Instructions for filing
Internet Corporation for Assigned Names and Numbers
CA Form 199 - Exempt Organization Annual Information
Return for the period ended June 30, 2020

****

Signature...
The return has been signed by an officer of the organization.

Filing...
The signed return has been filed by us on your behalf. Please do not separately file a copy of the 199 with the FTB.

Payment of tax...
An electronic payment to the Franchise Tax Board in the amount of $10. should be made online using web pay for businesse through your MyFTB.ca.gov account.

DO NOT separately file the Form 199 with the Franchise Tax Board. Doing so will delay the processing of your return.

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TAXABLE YEAR **2019** | **California Exempt Organization Annual Information Return** | FORM **199**

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019, and ending (mm/dd/yyyy) 06/30/2020

Corporation/Organization name: INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	California corporation number: 2121683
Additional information. See instructions.	FEIN: 95-4712218
Street address (suite or room): 12025 WATERFRONT DRIVE, SUITE 300	PMB no.
City: LOS ANGELES	State: CA / Zip code: 90094
Foreign country name / Foreign province/state/county	Foreign postal code

A First Return: [ ] Yes [X] No
B Amended Return: [ ] Yes [X] No
C IRC Section 4947(a)(1) trust: [ ] Yes [X] No
D Final Information Return? [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized
Enter date: (mm/dd/yyyy)
E Check accounting method: (1) [ ] Cash (2) [X] Accrual (3) [ ] Other
F Federal return filed? (1) [ ] 990T (2) [ ] 990PF (3) [ ] Sch H (990) (4) [X] Other 990 series
G Is this a group filing? See instructions: [ ] Yes [X] No
H Is this organization in a group exemption: [ ] Yes [X] No
If "Yes," what is the parent's name?
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions: [ ] Yes [X] No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions: [X] Yes [ ] No
K Is the organization exempt under R&TC Section 23701g?: [ ] Yes [X] No
If "Yes," enter the gross receipts from nonmember sources $
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required [ ]
M Is the organization a Limited Liability Company?: [ ] Yes [X] No
N Did the organization file Form 100 or Form 109 to report taxable income?: [ ] Yes [X] No
O Is the organization under audit by the IRS or has the IRS audited in a prior year?: [ ] Yes [X] No
P Is federal Form 1023/1024 pending?: [ ] Yes [X] No
Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	320,331,384 00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	3,065,952 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B	4	323,397,336 00
	5	Cost of goods sold — 5: 00		
	6	Cost or other basis, and sales expenses of assets sold — 6: 173,803,721 00		
	7	Total costs. Add line 5 and line 6	7	173,803,721 00
	8	Total gross income. Subtract line 7 from line 4	8	149,593,615 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	137,180,226 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	12,413,389 00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee $10 or $25. See General Information F	15	10 00
	16	Penalties and Interest. See General Information J	16	00
	17	**Balance due.** Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10 00

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer ▶ Title: CFO Date: 5/4/2021 Telephone: 310-301-5838

Paid Preparer's Use Only
Preparer's signature ▶ Jocelyne C. Miller Date: 5/3/21 Check if self-employed ▶ [ ] PTIN: P00634378
Firm's name (or yours, if self-employed) and address ▶ ERNST & YOUNG U.S. LLP, 4365 EXECUTIVE DRIVE, #1600, SAN DIEGO, CA 92121
Firm's FEIN: 34-6565596
Telephone: 858-535-7200

May the FTB discuss this return with the preparer shown above? See instructions: [X] Yes [ ] No

SEE ATTACHED FEDERAL FORM 990

Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	1	00
	2 Interest	2	00
	3 Dividends	3	00
	4 Gross rents	4	00
	5 Gross royalties	5	00
	6 Gross amount received from sale of assets (See Instructions)	6	00
	7 Other income. Attach schedule	7	00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	00
Expenses and Disburse-ments	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	00
	10 Disbursements to or for members	10	00
	11 Compensation of officers, directors, and trustees. Attach schedule	11	00
	12 Other salaries and wages	12	00
	13 Interest	13	00
	14 Taxes	14	00
	15 Rents	15	00
	16 Depreciation and depletion (See instructions)	16	00
	17 Other Expenses and Disbursements. Attach schedule	17	00
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	00

Schedule L **Balance Sheet**

	Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)
1 Cash				
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	SEE ATTACHED FEDERAL FORM 990			
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule				
13 **Total assets**				
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 **Total liabilities and net worth**				

Schedule M-1 **Reconciliation of income per books with income per return**
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000

1 Net income per books		7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule.			
6 Total. Add line 1 through line 5			

TAXABLE YEAR
2019

Political or Legislative Activities by Section 23701d Organizations

CALIFORNIA FORM
3509

For calendar year 2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019 , and ending (mm/dd/yyyy) 06/30/2020 .

Attach to Form 199. FTB 199N filers see instructions.

Corporation/Organization name			California corporation number
INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS			2121683
Street address (suite, room, or PMB no.)			FEIN
12025 WATERFRONT DRIVE			95-4712218
City	State	ZIP code	
LOS ANGELES	CA	90094-2536	

Part I - Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? . **1** ☐ Yes ☒ No

If "Yes," describe the activities. Provide a summary of any published material relating to the activities.

2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? . . . . . **2** ☐ Yes ☒ No

If "Yes," describe the activities. Include the name of the individual or organization the organization contributed to, the amount paid, and date of contribution.

Part II - Legislative Activities

Complete if the organization attempted to influence legislation.

3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation? . . . . . **3** ☒ Yes ☐ No

If "Yes," See instructions.

THE ORGANIZATION UTILIZED THE SERVICES OF A STAFF REGISTERED LOBBYIST AS WELL AS TWO GOVERNMENT AFFAIRS FIRMS DURING THE YEAR ENDED JUNE 30, 2020, FOR A TOTAL COST OF $314,926.

4a Has the organization, during the 2019 taxable year, filed a federal Form 5768? . . . . . **4a** ☐ Yes ☒ No

If "Yes," attach a copy of federal Form 5768 filed with the Internal Revenue Service and skip question 4b. This fulfills the organization's need to file an election for state purposes.

If "No", go to question 4b and see instructions.

4b Has the organization filed a federal Form 5768 in a prior year that has not been revoked? . . . . . **4b** ☐ Yes ☒ No

Note: The organization **cannot** make this election if it is a church, an integrated auxiliary of a church, a private foundation, or an affiliated organization.

Furnish the following financial information for the taxable year:

5 Exempt Purpose Expenditures

The total amount paid or incurred to accomplish the charitable, educational, religious, etc. purpose. . . . . . **5** N/A 00

6 Lobbying Expenditures

The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation. . . . . . **6** N/A 00

7 Grass Roots Expenditures

The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it. . . . . . **7** N/A 00

Confirmation

Thank you for your submission.
Your waiver has been granted for the return and tax period indicated below. If we have questions regarding the information you submitted on this form, we will contact you.

Note: The granting of this waiver, including the reason provided, does not exempt you from the requirement in future years.

Print or save a copy of this confirmation page for your records. This page expires in 20 minutes.

Entity Information

Entity Information

Entity Type	**Exempt Organization**
Form Type	**199**
Entity Name	**ICANN**
California Entity ID Number	**2121683**
Account Period Beginning	**7/1/2019**
Account Period Ending	**6/30/2020**

Waiver Information

Software/Product Used	**GoSystem Tax RS**
Reason for Waiver	**Technology Constraints**

Explanation
GoSystem Tax RS functionally does not accommodate e-filing where Box J of the Form 199 is selected "Yes".

Contact Information

Contact 1

Role	**Paid Preparer**

Name
Lia Utter

EFIN	**335774**

Telephone Number
Extension
E-mail Address
lia.utter@ey.com

Person Submitting this Form

Name
Lia Utter
Title
Telephone Number
Extension
E-mail Address
lia.utter@ey.com

If you have questions regarding this waiver, contact us at e-file@ftb.ca.gov.

Done

Start a new request

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2019, or tax year beginning 07/01 , 2019, and ending 06/30, 20 20

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

OMB No. 1545-0047

2019

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

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ▶	X	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . .	1b	149593615.
2a	**Form 990-EZ** check here ▶		**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ▶		**b Total tax** (Form 1120-POL, line 22).	3b	
4a	**Form 990-PF** check here ▶		**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a	**Form 8868** check here ▶		**b Balance due** (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund.

Sign Here ▶ Signature of officer | 5/5/2021 Date | ▶ CFO Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only					
ERO's signature ▶ Jocelyne C. Miller	Date 5/3/21	Check if also paid preparer X	Check if self-employed ☐	ERO's SSN or PTIN P00634378	
Firm's name (or yours if self-employed), address, and ZIP code ▶	ERNST & YOUNG U.S. LLP			EIN 34-6565596	
	4365 EXECUTIVE DRIVE, #1600 SAN DIEGO CA 92121			Phone no. 858-535-7200	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only				
Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Form **8453-EO** (2019)

Form **990** (Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01, **2019, and ending** 06/30, **20** 20

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 12025 WATERFRONT DRIVE, SUITE 300 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: LOS ANGELES, CA 90094

D Employer identification number 95-4712218

E Telephone number (310) 301-5800

G Gross receipts $ 323,397,336.

