HONG KONG (b) Name, address, and ZIP + 4 EURID VZW/ASBL PARKSTATION WOLUWELAAN 150 DIEGEM VLAAMS BRABANT BELGIUM 1831	\$ 12,000. (c) Total contributions (80,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contribution)
16 (a) No.	(b) Name, address, and ZIP + 4 HONG KONG INTERNET REGISTRATION CORP. UNIT 2002-2005, 20/F, ING TOWER 308 SHEUNG WAN HONG KONG (b) Name, address, and ZIP + 4 EURID VZW/ASBL PARKSTATION WOLUWELAAN 150 DIEGEM VLAAMS BRABANT	\$ 12,000. (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4 HONG KONG INTERNET REGISTRATION CORP. UNIT 2002-2005, 20/F, ING TOWER 308 SHEUNG WAN HONG KONG (b) Name, address, and ZIP + 4 EURID VZW/ASBL PARKSTATION WOLUWELAAN 150 DIEGEM VLAAMS BRABANT BELGIUM 1831 (b)	Total contributions \$ 12,000. (c) Total contributions \$ 80,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
(a) No.	(b) Name, address, and ZIP + 4 HONG KONG INTERNET REGISTRATION CORP. UNIT 2002-2005, 20/F, ING TOWER 308 SHEUNG WAN HONG KONG (b) Name, address, and ZIP + 4 EURID VZW/ASBL PARKSTATION WOLUWELAAN 150 DIEGEM VLAAMS BRABANT BELGIUM 1831 (b) Name, address, and ZIP + 4	Total contributions \$ 12,000. (c) Total contributions \$ 80,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contribution) (d) Type of contributions.) (d) Type of contributions.)
(a) No.	(b) Name, address, and ZIP + 4 HONG KONG INTERNET REGISTRATION CORP. UNIT 2002-2005, 20/F, ING TOWER 308 SHEUNG WAN HONG KONG (b) Name, address, and ZIP + 4 EURID VZW/ASBL PARKSTATION WOLUWELAAN 150 DIEGEM VLAAMS BRABANT BELGIUM 1831 (b) Name, address, and ZIP + 4 COORDINATION CENTER FOR TLD RU	\$ 12,000. (c) Total contributions \$ 80,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.

11165W 2020

Employer identification number 95-4712218

art I	Contributors ((See instructions).	Use duplicate co	pies of Part I if ad	lditional space is needed.
-------	----------------	---------------------	------------------	----------------------	----------------------------

(a) No.	(b) Name, address, and ZIP + 4	Tota	(c) al contributions	(d) Type of contribution
19	.CO INTERNET SAS	_		Person
	CALLE 100 NO 8A - 49 TORRE B OF 507	_	50,000.	Payroll Noncash
	BOGOTA COLOMBIA	_		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	Tota	(c) al contributions	(d) Type of contribution
20	INTERNET SOCIETY OF ISRAEL	_		Person X
	BAREKET 6, POB 7210	_	9,000.	PayrollNoncash
	PETACH TIKVA	_		(Complete Part II for noncash contributions.)
	ISRAEL 49517			
(a) No.	(b) Name, address, and ZIP + 4	Tota	(c) al contributions	(d) Type of contribution
21_	NIC.AT	_		Person
	JAKOB-HARINGER-STRASSE 8	_	20,000.	Payroll Noncash
	SALZBURG AUSTRIA A-5020	_		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	Tota	(c) al contributions	(d) Type of contribution
	(b)	Tota		Type of contribution Person X
No.	(b) Name, address, and ZIP + 4	\$		Type of contribution
No.	(b) Name, address, and ZIP + 4 UNIVERSITY OF LATVIA RAINA BULVARIS 29 RIGA	_	al contributions	Type of contribution Person Payroll
No. 22	(b) Name, address, and ZIP + 4 UNIVERSITY OF LATVIA RAINA BULVARIS 29 RIGA LATVIA LV-1459	_	10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4 UNIVERSITY OF LATVIA RAINA BULVARIS 29 RIGA	- _ \$	al contributions	Person Payroll Noncash (Complete Part II for
No. 22 (a)	(b) Name, address, and ZIP + 4 UNIVERSITY OF LATVIA RAINA BULVARIS 29 RIGA LATVIA LV-1459 (b)	- _ \$	10,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
(a) No.	(b) Name, address, and ZIP + 4 UNIVERSITY OF LATVIA RAINA BULVARIS 29 RIGA LATVIA LV-1459 (b) Name, address, and ZIP + 4	- _ \$	10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4 UNIVERSITY OF LATVIA RAINA BULVARIS 29 RIGA LATVIA LV-1459 (b) Name, address, and ZIP + 4 STICHTING INTERNET DOMEINREGISTRATIE NL P.O. BOX 5022 ARNHEM	\$	10,000. (c) al contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
(a) No.	(b) Name, address, and ZIP + 4 UNIVERSITY OF LATVIA RAINA BULVARIS 29 RIGA LATVIA LV-1459 (b) Name, address, and ZIP + 4 STICHTING INTERNET DOMEINREGISTRATIE NL P.O. BOX 5022 ARNHEM NETHERLANDS 6802 EA	\$	(c) al contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 UNIVERSITY OF LATVIA RAINA BULVARIS 29 RIGA LATVIA LV-1459 (b) Name, address, and ZIP + 4 STICHTING INTERNET DOMEINREGISTRATIE NL P.O. BOX 5022 ARNHEM	\$	10,000. (c) al contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4 UNIVERSITY OF LATVIA RAINA BULVARIS 29 RIGA LATVIA LV-1459 (b) Name, address, and ZIP + 4 STICHTING INTERNET DOMEINREGISTRATIE NL P.O. BOX 5022 ARNHEM NETHERLANDS 6802 EA (b)	\$	(c) 450,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
(a) No. 23	(b) Name, address, and ZIP + 4 UNIVERSITY OF LATVIA RAINA BULVARIS 29 RIGA LATVIA LV-1459 (b) Name, address, and ZIP + 4 STICHTING INTERNET DOMEINREGISTRATIE NL P.O. BOX 5022 ARNHEM NETHERLANDS 6802 EA (b) Name, address, and ZIP + 4	\$	(c) 450,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contribution) (d) Type of contributions.) (d) Type of contributions.)
(a) No. 23	(b) Name, address, and ZIP + 4 UNIVERSITY OF LATVIA RAINA BULVARIS 29 RIGA LATVIA LV-1459 (b) Name, address, and ZIP + 4 STICHTING INTERNET DOMEINREGISTRATIE NL P.O. BOX 5022 ARNHEM NETHERLANDS 6802 EA (b) Name, address, and ZIP + 4 ASSOC. OF IT COMPANIES OF KAZAKHSTAN	\$ Tot: \$	10,000. (c) al contributions 450,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Person Payroll

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

Part I	Contributors (See instructions).	Use duplicate copies of Part I if addition	al space is needed.
--------	----------------------------------	--	---------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	UNINETT NORID AS		Person X Payroll
	ABELSGATE 5	\$ 51,000.	Noncash
	TRONDHEIM NORWAY N-7465		(Complete Part II for noncash contributions.)
	NORWAL IN-7405		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	.AU DOMAIN ADMINISTRATION		Person
	114 CARDIGAN STREET 8	\$225,000.	Payroll Noncash
	SALZBURGH		(Complete Part II for noncash contributions.)
	AUSTRIA A-5020		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	DNS-BE VZW		Person X
	UBICENTER, PHILIPSSITE 5, BUS 13	\$120,000.	Payroll Noncash
	LEUVEN		(Complete Part II for noncash contributions.)
	BELGIUM B-3001		
	22201011 2 3001		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b)		
No.	(b) Name, address, and ZIP + 4		Type of contribution
No.	(b) Name, address, and ZIP + 4 CZ.NIC, Z.S. PO AMERICKA 23 PRAGUE	Total contributions	Type of contribution Person Payroll
No.	(b) Name, address, and ZIP + 4 CZ.NIC, Z.S. PO AMERICKA 23	Total contributions	Person X Payroll Noncash (Complete Part II for
No.	(b) Name, address, and ZIP + 4 CZ.NIC, Z.S. PO AMERICKA 23 PRAGUE	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 28 (a)	(b) Name, address, and ZIP + 4 CZ.NIC, Z.S. PO AMERICKA 23 PRAGUE CZECH REPUBLIC 2 120 00 (b)	\$ \$ (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 28 (a) No.	(b) Name, address, and ZIP + 4 CZ.NIC, Z.S. PO AMERICKA 23 PRAGUE CZECH REPUBLIC 2 120 00 (b) Name, address, and ZIP + 4	\$ \$ (c)	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
No. 28 (a) No.	(b) Name, address, and ZIP + 4 CZ.NIC, Z.S. PO AMERICKA 23 PRAGUE CZECH REPUBLIC 2 120 00 (b) Name, address, and ZIP + 4 DANSK INTERNET FORUM COPENHAGEN V COPENHAGEN	\$ (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
No. 28 (a) No.	(b) Name, address, and ZIP + 4 CZ.NIC, Z.S. PO AMERICKA 23 PRAGUE CZECH REPUBLIC 2 120 00 (b) Name, address, and ZIP + 4 DANSK INTERNET FORUM COPENHAGEN V	\$ (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4 CZ.NIC, Z.S. PO AMERICKA 23 PRAGUE CZECH REPUBLIC 2 120 00 (b) Name, address, and ZIP + 4 DANSK INTERNET FORUM COPENHAGEN V COPENHAGEN DENMARK 1560	\$ \$ \$ \$ \$ \$ 60,800.	Person Payroll Noncash (Complete Part II for noncash contributions.) Person Payroll Noncash (Complete Part II for noncash contributions.)
No. 28 (a) No.	(b) Name, address, and ZIP + 4 CZ.NIC, Z.S. PO AMERICKA 23 PRAGUE CZECH REPUBLIC 2 120 00 (b) Name, address, and ZIP + 4 DANSK INTERNET FORUM COPENHAGEN V COPENHAGEN	\$ (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4 CZ.NIC, Z.S. PO AMERICKA 23 PRAGUE CZECH REPUBLIC 2 120 00 (b) Name, address, and ZIP + 4 DANSK INTERNET FORUM COPENHAGEN V COPENHAGEN DENMARK 1560 (b)	\$ \$ 25,000. (c) Total contributions \$ (c)	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
(a) No.	(b) Name, address, and ZIP + 4 CZ.NIC, Z.S. PO AMERICKA 23 PRAGUE CZECH REPUBLIC 2 120 00 (b) Name, address, and ZIP + 4 DANSK INTERNET FORUM COPENHAGEN DENMARK 1560 (b) Name, address, and ZIP + 4	\$ \$ 25,000. (c) Total contributions \$ (c)	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contribution) (d) Type of contributions.) (d) Type of contribution Person Payroll Noncash Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4 CZ.NIC, Z.S. PO AMERICKA 23 PRAGUE CZECH REPUBLIC 2 120 00 (b) Name, address, and ZIP + 4 DANSK INTERNET FORUM COPENHAGEN V COPENHAGEN DENMARK 1560 (b) Name, address, and ZIP + 4 AFNIC 2 RUE STEPHENSON	\$\$ (c) Total contributions (c) Total contributions (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) Person Payroll Noncash (Complete Part II for noncash contributions.) Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. 29	(b) Name, address, and ZIP + 4 CZ.NIC, Z.S. PO AMERICKA 23 PRAGUE CZECH REPUBLIC 2 120 00 (b) Name, address, and ZIP + 4 DANSK INTERNET FORUM COPENHAGEN V COPENHAGEN DENMARK 1560 (b) Name, address, and ZIP + 4 AFNIC	\$\$ (c) Total contributions (c) Total contributions (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contribution) (d) Type of contributions.) (d) Type of contribution Person Payroll Noncash Payroll Noncash

Employer identification number 95-4712218

art I	Contributors ((See instructions).	Use duplicate	copies of Pa	art I if additional	space is needed.
-------	----------------	---------------------	---------------	--------------	---------------------	------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	ICS-FORTH GR N. PLASTIRA 100 VASSILIKA VOUTON CRETE GREECE 700 13	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	COUNCIL OF HUNGARIAN INTERNET PROVIDERS VICTOR HUGO 18-22 BUDAPEST	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	HUNGARY H-1132 (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	IIT-CNR INSTITUTE VIA GIUSEPPE MORUZZI, 1 PISA ITALY I-56124	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	INTERNET USERS SOCIETY NIUE PER DARNELL 266 MAIN ST., STE. 31 MEDFIELD, MA 2052	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	NEUSTAR 46000 CENTER OAK PLAZA STERLING, VA 20166	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	SGSH 8 TEMASEK BLVD. SUNTEC TOWER 3 #14-00 SINGAPORE SINGAPORE 38988	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

	NAMES AND NUMBERS		95-4712218
Part I	Contributors (See instructions). Use duplicate copies of	of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	REG OF NAT INTERNET DOMAIN NAMES-SERBIA	_	Person X Payroll
	MB: 17680544 PIB: 104852190	_ \$5,000.	Noncash
	BELGRADE	_	(Complete Part II for noncash contributions.)
	RUSSIA 11000		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	RESTENA	_	Person
	6, RUE COUDENHOVE-KALERGI	_ \$10,000.	Payroll Noncash
	LUXEMBOURG		(Complete Part II for noncash contributions.)
	LUXEMBOURG L-1359	_	Horiodori contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	FINNISH COM REG AUTHORITY (FICORA)		Person
	P.O. BOX 313	\$30,000.	Payroll Noncash
	HELSINKI		(Complete Part II for noncash contributions.)
	FINLAND FI-00181		,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	KOREAN INTERNET & SECURITY AGENCY	_	Person
	12F, DAEDONG BLDG. 109 JUNGDAE-RO	\$60,000.	Payroll
		_ \$	Noncash (Complete Part II for
	SEOUL KOREA, REPUBLIC OF (NORTH) 138-950	_	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person
		_	Payroll Noncash
		_ Ψ	(Complete Part II for
		_	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

\$

Person Payroll

Noncash
(Complete Part II for

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

PAGE 32

Name of or	rganization INTERNET CORPORATION FO	OR ASSIGNED		Employer identification number				
	NAMES AND NUMBERS	95-4712218						
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III is additing the Use duplicat	the year from any ons completing Part e year. (Enter this in	one contributor. On till, enter the total of formation once. See	Complete columns (a) through (e) and of exclusively religious, charitable, etc.				
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held				
Part I	(4) 1 3 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(4) 232		(e) coorpoon on one gardeness				
		(e) Transf	er of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship 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, ar	nd ZIP + 4	Relation	ship 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, ar	nd ZIP + 4	Relation	ship 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, ar	nd ZIP + 4	Relation	ship of transferor to transferee				

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

11165W 2020 60100666 PAGE 33

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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)): Co	mplete Part II-B. Do not complete Part II-A.
	e organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instru (see separate instructions), then	ctions) or Form 990-EZ, Part V, line 35c (Proxy
•	Section 501(c)(4), (5), or (6) organizations: Complete Part III.	
Nam	ne of organization INTERNET CORPORATION FOR ASSIGNED	Employer identification number
NAM	MES AND NUMBERS	95-4712218
Pa	rt 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 activiti	es 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)	
	rt 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 49	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Yes No
4a	Was a correction made?	
	If "Yes," describe in Part IV.	
Pai	rt I-C Complete if the organization is exempt under section 501(c), excep	t section 501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempactivities	
2	Enter the amount of the filing organization's funds contributed to other organizations to 527 exempt function activities	
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form line 17b	
4 5	Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 52 organization made payments. For each organization listed, enter the amount paid from the amount of political contributions received that were promptly and directly delivered.	27 political organizations to which the filing m the filing organization's funds. Also enter

(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)				

as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Schedule C (Form 990 or 990-EZ) 2016

11165W 2020 60100666 PAGE 34

ochedule C	(FUIII 990 01 990-EZ) 2010 -	T14 T T1/14	di contio	101111011 1 010 1101	SIGNED	75 1	712210	raye Z
Part II-A	Complete if the org section 501(h)).	anizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (elec	ction under	
A Check				o an affiliated grou I share of excess I		art IV each affiliated gr ditures).	oup member	r's
B Check	if the filing organ	nization	checked l	oox A and "limited	control" provisi	ons apply.		
			ying Expend			(a) Filing	(b) Affiliated	d
	(The term "expenditu	ıres" me	eans amour	nts paid or incurred	.)	organization's totals	group totals	S
1a Total	lobbying expenditures to in	nfluence	public opini	on (grass roots lob	bying)			
b Total	lobbying expenditures to in	nfluence	a legislative	e body (direct lobby	ing) L			
c Total	lobbying expenditures (ad-	d lines 1	a and 1b) .		[
d Other	r exempt purpose expendit	ures						
e Total	exempt purpose expenditu	ires (add	d lines 1c an	d 1d)				
f Lobb	ying nontaxable amount.	Enter th	e amount f	from the following	table in both			
colun	nns.							
If the	amount on line 1e, column (a	or (b) is:	The lobbying	g nontaxable amount	is:			
Not o	ver \$500,000		20% of the	amount on line 1e.				
Over	\$500,000 but not over \$1,000	,000	\$100,000 pl	us 15% of the excess	over \$500,000.			
Over	Over \$1,000,000 but not over \$1,500,000			us 10% of the excess	over \$1,000,000.			
Over	\$1,500,000 but not over \$17,0	000,000	\$225,000 plus 5% of the excess over \$1,500,000.					
Over	\$17,000,000	00,000 \$1,000,000.						
g Grass	sroots nontaxable amount	(enter 25	5% of line 1f))				
	act line 1g from line 1a. If							
i Subtr	act line 1f from line 1c. If z	ero or le	ss, enter -0-					
j If the	re is an amount other th	an zero	on either I	ine 1h or line 1i,	did the organiza	tion file Form 4720		_
repor	ting section 4911 tax for the						Yes	No
				aging Period Unde				
	(Some organizations that				-		ins below.	
		See	the separat	te instructions for	lines 2a through	2f.)		
		Lobb	ying Exper	nditures During 4-Y	ear Averaging Pe	riod		
Cale	endar year (or fiscal year	(2)	(a) 2013 (b) 2014 (c) 2015		(c) 2015	(d) 2016	(e) Total	
Ouic	beginning in)	(α)	2010	(5) 2014	(0) 2010	(4) 2010	(0) . 514.	
2a Lobby	ing nontaxable amount							
b Lobby	ing ceiling amount							
(150%	6 of line 2a, column (e))							
c Total	lobbying expenditures							
d Grass	roots nontaxable amount							
	roots ceiling amount 6 of line 2d, column (e))							
(1007	5 5. mio 2a, 55.amm (6 <i>))</i>							