F Name and address of principal officer: BO GORAN MARBY
12025 WATERFRONT DR., STE 300, LOS ANGELES, CA 90094

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.ICANN.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1998 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15.
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	309.
6	Total number of volunteers (estimate if necessary)	6	53.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,370,388.	3,065,952.
	9	Program service revenue (Part VIII, line 2g)	147,544,218.	136,109,583.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,278,368.	10,418,080.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	161,192,974.	149,593,615.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,245,056.	1,064,794.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	73,042,018.	76,647,744.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	75,782,553.	59,467,688.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	150,069,627.	137,180,226.
	19	Revenue less expenses. Subtract line 18 from line 12	11,123,347.	12,413,389.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	513,649,685.	532,883,189.
	21	Total liabilities (Part X, line 26)	43,867,713.	49,898,136.
	22	Net assets or fund balances. Subtract line 21 from line 20	469,781,972.	482,985,053.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer | Date

▶ XAVIER CALVEZ CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
JOCELYNE MILLER	Jocelyne C. Miller	5/5/21		P00634378

Firm's name ▶ ERNST & YOUNG U.S. LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 4365 EXECUTIVE DRIVE, #1600 SAN DIEGO, CA 92121 — Phone no. 858-535-7200

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 $ 99,426,901. including grants of $ 1,064,794.) (Revenue $ 136,109,583.)

SEE SCHEDULE O

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

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

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

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

4e Total program service expenses ▶ 99,426,901.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
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*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
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*	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
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*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	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	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
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		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	116			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0.			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

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

			Yes	No
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** 309			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**	X	
b	If "Yes," enter the name of the foreign country ▶ ATTACHMENT 1			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year . **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders . **11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . **13b**			
c	Enter the amount of reserves on hand . **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	**15**		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	**16**		X
	If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . 1a 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
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, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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? *If "Yes," provide the names and addresses on Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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 with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to 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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA,

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
XAVIER CALVEZ 12025 WATERFRONT DRIVE, STE 300 LOS ANGELES, CA 90094 310-301-5838

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) BO GORAN MARBY	60.00									
DIRECTOR, PRESIDENT & CEO	0.	X		X				991,557.	0.	67,665.
(2) JOHN JEFFREY	60.00									
GENERAL COUNSEL AND SECRETARY	0.			X				665,119.	0.	44,665.
(3) TAREK KAMEL	60.00									
SVP, GOVERNMENT AND IGO ENGMT	0.				X			488,515.	0.	126,529.
(4) CYRUS NAMAZI	60.00									
VP, DNS INDUSTRY SEGMENT	0.				X			528,304.	0.	56,209.
(5) THERESA SWINEHART	60.00									
SVP, MULTISTAKEHOLDER STRATEGY	0.			X				520,317.	0.	56,101.
(6) XAVIER CALVEZ	60.00									
CHIEF FINANCIAL OFFICER	0.			X				464,159.	0.	67,665.
(7) SUSANNA H BENNET	60.00									
CHIEF OPERATING OFFICER	0.			X				477,278.	0.	46,109.
(8) NICHOLAS TOMASSO	60.00									
VP, GLOBAL MEETING OPERATIONS	0.				X			460,489.	0.	58,520.
(9) ASHWIN RANGAN	60.00									
SVP, ENGINEERING & CIO	0.			X				433,967.	0.	60,992.
(10) DAVID CONRAD	55.00									
SVP & CHIEF TECHNOLOGY OFFICER	5.00				X			437,137.	0.	55,075.
(11) JAMES HEDLUND	60.00									
SVP, CONTRACTUAL COMPLIANCE	0.				X			449,198.	0.	33,190.
(12) DANIEL E HALLORAN	60.00									
DEPUTY GENERAL COUNSEL	0.					X		399,154.	0.	67,665.
(13) CHRISTINE WILLETT	60.00									
VP, GTLD OPERATIONS	0.				X			374,505.	0.	67,665.
(14) DAVID OLIVE	60.00									
SVP,POLICY DEVELOPMENT SUPPORT	0.			X				381,040.	0.	58,581.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15) SALLY JANE NEWELL SVP, GLOBAL COMMUNICATIONS	60.00 0.				X			370,614.	0.	54,244.
(16) AMY STATHOS DEPUTY GENERAL COUNSEL	60.00 0.					X		374,781.	0.	47,674.
(17) NIGEL HICKSON VP, IGO ENGAGEMENT	60.00 0.					X		316,375.	0.	101,713.
(18) GINA VILLAVICENCIO SVP, GLOBAL HUMAN RESOURCES	60.00 0.				X			351,530.	0.	51,017.
(19) SHEILA KAY JOHNSON DEPUTY GENERAL COUNSEL	60.00 0.					X		340,506.	0.	47,650.
(20) JOHN L CRAIN CHIEF SEC. & STABILITY OFFICER	60.00 0.					X		320,547.	0.	67,583.
(21) CHERINE CHALABY DIRECTOR - THRU 11/19	16.00 0.	X						63,988.	0.	0.
(22) SARAH DEUTSCH DIRECTOR	16.00 0.	X						45,000.	0.	0.
(23) AVRI DORIA DIRECTOR	16.00 0.	X						45,000.	0.	0.
(24) DANKO JEVTOVIC DIRECTOR	16.00 0.	X						45,000.	0.	0.
(25) RAFAEL LITO IBARRA DIRECTOR	16.00 0.	X						45,000.	0.	0.
1b Sub-total . . . ▶								9,389,080.	0.	1,236,512.
c Total from continuation sheets to Part VII, Section A . . . ▶								186,965.	0.	0.
d Total (add lines 1b and 1c) . . . ▶								9,576,045.	0.	1,236,512.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 212

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 173

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(26) AKINORI MAEMURA DIRECTOR	16.00 0.	X						45,000.	0.	0.
(27) NIGEL ROBERTS DIRECTOR	16.00 0.	X						45,000.	0.	0.
(28) LEON SANCHEZ DIRECTOR	16.00 0.	X						45,000.	0.	0.
(29) KHALED KOUBAA DIRECTOR - THRU 11/19	16.00 0.	X						38,393.	0.	0.
(30) MANDLA MSIMANG DIRECTOR	16.00 0.	X						6,786.	0.	0.
(31) IHAB OSMAN DIRECTOR	16.00 0.	X						6,786.	0.	0.
(32) MAARTEN BOTTERMAN DIRECTOR	16.00 0.	X						0.	0.	0.
(33) BECKY BURR DIRECTOR	16.00 0.	X						0.	0.	0.
(34) CHRIS DISSPAIN DIRECTOR	16.00 0.	X						0.	0.	0.
(35) MATTHEW SHEARS DIRECTOR	16.00 0.	X						0.	0.	0.
(36) RON DA SILVA DIRECTOR	16.00 0.	X						0.	0.	0.
1b Sub-total ▶								186,965.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 212

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(37) TRIPTI SINHA DIRECTOR	16.00 0.	X						0.	0.	0.

	(D)	(E)	(F)
1b Sub-total . . . . . ▶	0.	0.	0.
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . . ▶			

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 212

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,065,952.				
	g	Noncash contributions included in lines 1a-1f	1g	$				
	h	**Total.** Add lines 1a-1f			3,065,952.			
Program Service Revenue				Business Code				
	2a	REGISTRY/REGISTRAR FEES		900099	97,183,809.	97,183,809.		
	b	ADDRESS REGISTRY FEES		900099	30,109,579.	30,109,579.		
	c	ACCREDITATION FEES		900099	9,846,283.	9,846,283.		
	d	PTI SERVICES AGREEMENT		900099	7,227,880.	7,227,880.		
	e	NEW GTLD PROGRAM REVENUE		900099	-8,766,008.	-8,766,008.		
	f	All other program service revenue			508,040.	508,040.		
	g	**Total.** Add lines 2a-2f			136,109,583.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			6,091,471.			6,091,471.
	4	Income from investment of tax-exempt bond proceeds			0.			
	5	Royalties			0.			
				(i) Real / (ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)			0.			
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	(i) 178,130,330.				
	b	Less: cost or other basis and sales expenses	7b	(i) 173,803,721.				
	c	Gain or (loss)	7c	(i) 4,326,609.				
	d	Net gain or (loss)			4,326,609.			4,326,609.
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	8a	0.				
	b	Less: direct expenses	8b	0.				
	c	Net income or (loss) from fundraising events			0.			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0.				
	b	Less: direct expenses	9b	0.				
	c	Net income or (loss) from gaming activities			0.			
	10a	Gross sales of inventory, less returns and allowances	10a	0.				
	b	Less: cost of goods sold	10b	0.				
	c	Net income or (loss) from sales of inventory			0.			
Miscellaneous Revenue				Business Code				
	11a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d			0.			
	12	**Total revenue.** See instructions			149,593,615.	136,109,583.		10,418,080.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 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	692,644.	692,644.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	26,978.	26,978.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	345,172.	345,172.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	8,731,499.	6,592,282.	2,139,217.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	289,405.	289,405.		
7 Other salaries and wages	51,238,250.	38,770,746.	12,467,504.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,331,136.	4,033,942.	1,297,194.	
9 Other employee benefits	7,569,271.	5,080,048.	2,489,223.	
10 Payroll taxes	3,488,183.	2,639,424.	848,759.	
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	5,468,400.	3,670,067.	1,798,333.	
c Accounting	1,558,488.		1,558,488.	
d Lobbying	314,926.	314,926.		
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	682,973.		682,973.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,576,127.	8,440,354.	4,135,773.	
12 Advertising and promotion	142,728.	95,790.	46,938.	
13 Office expenses	434,355.	291,514.	142,841.	
14 Information technology	6,530,384.	4,382,808.	2,147,576.	
15 Royalties	0.			
16 Occupancy	4,677,041.	2,946,536.	1,730,505.	
17 Travel	8,103,398.	5,438,522.	2,664,876.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,632,055.	2,632,055.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	3,805,429.	2,553,979.	1,251,450.	
23 Insurance	684,923.	459,680.	225,243.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PTI IANA CONTRACT	7,227,880.	5,228,682.	1,999,198.	
b RISK COSTS - GTLD	3,617,653.	3,617,653.		
c BAD DEBT EXPENSE	449,477.	449,477.		
d DUES, SUBSCRIPTIONS & PUB	292,729.	196,129.	96,600.	
e All other expenses	268,722.	238,088.	30,634.	
25 **Total functional expenses.** Add lines 1 through 24e	137,180,226.	99,426,901.	37,753,325.	
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	38,417,597.	1	60,996,474.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	34,582,224.	4	33,732,065.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	3,592,372.	9	3,130,110.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . 10a 56,504,052.			
	b	Less: accumulated depreciation . . . 10b 42,032,139.	10,241,045.	10c	14,471,913.
	11	Investments - publicly traded securities	425,766,373.	11	419,111,523.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	1,050,074.	15	1,441,104.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	513,649,685.	16	532,883,189.
Liabilities	17	Accounts payable and accrued expenses	16,361,570.	17	14,257,268.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	27,506,143.	19	35,640,868.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	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.	24	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	43,867,713.	26	49,898,136.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	469,781,972.	27	482,985,053.
	28	Net assets with donor restrictions	0.	28	0.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	469,781,972.	32	482,985,053.
	33	Total liabilities and net assets/fund balances	513,649,685.	33	532,883,189.