Schedule C (Form 990 or 990-EZ) 2016

JSA

f Grassroots lobbying expenditures

6E1265 1.000 11165W 2020 60100666 PAGE 35

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		(a)			(b)		
description of the lobbying activity.					Amount		
1	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:						
а	Volunteers?	37	X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X	X				
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
e	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?	Х			81	.6,0	67
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i	Other activities?		Х				
j	Total. Add lines 1c through 1i				81	6,0	67
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х				
Рa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	I		
	501(c)(6).				Ye	95 1	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	-	•••
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501				1	•	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (I	b) Pa	rt III-A	, line 3,	is	
	answered "Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ınts (of				
	political expenses for which the section 527(f) tax was paid).			2a			
a Current year							
D	b Carryover from last year						
 Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 							
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			3	,		
7	excess does the organization agree to carryover to the reasonable estimate of nondeductible k						
	and political expenditure next year?	,	9	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	Tt IV Supplemental Information						
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	ıp list); Part I	I-A, lines	s 1 a	ind
2 (5)	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.						
LOE	BBYING EXPENDITURES						
SCF	HEDULE C, PART II-B						
201							
THE	ORGANIZATION UTILIZED THE SERVICES OF A STAFF REGISTERED LOBBYIST	AS					
WEI	L AS THREE GOVERNMENT AFFAIRS FIRMS DURING THE YEAR ENDED JUNE 30,						

Schedule C (Form 990 or 990-EZ) 2016

2017, FOR A TOTAL COST OF \$816,067.

Schedule C (Form 990 or 990-EZ) 2016 Page 4

Part IV **Supplemental Information** (continued)

Schedule C (Form 990 or 990-EZ) 2016

JSA

6E1500 1.000 11165W 2020 60100666 PAGE 37

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

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

Pa	rt I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds of	or Accounts.
	Complete if the organization answered		
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
- 3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year.		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	d in donor advised
•	funds are the organization's property, subject to the	-	
6	Did the organization inform all grantees, donors, a	_	
•	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
Pa	rt Conservation Easements.		
· a	Complete if the organization answered	"Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the		
-	Preservation of land for public use (e.g., recr		n of a historically important land area
	Protection of natural habitat	· []	n of a certified historic structure
	Preservation of open space		n or a deranea motorio diractare
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	in the form of a conservation
_	easement on the last day of the tax year.	id a qualified conservation contribution	Held at the End of the Tax Year
_			
a	Total number of conservation easements		26
b	Total acreage restricted by conservation easements		26
С.	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (c)		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran-	sterred, released, extinguished, or term	inated by the organization during the
_	tax year >		
4	Number of states where property subject to conser		
5	Does the organization have a written policy reg		-
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing co	onservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of	<u> </u>	ncial statements that describes the
_	organization's accounting for conservation easemen		
Pa	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other simila	AS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fo	otnote to its financial statements that de	escribes these items.
b	If the organization elected, as permitted under S		
-	works of art, historical treasures, or other simila public service, provide the following amounts relating	r assets held for public exhibition, ed	
	(i) Revenue included in Form 990, Part VIII, line 1.	S .	⊳ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar		
-	following amounts required to be reported under SF		<u> </u>
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2016 Page **2**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations 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?	Par	t III Organizations Maintainir	ng Colle	ctions of	Art, Hist	orical T	reasur	es,	or Oth	ner Similaı	Asse	ts (contin	ued)
a Public exhibition during the year of the torganization of the preservation for future generations 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? Yes No Part XV Escrow and Custodial Arrangements. Complete if the organization and custodial Arrangements. Complete if the organization and complete the following table: C Beginning balance G Beginning the year G Beginning t	3	Using the organization's acquisition	n, acces	sion, and o	other recor	ds, checl	k any o	of the	follow	ing that are	a sigr	nificant use	of its
b Scholarly research e Other Provide a description of future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? .		collection items (check all that app	ly):										
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? Yes NoPartIV Except 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? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Test Amount Amount Test Amount Test Test	а	Public exhibition			d	Loan	or excha	ange	prograi	ms			
c Preservation for future generations Part XIII Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part V 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, line 21. 1b If "Yes, Explain the arrangement in Part XIII and complete the following table: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes, Explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	b	Scholarly research			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? Yes No 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 include don Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1	С		rations			_							
XIII.	4			collections	and expla	ain how t	hev fur	rther	the or	ganization's	exemp	t purpose	in Part
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?							,		•	_			
Rart 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, line 21. 1b if 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1 id 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 1 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. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Residual account liability? Yes No b Contributions c Net investment earnings, gains, and losses. C Net investment earnings, gains, and losses. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % 6 Permanent endowment % 7 Permanent endowment % 7 Permanent endowment % 8 Permanent endowment % 8 Permanent endowment % 1 Permanent endowment % 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % 5 Permanent endowment % 6 Contributions 9 Permanent endowment % 8 Permanent endowment % 8 Per	5	During the year, did the organization	n solicit c	or receive o	donations o	f art. histo	orical tr	easu	res. or	other simila			
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? Ves											_	Yes	No
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?	Par						3						
included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Adule Amount Adule Amount Andle Amount Amount Amount Adule Amount Amount Amount Amount Andle Amount Amount Amount Amount Amount Amount Andle Amount Amount Andle Amount Amount Amount Adule Amount Amount Amount Andle Amount Amount Amount Andle Amount Amount Amount Andle Amount Amount Amount Amount Andle Amount Amount Andle Amount Amount Amount Andle Amount Amount Andle Amount Amount Amount Andle Amount Amount Amount Andle Amount Amount Amount Andle Amount Amount Amount Amount Andle Amount Amount Amount Andle Amount Amount Amount Amount Andle A		Complete if the organizat	_		s" on Forn	n 990, Pa	art IV, I	line 9	9, or re	ported an	amoun	t on Form	
included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Adule Amount Adule Amount Andle Amount Amount Amount Adule Amount Amount Amount Amount Andle Amount Amount Amount Amount Amount Amount Andle Amount Amount Andle Amount Amount Amount Adule Amount Amount Amount Andle Amount Amount Amount Andle Amount Amount Amount Andle Amount Amount Amount Amount Andle Amount Amount Andle Amount Amount Amount Andle Amount Amount Andle Amount Amount Amount Andle Amount Amount Amount Andle Amount Amount Amount Andle Amount Amount Amount Amount Andle Amount Amount Amount Andle Amount Amount Amount Amount Andle A	1 a	Is the organization an agent, truste	e, custod	lian or othe	er intermed	liary for c	ontribut	tions	or othe	r assets not			
b If "Ves," explain the arrangement in Part XIII and complete the following table: Complete Co											[Yes	No
c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? Yes	b	If "Yes," explain the arrangement is	n Part XII	l and com	olete the fo	lowing tak	ole:						
d Additions during the year		, ,				J				Am	ount		
d Additions during the year	С	Beginning balance						1c					
e Distributions during the year 1e	d												
f Ending balance	e												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f							_					
Describe in Part XIII check here if the explanation has been provided on Part XIII Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 10.	2a								stodial	account liab	litv?	Yes	No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e)		=											
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back						1		p-					
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years (e			ion answ	ered "Yes	s" on Form	n 990. Pa	art IV. I	ine 1	10.				
1a Beginning of year balance										(d) Three vea	ırs back	(e) Four vea	ars back
b Contributions	4.	Designing of year balance	(-,	,	(-, -	,	(-)	, , , , ,		(*)		(4)	
c Net investment earnings, gains, and losses	_												
and losses													
d Grants or scholarships	С	= = -											
e Other expenditures for facilities and programs													
and programs		· · · · · · · · · · · · · · · · · · ·											
g End of year balance.	е	· · · · · · · · · · · · · · · · · · ·											
g End of year balance		· -											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶	f	· · · · · · · · · · · · · · · · · · ·											
a Board designated or quasi-endowment ▶	g	-											
b Permanent endowment ▶		Provide the estimated percentage Board designated or quasi-endown	of the cui nent ▶	rrent year	end balanc %	e (line 1g,	column	ı (a))	held as	:			
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. 3a(i) 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. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation (d) Book value					_								
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 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation tall Land b Buildings c Leasehold improvements f Equipment C Description of property 34,394,300, 23,955,263, 10,439,037, 26,000 000 000 000 000 000 000 000 000 00	С	Temporarily restricted endowment	<u> </u>	%									
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 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation tall Land b Buildings c Leasehold improvements d Equipment 2		The percentages on lines 2a, 2b, a	and 2c sho	ould equal	100%.								
organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements	3a	Are there endowment funds not in	the posse	ession of th	ne organiza	tion that	are hel	d and	d admir	nistered for th	ne		
(ii) unrelated organizations (iii) related organizations 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. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements		organization by:			_							Ye	s No
(ii) related organizations 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. Description of property (a) Cost or other basis (b) Cost or other basis (other) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 2 Leasehold improvements 5 , 796 , 356 . 2 , 390 , 269 . 3 , 406 , 087 . 4 Equipment 6 Other 3 , 605 , 914 . 3 , 605 , 914 .												3a(i)	
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. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (investment) (other) (other) (a) Equipment (b) Buildings (c) Leasehold improvements (c) Leasehold improvements (c) Leasehold improvements (d) Equipment (d) Society (d) So												3a(ii)	
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book va	b	`,											
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (a) Cost or other basis (other) (other) 5,796,356. 2,390,269. 3,406,087. 4 Equipment 34,394,300. 23,955,263. 10,439,037. e Other	_	• •	•		•								
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 5,796,356. 2,390,269. 3,406,087. c Leasehold improvements 5,796,356. 2,390,269. 3,406,087. d Equipment 34,394,300. 23,955,263. 10,439,037. e Other 3,605,914. 3,605,914.	Par												
1a Land (investment) (other) depreciation b Buildings 5,796,356. 2,390,269. 3,406,087. c Leasehold improvements 5,796,356. 2,390,269. 3,406,087. d Equipment 34,394,300. 23,955,263. 10,439,037. e Other 3,605,914. 3,605,914.		Complete if the organiza	tion ansy										0
1a Land b Buildings c Leasehold improvements 5,796,356. 2,390,269. 3,406,087. d Equipment 34,394,300. 23,955,263. 10,439,037. e Other 3,605,914. 3,605,914.		Description of property		(a) Cost or (inves	other basis tment)			asis			(0	d) Book value	
b Buildings 5,796,356. 2,390,269. 3,406,087. c Leasehold improvements 5,796,356. 2,390,269. 3,406,087. d Equipment 34,394,300. 23,955,263. 10,439,037. e Other 3,605,914. 3,605,914.	1a	Land		\	,	(0	,		2001				
c Leasehold improvements 5,796,356. 2,390,269. 3,406,087. d Equipment 34,394,300. 23,955,263. 10,439,037. e Other 3,605,914. 3,605,914.	b	D. 2012 co.	Г										
d Equipment 34,394,300. 23,955,263. 10,439,037. e Other 3,605,914. 3,605,914.	С					5,7	796,35	56.	2,3	90,269.		3,406	,087.
e Other 3,605,914. 3,605,914.													
		0.1	Г						-12	-,			
				egual Forr	n 990. Part				c.)				