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	149,593,615.
2	Total expenses (must equal Part IX, column (A), line 25)	2	137,180,226.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,413,389.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	469,781,972.
5	Net unrealized gains (losses) on investments	5	1,043,091.
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 on Schedule O)	9	-253,399.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	482,985,053.

Part XII Financial Statements and Reporting

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 compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95-4712218

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ______

10 X An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** 2019	**(f)** Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** 2019	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 as a section 501(c)(3) organization, check this box and **stop here** . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . **14** %

15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . **15** %

16a **33 1/3 % support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

b **33 1/3 % support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,133,161.	3,628,137.	3,160,648.	3,370,388.	3,065,952.	14,358,286.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	193,512,588.	286,797,690.	125,870,285.	147,544,217.	136,109,583.	889,834,363.
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	194,645,749.	290,425,827.	129,030,933.	150,914,605.	139,175,535.	904,192,649.
7a 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	76,543,850.	175,469,779.	56,889,658.	66,771,769.	71,042,911.	446,717,967.
c Add lines 7a and 7b	76,543,850.	175,469,779.	56,889,658.	66,771,769.	71,042,911.	446,717,967.
8 **Public support.** (Subtract line 7c from line 6.)						457,474,682.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	194,645,749.	290,425,827.	129,030,933.	150,914,605.	139,175,535.	904,192,649.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,203,202.	2,744,763.	5,246,790.	6,421,108.	6,091,471.	21,707,334.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	1,203,202.	2,744,763.	5,246,790.	6,421,108.	6,091,471.	21,707,334.
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 loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	195,848,951.	293,170,590.	134,277,723.	157,335,713.	145,267,006.	925,899,983.

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	49.41 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	52.25 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	2.34 %
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	1.71 %

19a **33 1/3 % support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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

			Yes	No
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.*	**1**		
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).*	**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.*	**3a**		
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.*	**3b**		
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.*	**3c**		
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.*	**4a**		
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.*	**4b**		
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.*	**4c**		
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).*	**5a**		
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?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
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.***	**6**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	**7**		
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).*	**8**		
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.***	**9a**		
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.***	**9b**		
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.***	**9c**		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	**10a**		
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.)*	**10b**		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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**		
c	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**		

Section 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**		

Section 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).*	**1**		

Section D. All Type III Supporting Organizations

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

Section 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 instructions**).*

- **a** ☐ 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.*
- **c** ☐ The organization supported a governmental entity. *Describe in **Part VI** how you supported a government entity (see instructions).*

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

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

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

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-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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 B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

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

Organization type (check one):

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

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

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

General Rule

[X] 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 totaling $5,000 or more during the year . . . . ▶ $ ____________

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

Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

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
1	.AU DOMAIN ADMINISTRATION LEVEL 17, 1 COLLINS STREET MELBOURNE AUSTRALIA N-7465	$ 102,395.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	NIC.AT JAKOB-HARINGER-STRASSE 8 SALZBURG AUSTRIA A-5020	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	DNS BELGIUM VZW UBICENTER, PHILIPSSITE 5, BUS 13 LEUVEN BELGIUM B-3001	$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	NORID AS POSTBOKS 4769 SLUPPEN TRONDHEIM NORWAY N-7465	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	NIC.BR AV. DAS NACOES UNIDAS BRAZIL BRAZIL SP-04578	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	CIRA 979 BANK STREET, SUITE 400 OTTOWA CANADA K1S 5K5	$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UNIVERSIDAD DE CHILE RUT. 60.910.000-1, MIRAFLORES 222 PISO 1 SANTIAGO CHILE 832-0198	$ 25,020.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	CZ.NIC MILESOVSKA 5 PRAGUE CZECH REPUBLIC 11454	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	DANSK INTERNET FORUM COPENHAGEN V COPENHAGEN DENMARK 1560	$ 60,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	AFNIC IMMEUBLE LE STEPENSON MONTIGNY LE BRE FRANCE F-78181	$ 110,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	DENIC EG KAISERSTRASSE 75-77 FRANKFURT GERMANY D-60329	$ 130,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	ICS-FORTH GR N. PLASTIRA 100 VASSILIKA VOUTON CRETE GREECE 70013	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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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	COUNCIL OF HUNGARIAN INTERNET PROVIDERS VICTOR HUGO 18-22 BUDAPEST HUNGARY H-1132	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	ISNIC - INTERNET ICELAND KATRINARTUN 2 REYKJAVIK ICELAND 101	$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	INCDI - ICI BUCHAREST BD. AVERESCU 8-10 BUCHAREST ROMANIA	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	INTERNET SOCIETY OF ISRAEL BAREKET 6 PETACH TIKVA ISRAEL 7210	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	IIT - CNR INSTITUTE VIA MORUZZI 1 PISA ITALY I-56124	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	STIFTELSEN FOR INTERNETINFRASTRUCKTUR.SE PO BOX 7399 STOCKHOLM SWEDEN 10391	$ 48,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

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
19	JAPAN REGISTRY SERVICE CO. LTD CHIYODA FIRST BLDG. EAST 13-F TOKYO JAPAN 101-0065	$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	KAUNAS UNIVERSITY OF TECHNOLOGY IT DEPARTMENT STUDENTU 48A KAUNAS LITHUANIA 51367	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	UNIVERSITY OF LATVIA RAINIS BOULEVARD 29 RIGA LATVIA 1459	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	NASK KOLSKA 12 WARSAW POLAND 1831	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	NEUSTAR 46000 CENTER OAK PLAZA STERLING, VA 20166	$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	NIC MEXICO AV. EUGENIO GARZA SADA 2501 SUR MONTERREY MEXICO 04053	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

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
25	ASSOCIACAO DNS. PT RUA LATINO COELHO LISBOA TIKVA PORTUGAL 1050-132	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	SGNIC 10 PASIR PANJANG ROAD SINGAPORE SINGAPORE 49517	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	ACADEMIC & RESEARCH NETWORK OF SLOVENIA TEHNOLOSKI PARK 18 LJUBLJANA SLOVENIA 1000	$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	STICHTING INTERNET DOMEINREGISTRATIE NED MEANDER 501 ARNHEM TIKVA NETHERLANDS 6825	$ 225,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	SWITCH (CH) WERDSTRASSE 2 ZURICH SWITZERLAND CH-8004	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	TAIWAN NETWORK INFORMATION CENTER SECTION 2 4F-2 NO 9, ROOSEVELT ROAD TAIPEI TAIWAN 100	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

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
31	MIDDLE EAST TECHNICAL UNIVERSITY DUMLUPÄ±NAR BULVARÄ± NO 1 ANKARA TURKEY	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	NOMINET UK OXFORD SCIENCE PARK OXFORD UNITED KINGDOM OX4 4DQ	$ 225,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	RNIDS ZORZA KLEMANSOA 18A/I BELGRADE SERBIA LV-1459	$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	INTERNETNZ PO BOX 11881 WELLINGTON NEW ZEALAND 10000	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	RESTENA 6, RUE COUDENHOVE-KALERGI LUXEMBOURG LUXEMBOURG L-1359	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	HONG KONG INTERNET REGISTRATION CORP UNIT 2002-2005, 20/F ING TOWER SHEUNG WAN HONG KONG CH-8021	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

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
37	REGISTER .BG 40, SLIVNITSA BLVD VARNA BULGARIA LV-1459	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38	EURID VZW TELECOMLAAN 9 DIEGEM BELGIUM 1831	$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39	FINNISH TRANSPORT AND COMM AGENCY PO BOX 313 HELSINKI FINLAND NO-7465	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40	COORDINATION CENTER FOR TLD RU 8 MARTA STR., 1 BLD. 12 MOSCOW RUSSIA CP832 0198	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41	KOREA INTERNET & SECURITY AGENCY (KISA) PLATINUM TOWER 11TH FLOOR SEOUL KOREA, REPUBLIC OF (SOUTH) SI-1000	$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42	HOSTMASTER LTD. VUL VAVILOVYKH 18 KYIV UKRAINE	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

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
43	.CO INTERNET SAS CALLE 100 NO 8A - 49 TORRE B OF 507 BOGOTA COLOMBIA 00931-1613	$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44	EESTI INTERNETI SA (EIS) PALDISKI TALLINN ESTONIA	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45	TELECOMMUNICATIONS REGULATORY AUTHORITY PO BOX 116688 DUBAI UNITED ARAB EMIRATES	$ 5,000.	Person [X] 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.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95-4712218

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

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

(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
		$	

Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95-4712218

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) . . . . ► $

3 Volunteer hours for political campaign activities (see instructions) . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . . ► $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ► $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . ► $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . ► $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . ► $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

Limits on Lobbying Expenditures **(The term "expenditures" means amounts paid or incurred.)**	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c 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?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		314,926.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			314,926.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

		Yes	No
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 from the prior year?	3		

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 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 of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

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

LOBBYING EXPENDITURES

THE ORGANIZATION UTILIZED THE SERVICES OF A STAFF REGISTERED LOBBYIST AS

WELL AS TWO GOVERNMENT AFFAIRS FIRMS DURING THE YEAR ENDED JUNE 30, 2020,

FOR A TOTAL COST OF $314,926.

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(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 in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ____________

4 Number of states where property subject to conservation easement is located ▶ ____________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ____________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

(ii) Assets included in Form 990, Part X ▶ $ ____________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other ______

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ 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 included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

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

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

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Term endowment ▶ ______ %

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

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

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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
1a Land				
b Buildings				
c Leasehold improvements		6,143,154.	4,278,484.	1,864,670.
d Equipment		42,364,978.	37,753,655.	4,611,323.
e Other		7,995,920.		7,995,920.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				14,471,913.

Schedule D (Form 990) 2019

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) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII **Investments - Program Related.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48 (ASC 740-10) FOOTNOTE

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

ICANN BELIEVES IT IS IN COMPLIANCE WITH ALL APPLICABLE LAWS, HOWEVER, UPON AUDIT BY A TAXING AUTHORITY, IF AMOUNTS ARE FOUND DUE, ICANN MAY BE LIABLE FOR SUCH TAXES. MANAGEMENT HAS ANALYZED ICANN'S TAX POSITIONS TAKEN ON FEDERAL AND STATE INCOME TAX RETURNS FOR ALL OPEN TAX YEARS AND HAS CONCLUDED THAT, AS OF JUNE 30, 2020 AND 2019, NO LIABILITIES ARE REQUIRED TO BE RECORDED IN CONNECTION WITH SUCH TAX POSITIONS IN ICANN'S FINANCIAL STATEMENTS.

THE FISCAL 2014 THROUGH 2018 TAX YEARS REMAIN OPEN FOR EXAMINATION BY THE TAXING AUTHORITIES. NO INTEREST OR PENALTIES ARE RECOGNIZED DURING THE YEAR AS ICANN HAS NOT RECORDED INCOME TAX CONTINGENCIES. ICANN IS NOT UNDER EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR ANY OPEN TAX YEARS.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95-4712218

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

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

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	3.	52.	PROGRAM SERVICES	SEE 990 PART III	14,183,022.
(2)	EAST ASIA AND THE PACIFIC	2.	23.	PROGRAM SERVICES	SEE 990 PART III	4,936,686.
(3)	SOUTH AMERICA	1.	7.	PROGRAM SERVICES	SEE 990 PART III	2,058,825.
(4)	SUB-SAHARAN AFRICA	1.	6.	PROGRAM SERVICES	SEE 990 PART III	1,049,217.
(5)	MIDDLE EAST AND NORTH AFRICA	0.	3.	PROGRAM SERVICES	SEE 990 PART III	974,148.
(6)	NORTH AMERICA	0.	2.	PROGRAM SERVICES	SEE 990 PART III	770,998.
(7)	CENTRAL AMERICA/CARIBBEAN	0.	1.	PROGRAM SERVICES	SEE 990 PART III	484,734.
(8)	SOUTH ASIA	0.	2.	PROGRAM SERVICES	SEE 990 PART III	230,187.
(9)	RUSSIA/INDEPENDENT STATES	0.	2.	PROGRAM SERVICES	SEE 990 PART III	131,441.
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	7.	98.			24,819,258.
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	7.	98.			24,819,258.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) 2019**

JSA
9E1274 1.000

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	IGFSA CONTRIBUTION	50,000.	WIRE/CASH			
(2)			EAST ASIA/PACIFIC	SPONSORSHIP APIGA 2019	25,000.	WIRE/CASH			
(3)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP ACM MEETING	16,712.	WIRE/CASH			
(4)			EAST ASIA/PACIFIC	SPONSOR APIA 7/19-6/20	16,000.	WIRE/CASH			
(5)			EUROPE/ICELAND/GREENLAND	SPONSOR 13TH EURO-SSIG	11,352.	WIRE/CASH			
(6)			EUROPE/ICELAND/GREENLAND	EURODIG 2019	11,140.	WIRE/CASH			
(7)			SOUTH AMERICA	CONTRIBUTION LACNIC	10,000.	WIRE/CASH			
(8)			EUROPE/ICELAND/GREENLAND	VII CLT 2019	10,000.	WIRE/CASH			
(9)			SUB-SAHARAN AFRICA	ADNSF 2019	7,800.	WIRE/CASH			
(10)			SOUTH AMERICA	CONTRIB LAC DNS FORUM	7,000.	WIRE/CASH			
(11)			SOUTH AMERICA	SPONSORSHIP LACNIC 31	7,000.	WIRE/CASH			
(12)			SOUTH AMERICA	SPONSORSHIP LACNIC 32	7,000.	WIRE/CASH			
(13)			SUB-SAHARAN AFRICA	AFRINIC-31 DEC 2019	7,000.	WIRE/CASH			
(14)			RUSSIA/NEWLY IND. STATES	IGF RECEPTION	7,000.	WIRE/CASH			
(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 . . . . ▶

3 Enter total number of other organizations or entities . . . . ▶ 14.

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	4.	1,575.	WIRE/CASH	11,373.	AIRFARE/LODG	ACTUAL EXP
(2) FELLOWSHIP PROGRAM	EAST ASIA/PACIFIC	2.	1,050.	WIRE/CASH	7,827.	AIRFARE/LODG	ACTUAL EXP
(3) FELLOWSHIP PROGRAM	EUROPE/ICELAND/GREENLAND	4.	2,100.	WIRE/CASH	10,390.	AIRFARE/LODG	ACTUAL EXP
(4) FELLOWSHIP PROGRAM	MIDDLE EAST/NORTH AFRICA	4.	525.	WIRE/CASH	8,202.	AIRFARE/LODG	ACTUAL EXP
(5) FELLOWSHIP PROGRAM	NORTH AMERICA	1.		WIRE/CASH	1,693.	AIRFARE/LODG	ACTUAL EXP
(6) FELLOWSHIP PROGRAM	RUSSIA/NEWLY IND. STATES	2.	525.	WIRE/CASH	4,843.	AIRFARE/LODG	ACTUAL EXP
(7) FELLOWSHIP PROGRAM	SOUTH AMERICA	6.	2,625.	WIRE/CASH	18,547.	AIRFARE/LODG	ACTUAL EXP
(8) FELLOWSHIP PROGRAM	SOUTH ASIA	6.	1,075.	WIRE/CASH	13,340.	AIRFARE/LODG	ACTUAL EXP
(9) FELLOWSHIP PROGRAM	SUB-SAHARAN AFRICA	10.	5,175.	WIRE/CASH	40,198.	AIRFARE/LODG	ACTUAL EXP
(10) NEXTGEN	NORTH AMERICA	5.	2,075.	WIRE/CASH	8,927.	AIRFARE/LODG	ACTUAL EXP
(11) NEXTGEN	EAST ASIA/PACIFIC	1.	525.	WIRE/CASH	2,358.	AIRFARE/LODG	ACTUAL EXP
(12) NEXTGEN	EUROPE/ICELAND/GREENLAND	2.	1,050.	WIRE/CASH	6,170.	AIRFARE/LODG	ACTUAL EXP
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

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

FORM 990, SCHEDULE F, PART I, LINE 2

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

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

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

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

PROVIDES COACHING AND TRAVEL ASSISTANCE TO STUDENTS FROM THE REGIONS WHERE THE ICANN PUBLIC MEETING IS TAKING PLACE. FOR MORE INFORMATION ON THE NEXGEN PROGRAM, PLEASE REFER TO: HTTPS://WWW.ICANN.ORG/PUBLIC-RESPONSIBILITY-SUPPORT/NEXTGEN.

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

DURING THE TWELVE MONTHS ENDED JUNE 30, 2020, ICANN PAID $152,168 TO ALLOW 47 FELLOWSHIP AND NEXTGEN PARTICIPANTS TO ATTEND THE ICANN PUBLIC MEETING IN OCTOBER 2019.

ICANN ALSO PROVIDES TRAVEL SUPPORT TO OTHER MEMBERS OF THE VOLUNTEER COMMUNITY TO FACILITATE POLICY DEVELOPMENT EFFORTS AND OUTREACH IMPORTANT TO ICANN'S MISSION. THE PROCESS FOR SELECTION OF SUPPORTED TRAVELERS IS LARGELY BASED ON SPECIFIC CRITERIA ESTABLISHED BY EACH

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).

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.

FORM 990, SCHEDULE F, PART I, LINE 3

AT JUNE 30, 2020, ICANN HAD INTERNATIONAL OFFICES LOCATED IN BRUSSELS, BELGIUM; ISTANBUL, TURKEY; SINGAPORE AND MONTEVIDEO, URUGUAY; AND ENGAGEMENT CENTERS IN BEIJING, CHINA; NAIROBI, KENYA; AND GENEVA, SWITZERLAND AS DISPLAYED IN PART I, LINE 3, COL (B) OF SCHEDULE F.

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

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

A. THE AMOUNTS PAID (FOR COMPENSATION, TRAVEL REIMBURSEMENT, AND OTHER COSTS AND EXPENSES) FROM THE US ACCOUNTS PAYABLE DEPARTMENT APPLICABLE TO

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).