Schedule D (Form 990) 2016

Page 3 Schedule D (Form 990) 2016

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.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
		Tyes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
_(1)			
_(2)			
_(3)			
(4)			
(5)			
(6)			
(8)			
(9)	(I) 15 000 B 17 1 (B) 5 10 1 B		
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	1 "Voo" on Form 000	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8) (9)			
	ımn (b) must equal Form 990, Part X, col. (B) ı	line 15)	L
Part X	Other Liabilities.	<i>mo 10.)</i>	
raitx		d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.		, , , a, , , , , , , , , ,
1.	(a) Description of liability	(b) Book valu	e
	al income taxes	(D) Book value	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	•	
0 1 1-1-111-11	and the second state of th	, , , , , , , , , , , , , , , , , , ,	th

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 6E1270 1.000 11165W 2020

Schedule D (Form 990) 2016 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	296,701,111.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	-54,101.
3	Subtract line 2e from line 1	3	296,755,212.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 462,418.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	462,418.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	297,217,630.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	155,599,188.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe III Fait All.)	2e	188,903.
_	Add lines 2a through 2d	3	155,410,285.
3 4	Subtract line 2e from line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 462,418.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	-5,045,335.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	150,364,950.
Provid 2; Part	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PAGE 5		

JSA 6E1271 1.000 Schedule D (Form 990) 2016

PAGE 41

60100666

11165W 2020

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2 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, 2017 AND 2016, NO LIABILITIES ARE REQUIRED TO BE RECORDED IN CONNECTION WITH SUCH TAX POSITIONS IN ICANN'S FINANCIAL STATEMENTS. THE FISCAL 2012 THROUGH 2016 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 D (Form 990) 2016

JSA

6E1226 1.000

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XII, LINE 2D

FOREIGN EXCHANGE GAIN (LOSS)

\$ 188,903

FORM 990, SCHEDULE D, PART XII, LINE 4B

PTI EXPENSE RECLASS (\$5,452,479)

NON-INVESTMENT ADMIN FEES (\$ 55,274)

TOTAL (\$5,507,753)

Schedule D (Form 990) 2016

JSA 6E1226 1.000

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNET CORPORATION FOR ASSIGNED

Employer identification number

NAM	MES AND NUMBERS				95-471221	.8
Pa	General Information o Form 990, Part IV, line 14		Outside the U	nited States. Complete i	f the organization answer	ed "Yes" on
1	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the gran	ts or assistance		a used to award the	X Yes No
2	For grantmakers. Describe in assistance outside the United Sta		ganization's pi	rocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(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

(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
(1) NORTH AMERICA		2.	PROGRAM SERVICES	SEE 990 PART III	2,104,950.
(0)					
(2) CENTRAL AMERICA/CARIBBEAN		2.	PROGRAM SERVICES	SEE 990 PART III	877,443.
(3) SOUTH AMERICA		5.	PROGRAM SERVICES	SEE 990 PART III	3,480,446.
(4) EAST ASIA AND THE PACIFIC	1.	25.	PROGRAM SERVICES	SEE 990 PART III	7,325,153.
(5) SOUTH ASIA		30.	PROGRAM SERVICES	SEE 990 PART III	172,533.
(6) EUROPE	3.	141.	PROGRAM SERVICES	SEE 990 PART III	22,249,946.
(7) RUSSIA/INDEPENDENT STATES		3.	PROGRAM SERVICES	SEE 990 PART III	464,037.
(8) MIDDLE EAST AND NORTH AFRICA		3.	PROGRAM SERVICES	SEE 990 PART III	4,043,735.
(9) SUB-SAHARAN AFRICA	1.	94.	PROGRAM SERVICES	SEE 990 PART III	1,399,011.
<u>(10)</u>					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
<u>(14)</u>					
<u>(15)</u>					
<u>(16)</u>					
<u>(17)</u>					
3a Sub-totalb Total from continuation sheets to Part I	5.	235.			42,117,254.
c Totals (add lines 3a and 3b)	5.	235.		_	42,117,254.

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

Schedule F (Form 990) 2016

PAGE 44

95-4712218

Schedule F (Form 990) 2016 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II 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	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
	organization	section and EIN (if applicable)	., ,	grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
				SPONSORSHIP					
(1)			NORTH AMERICA	IGF 2016	25,000.	WIRE/CASH			
				SPONSORSHIP					
(2)			EUROPE/ICELAND/GREENLAND	WSIS FORUM	10,000.	WIRE/CASH			
				SPONSORSHIP					
(3)			EUROPE/ICELAND/GREENLAND	SSIG 2017	20,385.	WIRE/CASH			
				SPONSORSHIP					
(4)			EUROPE/ICELAND/GREENLAND	WSIS FORUM	10,000.	WIRE/CASH			
				SPONSORSHIP					
(5)			EUROPE/ICELAND/GREENLAND	EURODIG 2017	15,929.	WIRE/CASH			
				SPONSORSHIP					
(6)			EUROPE/ICELAND/GREENLAND	FORUM	10,000.	WIRE/CASH			
				SPONSORSHIP					
(7)			EUROPE/ICELAND/GREENLAND	FORUM	10,000.	WIRE/CASH			
				INTERNET JUR					
(8)			EUROPE/ICELAND/GREENLAND	PROJECT	22,395.	WIRE/CASH			
				SPONSORSHIP					
(9)			EUROPE/ICELAND/GREENLAND	EURODIGG 17	6,000.	WIRE/CASH			
				SPONSORSHIP					
(10)			EUROPE/ICELAND/GREENLAND	SSIG 2017	50,000.	WIRE/CASH			
				CYBERSECURIT					
(11)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP	26,000.	WIRE/CASH			
				AFRICA INTER					
(12)			SUB-SAHARAN AFRICA	SUMMIT 2017	20,000.	WIRE/CASH			
				SPONSORSHIP					
(13)			CENT. AMERICA/CARIBBEAN	CLT 2017	10,000.	WIRE/CASH			
				FY17 ONGOING					
(14)			SUB-SAHARAN AFRICA	IGO & IO	10,000.	WIRE/CASH			
				FY17 ONGOING					
(15)			MIDDLE EAST/NORTH AFRICA	COLLAB.	90,000.	WIRE/CASH			
				NOG SPONSORS					
(16)			EAST ASIA/PACIFIC	FY17	18,000.	WIRE/CASH			

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

95-4712218

	F (Form 990) 2016								Page Z
Part II			tions or Entities Outsid ved more than \$5,000. F					ed "Yes" on F	orm 990,
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)
				14TH GENERAL					
(1)			SUB-SAHARAN AFRICA	CONFERENCE	6,000.	WIRE/CASH			
				SPONSORSHIP					
(2)			NORTH AMERICA	IGF 2016	25,000.	WIRE/CASH			
				SPONSORSHIP					
(3)			EUROPE/ICELAND/GREENLAND	RIF+KIB 2017	8,700.	WIRE/CASH			
				SPONSORSHIP					
(4)			SUB-SAHARAN AFRICA	EVENT 2017	7,092.	WIRE/CASH			
				FY17 ONGOING					
(5)			EUROPE/ICELAND/GREENLAND	COLLAB.	6,300.	WIRE/CASH			
				FY17 ONGOING					
(6)			RUSSIA/NEWLY IND. STATES	COLLAB.	5,250.	WIRE/CASH			
				INTERNET JUR					
(7)			EUROPE/ICELAND/GREENLAND	PROJECT	16,037.	WIRE/CASH			
,				KOREA PRTNSH					
(8)			EAST ASIA/PACIFIC	PROG SPORSOR	58,335.	WIRE/CASH			
(-)				KOREA PRINSH	00,000	,			
(9)			EAST ASIA/PACIFIC	PROG SPONSOR	41,665.	WIRE/CASH			
(-)				SPONSORSHIP	11,003.	WIRE/ Gridin			
(10)			CENT. AMERICA/CARIBBEAN	LACIGF 2016	24,000.	WIRE/CASH			
(10)			CHVI: PRIBRICAL CIRCIDSDAN	SPONSORSHIP	21,000.	WIRE/ CASH			
(11)			EUROPE/ICELAND/GREENLAND	EUROSIGG 17	11,325.	WIRE/CASH			
(,			EUROPE/ICELAND/GREENLAND	REGISTRAR	11,323.	WIRE/CASH			
(12)			GOLUMN POLY		15 000	MIDE (CACH			
(12)			SOUTH ASIA	SVCS FY 17	15,000.	WIRE/CASH			
(12)				SPONSORSHIP	05.000				
(13)			EUROPE/ICELAND/GREENLAND	CYFY 2016	25,000.	WIRE/CASH			
(4.4)				SPONSORSHIP					
(14)			SUB-SAHARAN AFRICA	OSIANE 2017	10,000.	WIRE/CASH			
(4E)				SPONSORSHIP					
(15)			CENT. AMERICA/CARIBBEAN	CLT 2017	5,703.	WIRE/CASH			
(4.0)				WEF ANNUAL					
(16)			EUROPE/ICELAND/GREENLAND	MEETING	76,493.	WIRE/CASH			

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

95-4712218

Schedule F (Form 990) 2016 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code (d) Purpose of (f) Manner of (g) Amount of 1 (a) Name of (c) Region (e) Amount of (h) Description (i) Method of section and EIN grant cash grant cash noncash of noncash valuation organization disbursement (if applicable) (book, FMV, assistance assistance appraisal, other) WORLD HOST (1) EUROPE/ICELAND/GREENLAND DAY 2017 WIRE/CASH 16,202. TRUST AGREM (2) EUROPE/ICELAND/GREENLAND WITH UNDSA WIRE/CASH 339,000. SPONSORSHIP (3) EUROPE/ICELAND/GREENLAND POLISH IGF WIRE/CASH 5,054. (4) (5) (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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 35.

Schedule F (Form 990) 2016

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) FELLOWSHIP PROGRAM	CENT. AMERICA/CARIBBEAN	13.	5,850.	WIRE/CASH	48,954.	AIRFARE/LODG	ACTUAL EXP
(2) FELLOWSHIP PROGRAM	EAST ASIA/PACIFIC	18.	8,300.	WIRE/CASH	73,537.	AIRFARE/LODG	ACTUAL EXP
(3) FELLOWSHIP PROGRAM	EUROPE/ICELAND/GREENLAND	17.	7,850.	WIRE/CASH	31,371.	AIRFARE/LODG	ACTUAL EXP
(4) FELLOWSHIP PROGRAM	MIDDLE EAST/NORTH AFRICA	20.	9,400.	WIRE/CASH	42,504.	AIRFARE/LODG	ACTUAL EXP
(5) FELLOWSHIP PROGRAM	NORTH AMERICA	3.	1,400.	WIRE/CASH	8,983.	AIRFARE/LODG	ACTUAL EXP
(6) FELLOWSHIP PROGRAM	RUSSIA/NEWLY IND. STATES	8.	4,106.	WIRE/CASH	16,127.	AIRFARE/LODG	ACTUAL EXP
(7) FELLOWSHIP PROGRAM	SOUTH AMERICA	20.	9,700.	WIRE/CASH	59,832.	AIRFARE/LODG	ACTUAL EXP
(8) FELLOWSHIP PROGRAM	SOUTH ASIA	25.	12,100.	WIRE/CASH	56,355.	AIRFARE/LODG	ACTUAL EXP
(9) FELLOWSHIP PROGRAM	SUB-SAHARAN AFRICA	33.	14,983.	WIRE/CASH	76,350.	AIRFARE/LODG	ACTUAL EXP
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2016

Part IV Foreign Forms Page 4

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

Schedule F (Form 990) 2016

JSA

6E1277 1.000 11165W 2020 60100666 PAGE 49

Page 5 Schedule F (Form 990) 2016

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)

SCHEDULE F, PART I, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANTS AN ICANN FELLOWSHIP IS A GRANT OF SUPPORT THAT IS AWARDED TO ENABLE INDIVIDUALS FROM STAKEHOLDER GROUPS AROUND THE WORLD TO ATTEND ICANN PUBLIC MEETINGS.

THE ICANN FELLOWSHIP PROGRAM SEEKS TO HELP CREATE A BROADER BASE OF KNOWLEDGEABLE CONSTITUENTS TO ENGAGE IN THE ICANN MULTISTAKEHOLDER PROCESS AND BECOME THE NEW VOICE 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 AND STAFF. 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.

THE FELLOWSHIP COVERS THE COST OF ECONOMY CLASS AIRFARE AND HOTEL, AS WELL AS PROVIDING A STIPEND AFTER SUCCESSFUL COMPLETION OF THE PROGRAM, IN ORDER TO ASSIST IN COVERING SOME BASIC EXPENSES INCURRED BY THE FELLOW.

HTTPS://WWW.ICANN.ORG/FELLOWSHIPPROGRAM

Schedule F (Form 990) 2016 Page **5**

Dort V Ocean Lea

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).

TRAVEL AND HOTEL COSTS ASSOCIATED WITH FELLOWS PRE-SELECTED TO ATTEND THE PUBLIC MEETING ARE BOOKED AND PAID FOR DIRECTLY BY ICANN. ALL FELLOWS ARE ELIGIBLE TO RECEIVE A FLAT STIPEND NOT TO EXCEED US\$500.00. STIPENDS ARE GENERALLY PROVIDED TO FELLOWS BY WIRE TRANSFER AND ARE PAID TO EACH FELLOW SUBSEQUENT TO THE MEETING AND AFTER THE FELLOW HAS DEMONSTRATED COMPLETION OF THE FELLOWSHIP PROGRAM. DURING THE TWELVE MONTHS ENDED JUNE 30, 2017, ICANN PAID \$487,703 TO ALLOW ONE HUNDRED AND FIFTY-SEVEN (157) FELLOWSHIP PARTICIPANTS TO ATTEND THREE (3) ICANN PUBLIC MEETINGS.

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 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 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.

Schedule F (Form 990) 2016 Page **5**

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 3

AT JUNE 30, 2017, ICANN HAD INTERNATIONAL OFFICES LOCATED IN BRUSSELS, BELGIUM; ISTANBUL, TURKEY; SINGAPORE, SINGAPORE; NAIROBI, KENYA; AND GENEVA, SWITZERLAND.

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 WORKING FOR 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 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. ALL COSTS ASSOCIATED WITH THREE ANNUAL PUBLIC MEETINGS (I.E.,

 JOHANNESBURG, SOUTH AFRICA; COPENHAGEN, DENMARK; AND HYDERABAD, INDIA)

 DURING FISCAL YEAR 2017.
- C. AMOUNTS EXPENDED TO FUND THE BELGIUM, TURKEY, SWITZERLAND, KENYA AND SINGAPORE BRANCH/LIAISON/REPRESENTATIVE OFFICES, AND PERSONNEL COSTS INCLUDING OFFICE EXPENSES, TRAVEL-RELATED AND OTHER EXPENSES PAID BY THE US ACCOUNTS PAYABLE DEPARTMENT.

Schedule F (Form 990) 2016 Page 5

Part V

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

D. ALL PAYMENTS MADE TO INTERNATIONAL BASED EMPLOYEES AND CONTRACTORS

WERE RECORDED IN US DOLLARS.

Schedule F (Form 990) 2016

JSA 6E1502 2.000

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 2016

Open to Public Inspection

INTERNET CORPORATION FOR ASSIGNED Employer identification number Name of the organization NAMES AND NUMBERS 95-4712218 **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 X No the selection criteria used to award the grants or assistance? Yes 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. (f) Method of valuation (book, FMV, appraisal, other) (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-1 (a) Name and address of organization (a) Description of (h) Purpose of grant or government (if applicable) grant cash assistance noncash assistance or assistance (1) UNIVERSITY OF OREGON 93-6015767 1720 E 13TH AVE EUGENE, OR 97403 GOVT 140,000 NSRC CONTRIBUTION (2) OARC INC. OARC 24 950 CHARTER STREET, REDWOOD CITY, CA 94063 26-2910778 501(C)(3) 23,500. SPONSORSHIP (3) ACCESS NOW SPONSORSHIP P.O. BOX 115 NEW YORK, NY 10001-9998 501(C)(3) 10,000. RIGHTSCON 17 (4) INTERNET SOCIETY 1775 WIEHLE AVE #201, RESTON, VA 20190-5180 54-1650477 501(C)(3) 287,500 (5) INTERNET ASSOCIATION SUPPORT OF THE 4TH 1333 H ST NW, 12TH FL, WASHINGTON, DC 20005 20-2053855 6,000 INTERNET FREEDOM ACT (6) CARIBNOG INC 304 INDIAN TRACE, STE 649 WESTON, FL 33326 46-2354033 10,000 GENERAL SUPPORT _(7) (8) (9) (10)(11)(12)4.