THE REGION. THIS INCLUDES AMOUNTS SHOWN ON PARTS II AND III AS GRANTS OR OTHER ASSISTANCE.

B. ALL COSTS ASSOCIATED WITH THE ICANN PUBLIC MEETING HELD OUTSIDE OF THE UNITED STATES DURING FISCAL YEAR 2020 (I.E. MONTREAL, CANADA).

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

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

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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number 95-4712218

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TEAM CYMRU, INC. 901 INTL PKWY 350 LAKE MARY, FL 32746	26-0442377	501(C)(3)	10,000.				RISE GLOBAL SPONSORSHIP PKG
(2) CYBERGREEN INSTITUTE 365 W 20TH ST APT 12C NEW YORK, NY 10011	81-1120125	501(C)(3)	50,000.				CONTRIBUTION
(3) UNIVERSITY OF OREGON 1720 E. 13TH AVE. EUGENE, OR 97403	47-4727800	501(C)(3)	250,000.				ANNUAL CONTRIBUTION TO NSRC
(4) UNDESA 2 UN PLAZA NEW YORK, NY 10017	71-0992446	501(C)(3)	85,644.				UNDESA 2019 CONTRIBUTION
(5) INTERNET SOCIETY 1775 WIEHLE AVE 201 RESTON, VA 20190	54-1650477	501(C)(3)	7,000.				IGF RECEPTION 2019
(6) KONGLE KONSULTING LLC 743 GRAND VIEW AVE SAN FRANCISCO, CA 94114	55-8818712	501(C)(3)	50,000.				THE INTERNET PROTOCOL JOURNAL
(7) GLOBAL CYBER ALLIANCE, INC. 31 TECH VALLEY DR, EAST GREENBUSGH NY 12061	47-5344606	501(C)(3)	50,000.				GCA PREMIUM PARTNERSHIP
(8) IETF ADMINISTRATION LLC 1000 NW ST STE 1200 WILMINGTON, DE 19801	83-1755858	501(C)(3)	120,000.				CONTRIBUTION TO IETF
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . ▶ 8.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2019)**

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	FELLOWSHIP PROGRAM	4.	2,025.	8,558.	ACTUAL EXPENSE	AIRFARE/LODGING
2	NEXTGEN	6.	3,000.	13,395.	ACTUAL EXPENSE	AIRFARE/LODGING
3						
4						
5						
6						
7						

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

FORM 990, SCHEDULE I, PART I, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING GRANTS IN THE UNITED STATES

THE GRANTS ARE AWARDED TO QUALIFIED ORGANIZATIONS AND SELECTED INDIVIDUALS. ONCE FUNDS ARE TRANSFERRED, ICANN DOES NOT MONITOR THE FUNDS. THE USE OF THE FUNDS IS AT THE DISCRETION OF THE GRANTEE. REFER TO SCHEDULE F, PART V, FOR FURTHER DETAILS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number: 95-4712218

Part I Questions Regarding Compensation

			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 [ ] Travel for companions [X] Tax indemnification and gross-up payments [ ] Discretionary spending account [X] Housing allowance or residence for personal use [ ] Payments for business use of personal residence [ ] Health or social club dues or initiation fees [X] Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. [X] Compensation committee [X] Independent compensation consultant [X] Form 990 of other organizations [X] Written employment contract [X] Compensation survey or study [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:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**	X	
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**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
BO GORAN MARBY	(i)	663,654.	296,438.	31,465.	37,000.	30,665.	1,059,222.	36,500.
1 DIRECTOR, PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
SUSANNA H BENNET	(i)	366,922.	109,670.	686.	37,000.	9,109.	523,387.	36,500.
2 CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
XAVIER CALVEZ	(i)	356,821.	106,651.	687.	37,000.	30,665.	531,824.	32,250.
3 CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN JEFFREY	(i)	476,547.	151,886.	36,686.	14,000.	30,665.	709,784.	13,750.
4 GENERAL COUNSEL AND SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID OLIVE	(i)	292,843.	87,528.	669.	37,000.	21,581.	439,621.	36,500.
5 SVP,POLICY DEVELOPMENT SUPPORT	(ii)	0.	0.	0.	0.	0.	0.	0.
ASHWIN RANGAN	(i)	333,044.	99,544.	1,379.	37,000.	23,992.	494,959.	36,500.
6 SVP, ENGINEERING & CIO	(ii)	0.	0.	0.	0.	0.	0.	
DAVID CONRAD	(i)	336,471.	99,353.	1,313.	37,000.	18,075.	492,212.	36,500.
7 SVP & CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES HEDLUND	(i)	345,303.	103,208.	687.	14,000.	19,190.	482,388.	58,267.
8 SVP, CONTRACTUAL COMPLIANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
TAREK KAMEL	(i)	377,790.	96,014.	14,711.	50,133.	76,396.	615,044.	66,044.
9 SVP, GOVERNMENT AND IGO ENGMT	(ii)	0.	0.	0.	0.	0.	0.	0.
CYRUS NAMAZI	(i)	369,353.	108,265.	50,686.	37,000.	19,209.	584,513.	36,500.
10 VP, DNS INDUSTRY SEGMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
THERESA SWINEHART	(i)	365,000.	118,631.	36,686.	37,000.	19,101.	576,418.	36,500.
11 SVP, MULTISTAKEHOLDER STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
NICHOLAS TOMASSO	(i)	253,752.	58,563.	148,174.	37,000.	21,520.	519,009.	36,500.
12 VP, GLOBAL MEETING OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
GINA VILLAVICENCIO	(i)	263,750.	78,094.	9,686.	33,000.	18,017.	402,547.	9,854.
13 SVP, GLOBAL HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTINE WILLETT	(i)	328,780.	45,067.	658.	37,000.	30,665.	442,170.	34,519.
14 VP, GTLD OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN L CRAIN	(i)	248,025.	71,923.	599.	37,000.	30,583.	388,130.	32,250.
15 CHIEF SEC. & STABILITY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
DANIEL E HALLORAN	(i)	306,903.	91,565.	686.	37,000.	30,665.	466,819.	36,500.
16 DEPUTY GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 AMY STATHOS	(i)	311,939.	62,157.	685.	37,000.	10,674.	422,455.	36,500.
DEPUTY GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
2 SALLY JANE NEWELL	(i)	278,011.	91,956.	647.	32,511.	21,733.	424,858.	0.
SVP, GLOBAL COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
3 SHEILA KAY JOHNSON	(i)	285,000.	54,844.	662.	37,000.	10,650.	388,156.	0.
DEPUTY GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
4 NIGEL HICKSON	(i)	233,812.	66,705.	15,858.	47,215.	54,498.	418,088.	46,018.
VP, IGO ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

FORM 990, PART VII AND SCHEDULE J

AMOUNTS LISTED IN PART VII OF FORM 990 AND SCHEDULE J REPRESENT AMOUNTS FOR THE 2019 CALENDAR YEAR.

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

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

DURING CALENDAR YEAR 2019, THE INDIVIDUALS LISTED BELOW RECEIVED

Part III Supplemental Information

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

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

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

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

FORM 990, SCHEDULE J, PART I, LINE 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:

Part III Supplemental Information

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

HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY20-01

JUL19-EN.PDF

HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY19-01

JUL18-EN.PDF JUL18-EN.PDF

FORM 990, SCHEDULE J, PART II

ICANN'S OVERALL COMPENSATION PHILOSOPHY IS TO TARGET COMPENSATION BETWEEN THE 50TH AND 75TH PERCENTILE OF THE RELEVANT MARKET, TO ATTRACT AND RETAIN THE RIGHT PERSONNEL. THE DRIVING ELEMENT OF THIS PHILOSOPHY IS THAT ICANN'S COMPENSATION IS MARKET-BASED. ICANN HAS PERSONNEL IN MANY DIFFERENT PARTS OF THE WORLD AND STRIVES TO APPLY THIS PHILOSOPHY LOCALLY. EMPLOYMENT MARKETS AROUND THE WORLD ARE QUITE DIFFERENT, AND 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 L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047
2019
Open To Public Inspection

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

Employer identification number 95-4712218

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule L (Form 990 or 990-EZ) 2019**

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
					Yes	**No**
(1)	DENIC EG	CONTRIBUTION & VENDOR	200,000.	DATA ESCROW AGENT FEE		X
(2)	STIFTELSEN INTERNETINFRASTRUKTUR.SE	CONTRIBUTION & VENDOR	972,708.	NEW GTLD PROGRAM CONTRACT		X
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions).

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

FOR FY 2020, TWO ORGANIZATIONS WERE IDENTIFIED AS INTERESTED PERSONS, AS DEFINED BY THE INTERNAL REVENUE SERVICE. THESE ORGANIZATIONS WERE SIGNIFICANT INDEPENDENT CONTRACTORS AS WELL AS SUBSTANTIAL CONTRIBUTORS WITH TRANSACTION VALUES OF $100,000 OR MORE.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

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

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

ORGANIZATION'S MISSION

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

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

GOVERNING BODY

THERE ARE 16 VOTING MEMBERS OF THE BOARD OF DIRECTORS, INCLUDING ICANN'S PRESIDENT AND CEO, WHO SERVES EX OFFICIO AS A VOTING BOARD MEMBER. ICANN'S BYLAWS PROVIDE FOR FOUR NON-VOTING LIAISONS TO THE BOARD WHO ARE

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, 2020:

1) KAVEH RANJBAR (RSSAC LIAISON, NOV 2016 - PRESENT)

2) MANAL ISMAIL (GAC LIAISON, 2017-PRESENT)

3) MERIKE KÄO (SSAC LIAISON, 2018 - PRESENT)

4) HARALD ALVESTRAND (IETF LIAISON, 2018 - PRESENT)

FORM 990, PART I, LINE 6

VOLUNTEERS

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

ICANN CONSIDERS THAT THERE ARE 53 VOLUNTEER LEADERS THAT SERVE THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES IN LEADERSHIP POSITIONS SUCH AS CHAIR AND VICE CHAIR.