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

Schedule I (Form 990) (2016)

6E1288 1.000

11165W 2020 60100666 PAGE 54

2.

Schedule I (Form 990) (2016)

Page 2

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

(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					

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 PROVIDED TO QUALIFIED ORGANIZATIONS. ONCE FUNDS ARE

TRANSFERRED, ICANN DOES NOT MONITOR THE FUNDS. THE USE OF THE FUNDS IS AT

THE DISCRETION OF THE GRANTEE.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Questions Regarding Compensation

Compensation InformationFor 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.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

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

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel X Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b	Х	
2	explain	10		
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
		2	Х	
_	1a?		21	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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			
3	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	35		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ü	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	0.5		
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.	7	Х	
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016 Page 2

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

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

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

		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
AKRAM ATALLAH	(i)	493,923.	188,962.	0.	35,000.	27,730.	745,615.	0.
1PRESIDENT, GDD	(ii)	0.	0.	0.	0.	0.	0.	0.
SUSANNA H BENNETT	(i)	347,113.	103,557.	0.	35,000.	7,586.	493,256.	0.
2 ^{CHIEF} OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
XAVIER CALVEZ	(i)	312,106.	93,064.	0.	31,250.	27,730.	464,150.	0.
3 ^{CHIEF} FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
FADI CHEHADE	(i)	287,873.	208,814.	0.	35,000.	6,933.	538,620.	0.
4FORMER PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID CONRAD	(i)	291,542.	82,806.	0.	31,250.	19,678.	425,276.	0.
5 ^{CHIEF} TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT DUNCAN BURNS	(i)	308,119.	75,601.	0.	31,250.	27,434.	442,404.	0.
6SVP, GLOBAL COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
ELISE GERICH	(i)	244,261.	72,839.	0.	31,250.	19,397.	367,747.	0.
7 ^{VP} , IANA SVCS & PRESIDENT PTI	(ii)	0.	0.	0.	0.	0.	0.	0.
ALLEN GROGAN	(i)	296,135.	80,747.	0.	31,250.	19,678.	427,810.	0.
8CHIEF CONTRACT COMPLIANCE OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
DANIEL E HALLORAN	(i)	268,921.	53,286.	0.	31,250.	27,730.	381,187.	0.
9DEPUTY GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES HEDLUND	(i)	290,970.	87,484.	0.	31,250.	27,434.	437,138.	0.
10 ^{VP} , STRATEGIC PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
NIGEL HICKSON	(i)	272,359.	60,636.	0.	42,020.	0.	375,015.	0.
11 ^{VP} , IGO ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN JEFFREY	(i)	431,555.	128,333.	0.	13,250.	27,730.	600,868.	0.
12GENERAL COUNSEL & SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
TAREK KAMEL	(i)	388,377.	86,083.	0.	58,167.	0.	532,627.	0.
13 ^{SVP} , GOVERNMENT AND IGO ENGMT	(ii)	0.	0.	0.	0.	0.	0.	0.
BO GORAN MARBY	(i)	527,028.	89,904.	0.	35,000.	13,865.	665,797.	0.
14PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
CYRUS NAMAZI	(i)	281,879.	135,306.	0.	31,250.	17,397.	465,832.	0.
15 ^{VP, DNS} INDUSTRY ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID OLIVE	(i)	366,911.	78,862.	0.	31,250.	19,678.	496,701.	0.
16 ^{SVP,POLICY} DEVELOPMENT SUPPORT	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2016 Page 2

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ASHWIN RANGAN	(i)	304,185.	90,413.	0.	35,000.	27,730.	457,328.	0.
1 SVP, ENGINEERING & CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
AMY A STATHOS	(i)	290,560.	57,321.	0.	31,250.	9,757.	388,888.	0.
2DEPUTY GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
THERESA SWINEHART	(i)	363,644.	102,127.	0.	31,250.	9,091.	506,112.	0.
3SVP, MULTISTAKEHOLDER STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
NICHOLAS TOMASSO	(i)	232,148.	45,956.	0.	31,250.	19,468.	328,822.	0.
4 ^{VP} , GLOBAL MEETING OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTINE WILLETT	(i)	279,119.	83,038.	0.	31,250.	27,730.	421,137.	0.
5 VP, GTLD OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

11165W 2020 60100666

Schedule J (Form 990) 2016

Part | 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 2016 CALENDAR YEAR.

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

DURING CALENDAR YEAR 2016, THE INDIVIDUALS LISTED BELOW RECEIVED COMPENSATION THAT WERE TREATED AS OTHER TAXABLE BENEFITS AND WERE INCLUDED AS REPORTABLE COMPENSATION.

- 1) GORAN MARBY HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE
- 2) DAVID OLIVE TRAVEL FOR COMPANIONS, TAX INDEMNIFICATION AND GROSS-UP

PAYMENTS AND HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

- 3) DAVID CONRAD HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE
- 4) THERESA SWINEHART TAX INDEMNIFICATION AND GROSS-UP PAYMENTS AND

RELOCATION ALLOWANCE.

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

Schedule J (Form 990) 2016

Part | 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.

MEDICAL REQUIREMENTS. 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 HIS OR HER OWN MONEY.

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

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-FY17-01

JUL16-EN.PDF; AND

Schedule J (Form 990) 2016

Part | 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.

HTTPS: WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY17-01JA

N17-EN.PDF

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 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 INTERNATIONAL PERSONNEL.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

INTERNET CORPORATION FOR ASSIGNED Employer ide

95-4712218

NAMES AND NUMBERS

FORM 990, PART I, LINE 1 AND PART III, LINE 1
ORGANIZATION'S MISSION

THE MISSION OF THE INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS ("ICANN") IS TO COORDINATE, AT THE OVERALL LEVEL, AND TO ENSURE THE STABLE AND SECURE OPERATING 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 WWW.ICANN.ORG.

FORM 990, PART I, LINE 3 AND PART VI, LINE 1A GOVERNING BODY

IN ADDITION TO THE 16 VOTING MEMBERS OF THE BOARD OF DIRECTORS, ICANN'S

BYLAWS ALLOWED FOR FOUR (4) NON-VOTING LIAISONS. THE NON-VOTING LIAISONS

ARE 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, 2017:

- 1) RAM MOHAN (SSAC LIAISON, 2009 PRESENT)
- 2) JONNE SOININEN (IETF LIAISON, 2013 PRESENT)
- 3) SUZANNE, WOOLF (RSSAC LIAISON, 2004 OCT 2016)
- 4) THOMAS SCHNEIDER (GAC LIAISON, 2015 OCT 2017)
- 5) KAVEH RANJBAR (RSSAC LIAISON, NOV 2016 PRESENT)

FORM 990, PART III, LINE 3

ICANN IS RESPONSIBLE FOR THE PERFORMANCE OF THE INTERNET ASSIGNED NUMBERS AUTHORITY (IANA) FUNCTIONS. THOUGH CONTRACTS, ICANN HAS DELEGATED THE PERFORMANCE OF THE IANA FUNCTIONS TO PTI, 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. PTI COMMENCED OPERATIONS ON OCTOBER 1, 2016 AND ITS FINANCIALS ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ICANN. ALL FUNDING FOR PTI IS RECEIVED FROM ICANN UNDER SUBCONTRACT AGREEMENTS. PTI'S SOLE PURPOSE IS THE PERFORMANCE OF THE IANA FUNCTIONS AS DELEGATED BY ICANN.

FORM 990, PART III, LINE 4A
PROGRAM SERVICE ACCOMPLISHMENTS

Name of the organization INTERNET CORPORATION FOR ASSIGNED

NAMES AND NUMBERS

95

Employer identification number 95-4712218

AS OF JUNE 30, 2017, THE INTERNET ROOT ZONE CONSISTED OF 22 LEGACY, 1226

NEW GENERIC TOP LEVEL DOMAINS (GTLDS) AND OVER 300 COUNTRY CODE TOP LEVEL

DOMAINS (CCTLDS). EACH GTLD HAS A DESIGNATED "REGISTRY OPERATOR" AND, IN

MOST CASES (EXCEPT FOR A FEW LEGACY TOP LEVEL DOMAINS (TLDS)), A REGISTRY

AGREEMENT BETWEEN THE OPERATOR (OR SPONSOR) AND ICANN. THE REGISTRY

OPERATOR IS RESPONSIBLE FOR THE TECHNICAL OPERATION OF THE GTLD,

INCLUDING ALL OF THE NAMES REGISTERED IN THAT TLD. OVER 2,000 ICANN

ACCREDITED REGISTRARS INTERACT WITH REGISTRANTS (AND OTHERS) TO PERFORM

DOMAIN NAME REGISTRATION AND OTHER RELATED SERVICES FOR NEW GTLDS. THE

NEW GTLD PROGRAM HAS PROVIDED A MEANS FOR PROSPECTIVE REGISTRY OPERATORS

TO APPLY FOR NEW GTLDS, AND CREATE NEW OPTIONS FOR CONSUMERS. ICANN

OPENED THE NEW GTLD PROGRAM FOR APPLICATIONS IN JANUARY 2012; 1930

APPLICATIONS WERE SUBMITTED.

AS OF JUNE 30, 2017, ALL APPLICATIONS FOR NEW GTLDS THAT HAVE NOT BEEN WITHDRAWN HAVE COMPLETED INITIAL EVALUATION (IE) PHASE AND, WHERE APPLICABLE, EXTENDED EVALUATION (EE). DURING IE AND EE, ALL APPLICATIONS WERE EVALUATED FOR, AMONG OTHER THINGS, FINANCIAL, TECHNICAL/OPERATIONAL, GEOGRAPHIC NAMES, AND REGISTRY SERVICES. FOLLOWING COMPLETION AND PASSING OF IE, AND EE IF APPLICABLE, FOR EACH APPLICATION NOT ON HOLD FOR SOME OTHER REASON, THE REGISTRY AGREEMENT CONTRACTING PHASE OF THE NEW GTLD PROGRAM COMMENCED. CONTRACTING IS A PROCESS THAT RESULTS IN EACH ELIGIBLE APPLICANT ENTERING INTO A REGISTRY AGREEMENT WITH ICANN TO OPERATE A GTLD. NOTE THAT THERE ARE SOME CIRCUMSTANCES THAT EXIST THAT MAY DELAY

Name of the organization INTERNET CORPORATION FOR ASSIGNED

NAMES AND NUMBERS

Employer identification number

95-4712218

THE START OF THE CONTRACTING PROCESS INCLUDING, BUT NOT LIMITED TO,
PENDING ICANN ACCOUNTABILITY MECHANISMS, UNRESOLVED CONTENTION, OR
DIRECTION FROM THE ICANN BOARD.

AFTER COMPLETION OF THE CONTRACTING PHASE, THE APPLICANT CAN ELECT TO ENTER INTO PRE-DELEGATION TESTING. PRE-DELEGATION TESTING (PDT) ENSURES THAT AN APPLICANT HAS THE CAPACITY TO OPERATE A NEW GTLD IN A STABLE, SECURE MANNER. EVERY NEW REGISTRY MUST DEMONSTRATE THAT IT HAS ESTABLISHED OPERATIONS IN ACCORDANCE WITH THE TECHNICAL AND OPERATIONAL CRITERIA DESCRIBED IN THE APPLICANT GUIDEBOOK. AFTER PASSING PDT, A REGISTRY'S GTLD CAN BE INTRODUCED INTO THE ROOT ZONE OF THE INTERNET.

AS OF JUNE 30, 2017, 1226 NEW GTLDS WERE DELEGATED IN THE ROOT ZONE.

ICANN IS A MULTISTAKEHOLDER ORGANIZATION THAT COORDINATES THE INTERNET

DOMAIN NAME SYSTEM (DNS) AND ADDRESSING FOR THE BENEFIT OF INTERNET USERS

WORLDWIDE, ENABLING A SINGLE, INTEROPERABLE INTERNET. ICANN IS

RESPONSIBLE FOR THE GLOBAL TECHNICAL COORDINATION OF THE DNS. AS OF JUNE

30, 2017, THERE WERE OVER 240 MILLION INTERNET SECOND LEVEL DOMAIN NAMES,

INCLUDING APPROXIMATELY 133 MILLION SECOND LEVEL DOMAIN NAMES FOUND IN

GENERIC TOP-LEVEL DOMAINS, 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 WWW.ICANN.ORG.

Name of the organization INTERNET CORPORATION FOR ASSIGNED Employer identification number

NAMES AND NUMBERS 95-4712218

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. A TOTAL OF ONE (1) AUCTION WAS CONDUCTED DURING THE FISCAL YEAR ENDED JUNE 30, 2017.

FOR MORE INFORMATION ON AUCTIONS VISIT

HTTP://NEWGTLDS.ICANN.ORG/EN/APPLICANTS/AUCTIONS FOR MORE INFORMATION ON AUCTIONS VISIT HTTP://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 POTENTIAL CONFLICTS
OF INTEREST BEFORE ENTERING INTO DISCUSSION ON SUCH MATTERS. IN ADDITION,
THE BOARD COMMITTEE RESPONSIBLE FOR CONFLICTS OF INTEREST REVIEWS ALL
BOARD MEMBER CONFLICTS OF INTEREST STATEMENTS.

SEE:

HTTP://WWW.ICANN.ORG/EN/GROUPS/BOARD/DOCUMENTS/SOIS

FORM 990, PART VI, LINE 4

ICANN RESTATED THE ARTICLES OF INCORPORATION AND FULLY OVERHAULED ITS
BYLAWS EFFECTIVE OCTOBER 1, 2016. THE CHANGES TO THESE TWO GOVERNING
DOCUMENTS WERE MADE AS PART OF THE IANA STEWARDSHIP TRANSITION WHEREIN
THE UNITES STATES GOVERNMENT DEPARTMENT OF COMMERCE TRANSITION ITS
STEWARDSHIP OVER THE IANA FUNCTIONS TO THE GLOBAL INTERNET COMMUNITY. THE
CURRENT VERSION OF THE ARTICLES OF INCORPORATION CAN BE FOUND AT
HTTPS://www.icann.org/resources/pages/governance/articles-en. The Current
VERSION OF THE BYLAWS CAN BE FOUND AT
HTTPS://www.icann.org/resources/pages/governance/bylaws-en. an
EXPLANATION OF THE SIGNIFICANT CHANGES THAT WERE MADE TO THE BYLAWS WHICH
BECAME EFFECTIVE ON OCTOBER 1, 2016 CAN BE FOUND THROUGH A LINK ON THE
FOLLOWING PAGE:

HTTPS://WWW.ICANN.ORG/PUBLIC-COMMENTS/DRAFT-NEW-BYLAWS-2016-04-21-EN.

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 BYLAWS IN EFFECT AS OF JUNE 30, 2017, ARTICLE VII). 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

JSA 6E1228 1.000

Name of the organization INTERNET CORPORATION FOR ASSIGNED

NAMES AND NUMBERS

Employer identification number

95-4712218

OTHER MEANS FOR FILLING A PORTION OF KEY ICANN LEADERSHIP POSITIONS ACHIEVED WITHIN THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES.

THE BYLAWS IN EFFECT AS OF JUNE 30, 2017, ALSO STATE 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 CONSTITUENCIES 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.

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, THE CCNSO AND THE GNSO. FURTHER, THE AT-LARGE COMMUNITY ALSO NOMINATES ONE VOTING BOARD MEMBER TO THE ICANN BOARD EVERY THREE

Name of the organization INTERNET CORPORATION FOR ASSIGNED

NAMES AND NUMBERS

Employer identification number

95-4712218

YEARS.

AFTER THE NOMCOM AND THE SUPPORTING ORGANIZATIONS 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 CCC, ALL OF THE ABOVE IDENTIFIED VOTING BOARD MEMBERS AS DIRECTORS TO THE ICANN BOARD. IN ADDITION TO THE EC 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

WITH THE OCTOBER 1, 2016 AMENDEMENT OF ICANN'S BYLAWS, ICANN CREATED AN UNINCORPORATED ASSOCIATION CALLED THE EMPOWERED COMMUNITY. THE EMPOWERED COMMUNITY HAS LIMITED AND ENUMERATED POWERS IN RELATION TO THE ICANN BOARD. FIRST, THE EMPOWERED COMMUNITY IS RESPONSIBLE FOR THE APPOINTMENT OF ALL VOTING MEMBERS OF THE ICANN BOARD OF DIRECTORS (OTHER THAN THE PRESIDENT AND CEO). THE EMPOWERED COMMUNITY, MADE UP OF ENTITIES

PARTICIPATING IN ICANN'S MULTISTAKEHOLDER COMMUNITY, MAY REJECT THE ICANN BOARD'S APPROVAL OF SOME BYLAWS AMENDMENTS, BUDGETS, ANNUAL AND FIVE YEAR OPERATING PLANS, AND FIVE YEAR STRATEGIC PLANS. THIS REJECTION RIGHT

MEANS THAT THE ICANN BOARD MUST GO BACK AND LOOK AT THESE ITEMS AGAIN;

THE EMPOWERED COMMUNITY MAY NOT DIRECT 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 AMENDEMENT OF CERTAIN PARTS

OF THE ICANN BYLAWS (SUCH AS ICANN'S MISSION OR KEY ACCOUNTABILITY

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

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 2017, ICANN HAD OFFICES OUTSIDE OF THE UNITED STATES IN BRUSSELS, BELGIUM; ISTANBUL, TURKEY; SINGAPORE, SINGAPORE; GENEVA, SWITZERLAND; AND NAIROBI, KENYA; ALL OF WHICH PROVIDED OPERATIONAL OR ENGAGEMENT SUPPORT TO THEIR RESPECTIVE GEOGRAPHICAL REGIONS AND/OR TIME ZONES.

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 CHIEF FINANCIAL OFFICER (CFO), AND OFFICE OF THE GENERAL COUNSEL REVIEW THE FORM 990, AND THE 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

JSA 6E1228 1.000

Employer identification number 95-4712218

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

HTTP://WWW.ICANN.ORG/EN/GROUPS/BOARD/GOVERNANCE/COI.