IN ADDITION TO THESE 53 VOLUNTEER LEADERS THAT ARE APPOINTED TO SPECIFIC ROLES AND REPORTED IN FORM 990, PART I, LINE 6, THERE ARE ALSO HUNDREDS (IF NOT MORE) OF VOLUNTEERS FROM ALL OVER THE WORLD THAT PARTICIPATE IN THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES.

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

ICANN'S ANNUAL REPORT PROVIDES HIGHLIGHTS OF COMMUNITY INVOLVEMENT AND ACHIEVEMENT FOR THE FISCAL YEAR ENDED JUNE 30, 2020. SEE DISCUSSION IN

(HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/ANNUAL-REPORT-2020-EN.PDF)

FORM 990, PART I, LINES 8-22

FINANCIAL PRESENTATION

THE FINANCIAL STATEMENTS OF ICANN ARE PRESENTED ON A STAND-ALONE BASIS.

TRANSACTIONS WITH ITS AFFILIATE PUBLIC TECHNICAL IDENTIFIERS (PTI) ARE REPORTED ON AN ARMS-LENGTH BASIS. PTI IS A SEPARATE LEGAL ENTITY AND SEPARATELY FILES A FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX.

DURING THE FISCAL YEAR ENDED JUNE 30, 2020, ICANN RECORDED THE FOLLOWING TRANSACTIONS IN RELATION TO SERVICES DELEGATED TO PTI TO PERFORM THE INTERNET ASSIGNED NUMBERS AUTHORITY (IANA) FUNCTIONS:

1. FORM 990, PART VIII STATEMENT OF REVENUE, LINE 2D INCLUDES "PTI SERVICES AGREEMENT" REVENUE OF $7,227,880, REPRESENTING AMOUNTS INVOICED AT COST FOR PERSONNEL AND OTHER RESOURCES PROVIDED TO PTI TO PERFORM THE IANA SERVICES.

2. FORM 990, PART IX STATEMENT OF FUNCTIONAL EXPENSES, LINE 24A INCLUDES "PTI IANA CONTRACT" EXPENSE OF $7,227,880, FOR EXPENSES PAYABLE TO PTI FOR IANA SERVICES PERFORMED IN ACCORDANCE WITH THE IANA NAMING FUNCTION CONTRACT.

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

AS OF JUNE 30, 2020, THE INTERNET ROOT ZONE CONSISTED OF 18 LEGACY AND 1,198 NEW GENERIC TOP LEVEL DOMAINS (GTLDS) THAT WERE OPERATED UNDER CONTRACT WITH ICANN, AND OVER 300 COUNTRY CODE TOP LEVEL DOMAINS (CCTLDS). EACH GTLD OF THE 18 GTLDS REFERENCED ABOVE HAS A DESIGNATED "REGISTRY OPERATOR" AND, IN MOST CASES (EXCEPT FOR A FEW LEGACY TOP LEVEL

DOMAINS), A REGISTRY AGREEMENT BETWEEN THE OPERATOR AND ICANN. THE REGISTRY OPERATOR IS RESPONSIBLE FOR THE TECHNICAL OPERATION OF THE GTLD, INCLUDING ALL OF THE NAMES REGISTERED IN THAT TLD. APPROXIMATELY 2,450 ICANN ACCREDITED REGISTRARS INTERACT WITH REGISTRANTS (AND OTHERS) TO PERFORM DOMAIN NAME REGISTRATION AND OTHER RELATED SERVICES FOR NEW GTLDS.

ICANN IS A MULTISTAKEHOLDER ORGANIZATION THAT COORDINATES THE INTERNET'S DOMAIN NAME SYSTEM AND NUMBERS ADDRESSING FOR THE BENEFIT OF INTERNET USERS WORLDWIDE, WHICH HELPS ENABLE A SINGLE, INTEROPERABLE INTERNET. ICANN IS RESPONSIBLE FOR THE GLOBAL TECHNICAL COORDINATION OF THE DNS. AS OF JUNE 30, 2020, THERE WERE OVER 381 MILLION REGISTERED INTERNET SECOND LEVEL DOMAIN NAMES, INCLUDING APPROXIMATELY 219 MILLION SECOND LEVEL DOMAIN NAMES FOUND IN GTLDS, MOST OF WHICH ARE GOVERNED BY ICANN'S COMMUNITY-DEVELOPED POLICIES. SEE ADDITIONAL INFORMATION ABOUT ICANN'S PROGRAMS AND ACTIVITIES ON THE ICANN WEBSITE AND IN THE ICANN ANNUAL REPORT POSTED AT HTTPS://WWW.ICANN.ORG/.

NEW GTLD AUCTIONS

CONTENTION SETS ARE GROUPS OF APPLICATIONS FOR IDENTICAL OR CONFUSINGLY SIMILAR STRINGS. IF TWO OR MORE APPLICANTS ARE UNABLE TO RESOLVE THEIR CONTENTION THROUGH OTHER MEANS, THEY PROCEED TO AN ICANN AUCTION, WHICH IS THE METHOD OF LAST RESORT TO RESOLVE STRING CONTENTIONS AS PRESCRIBED IN MODULE 4 OF THE APPLICANT GUIDEBOOK. THERE WERE NO AUCTIONS CONDUCTED DURING THE FISCAL YEAR ENDED JUNE 30, 2020.

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95-4712218

FOR MORE INFORMATION ON AUCTIONS VISIT

HTTPS://NEWGTLDS.ICANN.ORG/EN/APPLICANTS/AUCTIONS

FORM 990, PART IV, LINE 28A-C

BUSINESS TRANSACTIONS WITH INTERESTED PARTIES

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

SEE:

HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/SOIS-EN

ICANN DISCLOSES RELATED PARTY TRANSACTIONS IN FOOTNOTE 10 TO ITS AUDITED FINANCIAL STATEMENTS WHICH CAN BE FOUND AT THE FOLLOWING LINK.

SEE:

HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/ICANN-FINANCIAL-REPORT-FYE-30JUN20-EN.PDF

ICANN CHECKED THE BOX "YES" FOR PART IV, LINE 28C IN ORDER TO DISCLOSE SUBSTANTIAL CONTRIBUTORS IN SCHEDULE L, PART IV. THE IRS INSTRUCTIONS UPDATED THE DEFINITION OF INTERESTED PERSONS TO INCLUDE SUBSTANTIAL CONTRIBUTORS. HOWEVER, THE IRS HAS NOT YET UPDATED THE 2019 FORM 990, PART IV, LINES 28A-C LANGUAGE FOR THE CHANGE IN THE RELATED IRS INSTRUCTIONS. THEREFORE, TO COMPLY WITH THE INSTRUCTIONS, ICANN HAS CHECKED "YES" FOR LINE 28C AND DISCLOSED THE INTERESTED PERSONS LISTED ARE ENTITIES THAT ARE BOTH VENDORS AND CONTRIBUTORS TO ICANN. HOWEVER, ICANN DID NOT HAVE ANY BUSINESS TRANSACTIONS WITH AN ENTITY IN WHICH A CURRENT OR FORMER OFFICER DIRECTOR, TRUSTEE, OR KEY EMPLOYEE (OR A FAMILY MEMBER) WAS AN OFFICER, DIRECTOR, TRUSTEE, OR DIRECT OR INDIRECT OWNER OF THAT ENTITY.

FORM 990, PART V, LINE 4B

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

BELGIUM

TURKEY

SWITZERLAND

SINGAPORE

FORM 990, PART VI, LINE 7A

BODIES THAT APPOINT MEMBERS OF ICANN'S GOVERNING BODY

THE NOMINATING COMMITTEE (NOMCOM) IS RESPONSIBLE FOR THE NOMINATION OF EIGHT ICANN VOTING BOARD MEMBERS (SEE ARTICLE 7 OF BYLAWS IN EFFECT AS OF

JULY 1, 2018, AND NOVEMBER 28, 2019). THE NOMCOM IS ALSO CHARGED WITH POPULATING A PORTION OF THE AT-LARGE ADVISORY COMMITTEE (ALAC), THE COUNTRY CODE NAMES SUPPORTING ORGANIZATION (CCNSO) COUNCIL AND THE GENERIC NAMES SUPPORTING ORGANIZATION (GNSO) COUNCIL. THE NOMCOM COMPLEMENTS THE OTHER MEANS FOR FILLING A PORTION OF KEY ICANN LEADERSHIP POSITIONS ACHIEVED WITHIN THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES.

ARTICLE 8 OF THE BYLAWS IN EFFECT AS OF JULY 1, 2018 AND NOVEMBER 28, 2019, STATES THAT THE NOMCOM SHALL ADOPT SUCH OPERATING PROCEDURES AS IT DEEMS NECESSARY, WHICH SHALL BE PUBLISHED ON THE ICANN WEBSITE. THE NOMCOM IS DESIGNED TO FUNCTION INDEPENDENTLY FROM THE BOARD, THE SUPPORTING ORGANIZATIONS, AND ADVISORY COMMITTEES.

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

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

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

FORM 990, PART VI, LINE 7B

IN ACCORDANCE WITH ICANN'S BYLAWS, ICANN CREATED AN UNINCORPORATED ASSOCIATION CALLED THE EMPOWERED COMMUNITY. THE EMPOWERED COMMUNITY HAS LIMITED AND ENUMERATED POWERS IN RELATION TO THE ICANN BOARD. THE EMPOWERED COMMUNITY IS RESPONSIBLE FOR THE DESIGNATION OF ALL VOTING MEMBERS OF THE ICANN BOARD OF DIRECTORS (OTHER THAN THE PRESIDENT AND CEO). FURTHER, SUBJECT TO SPECIFIED RULES AND PROCEDURES THE EMPOWERED COMMUNITY, WHICH IS 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. IF THE EMPOWERED COMMUNITY INVOKES ONE OF THESE REJECTION RIGHTS, THE ICANN BOARD MUST GO BACK AND LOOK AT THE ITEMS THAT WERE THE EMPOWERED COMMUNITY'S STATE BASIS FOR THE REJECTION. THE EMPOWERED COMMUNITY MAY NOT DICTATE THE VERSION OF THESE DOCUMENTS THAT THE ICANN BOARD MUST APPROVE. THE EMPOWERED COMMUNITY MUST ALSO CONSENT TO THE ICANN BOARD'S APPROVAL OF THE AMENDMENT OF CERTAIN PARTS OF THE ICANN BYLAWS (SUCH AS ICANN'S MISSION OR KEY ACCOUNTABILITY COMMITMENTS), AS WELL AS TO RESTATEMENTS OF THE ARTICLES OF INCORPORATION OR A SALE OF ASSETS.

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

LOCAL CHAPTERS, BRANCHES AND AFFILIATES

DURING FISCAL YEAR 2020, ICANN HAD OFFICES OUTSIDE OF THE UNITED STATES IN BRUSSELS, BELGIUM; ISTANBUL, TURKEY; SINGAPORE, SINGAPORE AND MONTEVIDEO, URUGUAY; AND ENGAGEMENT CENTERS IN BEIJING, CHINA; GENEVA, SWITZERLAND; AND NAIROBI, KENYA; ALL OF WHICH PROVIDED SUPPORT TO THEIR RESPECTIVE GEOGRAPHICAL REGIONS AND/OR TIME ZONES.

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

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

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95-4712218

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 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 ALL BOARD MEMBERS, ORGANIZATION PERSONNEL, AND INDEPENDENT CONTRACTORS. THE OFFICE OF THE GENERAL COUNSEL MONITORS THE POLICIES WITH OVERSIGHT BY THE BOARD GOVERNANCE COMMITTEE (BGC) AS THEY RELATE TO THE BOARD. A CONFLICTS OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY AND SIGNED BY EACH BOARD MEMBER, OFFICER, ORGANIZATION PERSONNEL, AND INDEPENDENT CONTRACTOR. THE ORGANIZATION PERSONNEL DISCLOSURE STATEMENTS ARE REVIEWED BY THE HEAD OF HUMAN RESOURCES AND DISCUSSED WITH THE GENERAL COUNSEL'S OFFICE IF ANY ISSUES ARISE. THE BOARD LEVEL DISCLOSURE STATEMENTS ARE REVIEWED BY THE OFFICE OF GENERAL COUNSEL AND THE BGC.

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95-4712218

THE BOARD MEMBER, OFFICER AND KEY EMPLOYEE CONFLICTS OF INTEREST POLICY CAN BE FOUND AT: HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/COI-2012-02-25-EN.

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

A SUMMARY OF BOARD MEMBER AND OFFICER DISCLOSURE STATEMENTS IS POSTED ON ICANN'S WEBSITE AT: HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/SOIS-EN.

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

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

PROCESS FOR DETERMINING COMPENSATION

ICANN FOLLOWS PRINCIPLES OF ACCOUNTABILITY AND TRANSPARENCY AND DESCRIBES ITS REMUNERATION PLANS AND PRACTICES, WHICH ARE REGULARLY UPDATED. THE VERSIONS OF ICANN'S REMUNERATION PRACTICES APPLICABLE DURING FY2019 AND FY2020 ARE POSTED AT:

HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY19-01JUL18-EN.PDF

HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY20-01JUL19-EN.PDF

THE PROCESS FOR DETERMINING COMPENSATION, INCLUDING SURVEYS OF COMPARABLE POSITIONS AND OTHER MARKET STUDIES IS DESCRIBED IN THESE REMUNERATION PRACTICES REPORTS. OFFICER COMPENSATION IS DISCLOSED AS WELL. SALARIES OF ALL OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS FOLLOWING RECOMMENDATIONS FROM THE BOARD COMPENSATION COMMITTEE, WHICH ARE INFORMED BY RECOMMENDATIONS AND COMPARABLE DATA PROVIDED BY INDEPENDENT COMPENSATION EXPERTS. CONFIDENTIAL MINUTES OF THESE MEETINGS ARE MAINTAINED BY THE BOARD SECRETARY AS PART OF THE CORPORATE SECRETARIAT FUNCTION. EACH YEAR THE APPOINTMENT OF EACH OFFICER IS CONFIRMED BY THE BOARD OF DIRECTORS AT THE ANNUAL GENERAL MEETING. THE ANNUAL COMPENSATION MERIT REVIEW PROCESS FOR ORGANIZATION PERSONNEL FOR THE PERIOD OF JULY 1, 2019 THROUGH JUNE 30, 2020 WAS COMPLETED AS OF JULY 1, 2019.

FORM 990, PART VI, LINE 18

AVAILABILITY OF 990

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95-4712218

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

HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/ICANN-IRS-990-FY19-12MAY20-EN.PDF

IN ADDITION, THE FORM 990 IS POSTED ON THE HTTPS://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 +1.310.301.5800.

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

HTTPS://ARCHIVE.ICANN.ORG/EN/FINANCIALS/TAX/US/IRS-LETTER-GRANT-28AUG00.HTM AND HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/IRS-FAVORABLE-DETERMINATION-LETTER-19SEP08-EN.PDF, RESPECTIVELY.

FORM 990, PART VI, LINE 19

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

IN ACCORDANCE WITH ITS CORPORATE BYLAWS (SEE HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/BYLAWS-ARCHIVE-EN) 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'S OR DIRECTOR'S NAME INDICATES THE DATE ON WHICH THE OFFICER'S OR DIRECTOR'S SERVICES ENDED. IF NO DATE IS INDICATED, THAT OFFICER OR DIRECTOR WAS ACTIVE AS OF JUNE 30, 2020.

FORM 990, PART VII, SECTION A, LINES 1, 5, AND 15-18, COLUMN D

COMPENSATION FOR MAARTEN BOTTERMAN, MATTHEW SHEARS, TRIPTI SINHA, CHRIS DISSPAIN, AND RON DA SILVA ARE NOT CONSIDERED REPORTABLE. THEIR COMPENSATION IS/WAS PAID TO MR. BOTTERMAN'S, MR. SHEARS', MS. SINHA'S, MR. DISSPAIN'S, AND MR. DA SILVA'S COMPANIES. THE FOLLOWING ENTITIES WERE PAID: GNKS CONSULTING BV ($49,407.77), COMMPOLI LTD. ($45,000), KAZARIM LLC ($45,000), DNS CAPITAL LTD ($45,000), AND NETWORK TECHNOLOGIES GLOBAL ($45,000), RESPECTIVELY.

NO COMPENSATION IS REPORTED FOR MS. BECKY BURR AS THERE WERE NO PAYMENTS MADE TO HER DURING THE REPORTING PERIOD.

FORM 990, PART VII, SECTION B

COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS

ICANN DISCLOSES ALL CONTRACTORS WITH WHICH IT SPENT $1,000,000 OR MORE DURING THE RELEVANT TIME PERIOD, IN ADDITION TO THE TOP FIVE CONTRACTORS. DURING THE FISCAL YEAR ENDED JUNE 30, 2020, ICANN DID NOT PAY $1,000,000

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

OR MORE TO ANY CONTRACTORS THAT ARE NOT DISCLOSED IN PART VII, SECTION B OF THE FORM 990. SEE ATTACHMENT 2.

FORM 990, PART VIII, LINE 2A

NEW GTLD PROGRAM REVENUE

NEW GTLD APPLICATION FEES ARE RECOGNIZED RATABLY AS DIRECT APPLICATION PROCESSING COSTS ARE INCURRED. THE RATE OF RECOGNITION OF THE FEES IS DETERMINED BY THE PROPORTION OF THE DIRECT COSTS INCURRED VERSUS THE TOTAL ESTIMATED COSTS OF THE PROGRAM UNTIL COMPLETION. THE NEW GTLD FEES ARE REFUNDABLE AT A DIMINISHING RATE ACCORDING TO THE PROCESSING PHASE IN WHICH THE REQUEST FOR REFUND OCCURS.

IN ACCORDANCE WITH THE REVENUE RECOGNITION POLICY OF THE NEW GTLD PROGRAM, MANAGEMENT PERIODICALLY REVIEWS THE TOTAL ESTIMATED COSTS OF THE PROGRAM. DURING THE FISCAL YEAR ENDED JUNE 30, 2020, MANAGEMENT EXTENDED THE ESTIMATED END DATE OF THE NEW GTLD PROGRAM UNTIL JUNE 2024. THIS CHANGE IS BASED ON ANTICIPATED ACTIVITIES REQUIRED TO REVIEW AND PROCESS ALL OUTSTANDING APPLICATIONS. ACCORDINGLY, THE TOTAL ESTIMATED COSTS OF THE PROGRAM INCREASED BY $12,299,000, WHICH IMPACTS THE RATE OF RECOGNITION OF THE APPLICATION FEES.