THIS POLICY DESCRIBES 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 ARE POSTED ON THE WEBSITE AT: HTTP://WWW.ICANN.ORG/EN/GROUPS/BOARD/DOCUMENTS/SOIS

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 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

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 FY2017 ARE

POSTED AT:

HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY17-01
JUL16-EN.PDF; AND

HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY17-01
JAN17-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 BY THE BOARD COMPENSATION COMMITTEE, WHICH ARE INFORMED BY RECOMMENDATIONS AND COMPARABLE DATA PROVIDED BY INDEPENDENT COMPENSATION EXPERTS. CONFIDENTIAL MINUTES OF THESE MEETINGS ARE

FUNCTION. EACH YEAR THE APPOINTMENT FOR EACH OFFICER IS CONFIRMED BY THE BOARD OF DIRECTORS AT THE ANNUAL GENERAL MEETING. THE ANNUAL COMPENSATION MERIT REVIEW PROCESS FOR ORGANIZATION PERSONNEL WAS LAST COMPLETED IN JULY 2016.

FORM 990, PART VI, LINE 18

AVAILABILITY OF 990

ICANN POSTS ITS FORM 990 ON ITS WEBSITE. THE PRIOR YEAR POSTING IS

LOCATED AT:

HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/FY-2016-FORM-990-15MAR17-EN.PD

F

IN ADDITION, THE FORM 990 IS POSTED ON THE WWW.GUIDESTAR.ORG WEBSITE.

FINALLY, HARD COPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST. REQUESTS

SHOULD BE SUBMITTED TO ICANN'S CFO BY EMAIL TO XAVIER.CALVEZ@ICANN.ORG,

OR BY PHONE AT +1.310.301.5838.

ICANN POSTS THE ORIGINAL FORM 1023 (APPLICATION FOR TAX-EXEMPT STATUS)ON ITS WEBSITE AT: https://archive.icann.org/en/financials/tax/us/

FORM 990, PART VI, LINE 19

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

IN ACCORDANCE WITH ITS CORPORATE BYLAWS (SEE

Page 2

HTTPS://www.icann.org/resources/pages/governance/bylaws) and the affirmation of commitments icann had with the united states department of commerce that ended in January 2017 (see https://www.icann.org/resources/pages/governance/aoc-en), icann is committed to accountability and transparency principles. This includes providing extensive access to the public through the icann 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/DIRECTOR'S NAME INDICATES THE DATE ON WHICH THE OFFICER/DIRECTOR'S SERVICES ENDED. IF NO DATE IS INDICATED, THAT OFFICER/DIRECTOR WAS ACTIVE AS OF JUNE 30, 2017.

FORM 990, PART VII, SECTION A, LINE 3 AND LINE 16, COLUMN D
COMPENSATION FOR MIKE SILBER AND STEVE CROCKER, RESPECTIVELY, ARE NOT
CONSIDERED REPORTABLE, AS THEIR COMPENSATION IS PAID TO MR. SILBER'S AND
MR. CROCKER'S CORPORATIONS, SILBER CONSULTING (\$45,000) AND SHINKURO,
INC. (\$75,000), RESPECTIVELY.

COMPENSATION FOR LOUSEWIES VAN DER LAAN INCLUDED OCTOBER 2015 - DECEMBER 2015.

FORM 990, PART VII, SECTION B

COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS

JSA 6E1228 1.000

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

ICANN USUALLY DISCLOSES ALL CONTRACTORS WITH WHICH IT SPENT \$1 MILLION OR MORE DURING THE PERIOD, IN ADDITION TO THE TOP FIVE CONTRACTORS. DURING FY17, ICANN DID NOT PAY \$1 MILLION OR MORE TO ANY CONTRACTORS THAT ARE NOT DISCLOSED IN THIS SECTION OF THE FORM 990.

FORM 990, PART IX, LINE 11G

FEES FOR SERVICES - OTHER

FEED FOR SERVICES - OTHER	
CONSULTING SERVICES	\$6,730,548
NEW GTLD AUCTION FEES	\$2,770,407
TRANSLATION SERVICES	\$2,526,603
TEMPORARY PERSONNEL	\$1,878,060
NEW GTLD PRE-DELEGATION TESTING	\$1,736,468
STUDIES & RESEARCH	\$1,300,617
TRANSCRIPTION SERVICES	\$1,215,001
COMMUNICATIONS	\$1,148,119
STRATEGIC INITIATIVES	\$977,764
DATA ESCROW	\$647,488
NEW GTLD TRADEMARK CLEARINGHOUSE	\$379,421
POLICY DEVELOPMENT	\$377,030
IDN PROGRAMS	\$340,867
RECRUITING SERVICES	\$229,403
FIN & TECH EVALUATIONS	\$226,843
PUBLIC AFFAIRS	\$2,589
TOTAL	\$22,487,228

PAGE 75

11165W 2020 60100666

Name of the organization INTERNET CORPORATION FOR ASSIGNED Employer identification number

NAMES AND NUMBERS 95-4712218

FORM 990, PART IX, LINE 24A

RISK COSTS - GTLD

RISK COSTS ARE EXPENSES THAT RELATE TO ANY CONTINGENCIES OR UNANTICIPATED

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

PTI EXPENSE RECLASS (\$5,452,479)

FOREIGN EXCHANGE GAIN (LOSS) (\$188,903)

NON-INVESTMENT ADMIN FEES (\$55,275)

ROUNDING \$1

TOTAL (\$5,696,656)

ATTACHMENT 1

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

BELGIUM

TURKEY

SWITZERLAND

SINGAPORE

ATTACHMENT 2

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

JONES DAY LEGAL SERVICES 8,749,499.

555 S FLOWER STREET, 50TH FLOOR

LOS ANGELES, CA 90071

Schedule O (Form 990 or 990-EZ) 2016

6E1228 1.000

JSA.

11165W 2020

60100666

PAGE 76

Name of the organization INTERNET CORPORATION FOR ASSIGNED Employer identification number

NAMES AND NUMBERS 95-4712218

ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
POWER AUCTIONS LLC 1000 POTOMAC ST. NW, SUITE 260 WASHINGTON DC, DC 20007	NEW GTLD PROGRAM	3,933,020.
SIDLEY AUSTIN LLP ONE SOUTH DEARBORN CHICAGO, IL 60603	LEGAL SERVICES	2,723,944.
DBA MOORE-LE-PROS AVENIDA GAONA 1315 P9A BUENOS AIRES ARGENTINA 1416	TRANSLATION SERVICES	818,176.
KPMG DEPT 0922 PO BOX 12922 DALLAS, TX 75312-0922	PROF SVCS - AUDITING	624,858.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded	ntity	(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)						

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II 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	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) PUBLIC TECHNICAL IDENTIFIERS 32-0512841							
12025 WATERFRONT DR, STE 300 LOS ANGELES, CA 90094	IANA FUNCTION	CA	501(C)(3)	10	ICANN	X	
(2)							
(3)							
(4)							
(5)							
(6)							
	1						
(7)							
	1						

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

JSA

6E1307 1.000

Schedule R (Form 990) 2016

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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	0 managing		General or managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		(k) Percentage ownership
		oounity)					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) Sectio 512(b)(controll entity
(1)								Yes N
(2)								
(3)								
(4) (5)								\perp
(6)								
(7)								

JSA 6E1308 1.000

Schedule R (Fo	orm 990) 2016	Page .
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Y	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		X
		1b		X
С		1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
е		1e		X
f	Dividends from related organization(s)	1f		Х
g		1g		X
		1h		Х
i	Exchange of assets with related organization(s)	1i		X
j		1j		X
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
- 1		11		X
m			Х	
n		1n	Х	
		10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
		1q	X	
·				
r	Other transfer of cash or property to related organization(s)	1r		Х
s		1s	\top	Х
	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 thresh	nolds		_

	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	М	5,452,479.	FMV							
(2)	PUBLIC TECHNICAL IDENTIFIERS	0	3,353,456.	FMV							
(3)	PUBLIC TECHNICAL IDENTIFIERS	Q	5,452,479.	FMV							
<u>(4)</u>											
<u>(5)</u>											
<u>(6)</u>											

JSA 6E1309 1.000

Schedule R (Form 990) 2016

PAGE 80 11165W 2020 60100666

Schedule R (Form 990) 2016

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.

(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?		amount in box 20 of Schedule K-1	(j) General or managing partner?		(k) Percentage ownership
							Yes No	, , ,	Yes	No		
	Primary activity	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country)	country) unrelated, excluded from tax under	country) unrelated, excluded 501 from tax under organic	country) unrelated, excluded 501(c)(3) from tax under organizations?	country) unrelated, excluded 501(c)(3) from tax under organizations?	country) unrelated, excluded 501(c)(3) assets from tax under organizations?	country) unrelated, excluded 501(c)(3) assets from tax under organizations?	country) unrelated, excluded 501(c)(3) assets from tax under organizations?	country) unrelated, excluded 501(c)(3) assets of Schedule K-1 (Form 1065)	country) unrelated, excluded 501(c)(3) assets of Schedule K-1 part from tax under organizations? (Form 1065)	country) unrelated, excluded 501(c)(3) assets of Schedule K-1 partner? from tax under organizations? (Form 1065)

JSA

6E1310 1.000

Schedule R (Form 990) 2016 Page 5

Part VII Supplemental Information

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