THIS CHANGE IN RATE OF RECOGNITION RESULTED IN A CUMULATIVE ADJUSTMENT TO THE NEW GTLD APPLICATION FEES RECOGNIZED IN REVENUE AS OF JUNE 30, 2020. SUCH CUMULATIVE ADJUSTMENT IS REPORTED ON 990, PART VIII, LINE 2E AS A

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95-4712218

REDUCTION RESULTING IN ($8,766,608) FOR NEW GTLD PROGRAM REVENUE.

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

FOREIGN EXCHANGE LOSS - $253,399

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 555 S. FLOWER ST 50TH FLOOR LOS ANGELES, CA 90071	LEGAL SERVICES	5,513,028.
ARCHITECH SOLUTIONS CONSULTING SVCS, INC 70 BOND STREET, SUITE 400 TORONTO	IT CONSULTING SVCS	1,844,607.

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95-4712218

ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ONTARIO CANADA M5B1X3		
ZENSAR TECHNOLOGIES, INC. 1415 W 22ND STREET, SUITE 925 OAK BROOK, IL 60523	IT CONSULTING SVCS	1,233,503.
STIFTELSEN FOR INTERNETINFRASTRUKTUR.SE PO BOX 7399 STOCKHOLM SWEDEN 10391	NEW GTLD PROGRAM	996,616.
COMPASS LEXECON LLC PO BOX 418005 BOSTON, MA 02241	LEGAL SERVICES	986,741.

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

Employer identification number 95-4712218

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

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)	PUBLIC TECHNICAL IDENTIFIERS 32-0512841 12025 WATERFRONT DR, STE 300 LOS ANGELES, CA 90094-2536	IANA FUNCTION	CA	501(C)(3)	10	ICANN	X	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

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

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)	PUBLIC TECHNICAL IDENTIFIERS	M	7,227,880.	FMV
(2)	PUBLIC TECHNICAL IDENTIFIERS	N	1,247,230.	FMV
(3)	PUBLIC TECHNICAL IDENTIFIERS	O	4,897,115.	FMV
(4)	PUBLIC TECHNICAL IDENTIFIERS	Q	1,083,535.	FMV
(5)				
(6)				

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

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

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

Part VII **Supplemental Information**

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

Form **8991**

(December 2018)

Department of the Treasury
Internal Revenue Service

Tax on Base Erosion Payments of Taxpayers With Substantial Gross Receipts

For tax year beginning 07/01, **20** 19, **and ending** 06/30, **20** 20

▶ **Go to *www.irs.gov/Form8991* for instructions and the latest information.**
▶ **See instructions.**

OMB No. 1545-0123

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

Part I Applicable Taxpayer

Check box if this form is being filed by a taxpayer with which another taxpayer has been aggregated under section 59A(e)(3) ▶ [X]

If the above box is checked, attach a statement listing the names and EINs of all separate taxpayers taken into account in the determination of "1 person" under section 59A(e)(3).

		(a) First Preceding Tax Year	(b) Second Preceding Tax Year	(c) Third Preceding Tax Year
1 a	Gross receipts of the applicable taxpayer. See instructions	380,399,090	284,385,012	343,106,716
b	Gross receipts from partnerships			
c	Gross receipts of all other persons treated as 1 person as the "applicable taxpayer" pursuant to section 59A(e)(3)	7,571,450	7,817,678	5,452,479
d	Gross receipts. Combine lines 1a through 1c	387,970,540	292,202,690	348,559,195

e	Gross receipts of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 1d	1e	1,028,732,425
f	3-year average annual gross receipts (Divide line 1e by 3.0)	1f	342,910,808
g	Is line 1f $500 million or more? [ ] Yes. Continue to line 2. [X] No. STOP here and attach this form to your tax return.		
2 a	Aggregate base erosion tax benefit (from Schedule A, line 14)	2a	
b	Aggregate amount of deductions allowable under Chapter 1 of the Internal Revenue Code	2b	
c	Other allowable deductions not included in line 2b above — 2c		
d	Base erosion tax benefits resulting from reductions in insurance premiums reported on Schedule A, line 8, column a-2 — 2d		
e	Base erosion tax benefits resulting from reductions in gross receipts reported on Schedule A, line 10, column a-2 — 2e		
f	Add lines 2c through 2e	2f	
g	Total deductions for amounts paid or accrued for services to which the exception under section 59A(d)(5) applies (from Schedule A, line 5b) — 2g		
h	Qualified derivative payments excepted by section 59A(h) — 2h		
i	Total deductions allowed under sections 172, 245A, and 250 for the tax year — 2i		
j	Combine lines 2g through 2i	2j	
k	**Total Deductions.** Subtract line 2j from the sum of line 2b and line 2f	2k	
l	**Base Erosion Percentage for purposes of section 59A(c)(4)(A).** Divide line 2a by line 2k	2l	%
m	Is the taxpayer's base erosion percentage on line 2l 3% or higher (2% or higher for a bank or securities dealer)? [ ] Yes. Continue to Part II. [ ] No. STOP after completing Part I and Schedule A and attach this form to your tax return.		

Part II Modified Taxable Income (MTI)

3 a	Taxable income after net operating loss and special deductions	3a	
b	Base erosion tax benefits for the tax year with respect to base erosion payments	3b	
c	Base erosion percentage of the net operating loss deduction allowed under section 172 for the tax year. See instructions	3c	
d	**Modified Taxable Income.** See instructions	3d	

Part III Regular Tax Liability Adjusted for Purposes of Computing Base Erosion Minimum Tax Amount

4 a	Regular tax liability	4a	
b	Allowable credits, as adjusted (from Schedule B, line 7)	4b	
c	**Regular tax liability adjusted** for purposes of computing Base Erosion Minimum Tax Amount. Subtract line 4b from line 4a	4c	

Part IV Computation of Base Erosion Minimum Tax Amount

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

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

Type of Base Erosion Payments	(a-1) Aggregate Base Erosion Payment for Purposes of Base Erosion Percentage	(a-2) Aggregate Base Erosion Tax Benefit for Purposes of Base Erosion Percentage	(b-1) Base Erosion Payment for Purposes of Modified Taxable Income	(b-2) Base Erosion Tax Benefit for Purposes of Modified Taxable Income	(Check all applicable boxes in columns (c), (d), and (e) below) (c) Any 25% Owner of the Taxpayer	(d) Person Related Under Sections 267(b) or 707(b)(1) to the Taxpayer or any 25% Owner of the Taxpayer	(e) Any Person Related Within the Meaning of Section 482 to the Taxpayer
1 Reserved for future use							
2 Reserved for future use							
3 Purchase or creations of property rights for intangibles (patents, trademarks, etc.)							
4 Rents, royalties, and license fees							
5a Compensation/consideration paid for services **NOT** excepted by section 59A(d)(5)							
b Compensation/consideration paid for services excepted by section 59A(d)(5) $							
6 Interest expense							
7 Payments for the purchase of tangible personal property							
8 Premiums and/or other considerations paid or accrued for insurance and reinsurance as covered by section 59A(d)(3) and section 59A(c)(2)(A)(iii)							

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

Type of Base Erosion Payments	(a-1) Aggregate Base Erosion Payment for Purposes of Base Erosion Percentage	(a-2) Aggregate Base Erosion Tax Benefit for Purposes of Base Erosion Percentage	(b-1) Base Erosion Payment for Purposes of Modified Taxable Income	(b-2) Base Erosion Tax Benefit for Purposes of Modified Taxable Income	Check all applicable boxes in columns (c), (d), and (e) below: (c) Any 25% Owner of the Taxpayer	(d) Person Related Under Sections 267(b) or 707(b)(1) to the Taxpayer or any 25% Owner of the Taxpayer	(e) Any Person Related Within the Meaning of Section 482 to the Taxpayer
9a Nonqualified derivative payments							
b Qualified derivative payments excepted by section 59A(h) . . . $ ______							
10 Payments reducing gross receipts made to surrogate foreign corporation							
11 Other payments - specify							
12 Combine lines 3 through 11							
13 Base erosion tax benefits related to payments reported on lines 3 through 11, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at 30% statutory withholding tax rate							
14 **Total** base erosion tax benefits for purposes of computing base erosion percentage. Subtract line 13, column (a-2) from line 12, column (a-2). Enter on Part I, line 2a							
15 Portion of base erosion tax benefits reported on lines 3 through 11, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at reduced withholding rate pursuant to income tax treaty. Multiply ratio of percentage withheld divided by 30% times tax benefit. See instructions							
16 **Total** base erosion tax benefits for purposes of determining MTI. Subtract the sum of line 13, column (b-2); and line 15, column (b-2) from line 12, column (b-2). Enter this amount on Part II, line 3b							

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

Part I Credits Allowed Against Regular Tax (see instructions)

1	Total credits allowed in current year. Enter the amount from Form 1120, Schedule J, Part I, line 6; or the applicable line of your return			1	
2	Credits for increasing research activities from line 1c of all Parts III of Form 3800	2			
3	Total allowed credit for increasing research activities for current year. Enter the amount of research credit reported in Form 3800, Part II, line 38. See instructions			3	
4	Enter smaller of Schedule B, Part II, line 11 or Part III, line 16			4	
5	Limitation of applicable section 38 credits. Multiply line 4 by 80% (0.80)			5	
6	Adjustments to allowed credits. Add lines 3 and 5			6	
7	**Credits allowed against regular tax in computing BEMTA.** Subtract line 6 from line 1. Enter here and on Form 8991, line 4b			7	

Part II Applicable section 38 credits

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

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

Part III BEMTA determined without adjustment for applicable section 38 credits

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

Form 8991, Page 1 Detail

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

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