

Instructions for filing  
Internet Corporation for Assigned Names and Numbers  
California RRF-1 - Registration/Renewal Fee Report  
for the period ended June 30, 2019

\*\*\*\*\*

SIGNATURE...

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

FILING...

The signed return should be filed on or before July 15, 2020  
with...

Attorney General's Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

An annual filing fee of \$ 300. must be submitted with the  
report payable to the Attorney General's Registry of Charitable  
Trusts. Be sure to include the federal EIN and "2018 CA Form  
RRF-1" on the check.

To document the timely filing of your tax return(s), we suggest  
that you obtain and retain proof of mailing. Proof of mailing  
can be accomplished by sending the tax return(s) by  
registered or certified mail (metered by the U.S. Postal  
Service).

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

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

(For Registry Use Only)

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

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

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

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

### INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBER

Name of Organization  
List all DBAs and names the organization uses or has used  
12025 WATERFRONT DRIVE, SUITE 300  
Address (Number and Street)  
LOS ANGELES CA 90094  
City or Town, State, and ZIP Code  
(310)301-5800 Telephone Number  
XAVIER.CALVEZ@ICANN.ORG E-mail Address

Check if:  
 Change of address  
 Amended report  
State Charity Registration Number 111047  
Corporation or Organization No. 2121683  
Federal Employer ID No. 95-4712218

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

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

#### PART A - ACTIVITIES

For your most recent full accounting period (beginning 07 / 01 / 2018 ending 06 / 30 / 2019) list:

Gross Annual Revenue \$ 161,192,974 Noncash Contributions \$ 0.00 Total Assets \$ 513,649,685  
Program Expenses \$ 109,054,462 Total Expenses \$ 150,069,627

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

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

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

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

Signature of Authorized Agent

Printed Name

Title

Date

*XAVIER CALVEZ* CFO 5/7/2020

**INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS  
FEIN: 95-4712218  
FORM RRF-1**

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

MS. J. BECKWITH (“BECKY”) BURR IS A VOTING MEMBER OF THE ICANN BOARD OF DIRECTORS. MS. BURR, WHO BECAME AN ICANN DIRECTOR IN NOVEMBER 2016, IS A PARTNER AT HARRIS, WILTSHIRE & GRANNIS, LLP, A WASHINGTON, DC LAW FIRM. DURING THE YEAR ENDING JUNE 30, 2018 AND THROUGH MARCH 31, 2019, MS. BURR WAS DEPUTY GENERAL COUNSEL AND CHIEF PRIVACY OFFICER OF NEUSTAR. NEUSTAR IS THE DOMAIN NAME REGISTRY .BIZ, .US (ON BEHALF OF UNITED STATES DEPARTMENT OF COMMERCE), .CO (ON BEHALF OF THE GOVERNMENT OF COLOMBIA), AND THE BACK-END REGISTRY SERVICES PROVIDER FOR THE .NYC AND SEVERAL OTHER NEW GTLDS. REVENUE TO ICANN FROM NEUSTAR AND ITS SUBSIDIARIES AMOUNTED TO APPROXIMATELY \$908,000 AND \$714,000 FOR THE YEARS ENDED JUNE 30, 2019 AND 2018 UNDER THE FEE STRUCTURE OF A REGISTRY AGREEMENT. TO AVOID ANY CONFLICT OF INTEREST BETWEEN ICANN AND NEUSTAR, MS. BURR ABSTAINED FROM VOTING ON ALL MATTERS SHE IDENTIFIES AS A POTENTIAL CONFLICT OF INTEREST THAT COME BEFORE THE BOARD WHILE SHE WAS WITH NEUSTAR.

RAFAEL LITO IBARRA IS A VOTING MEMBER OF THE ICANN BOARD OF DIRECTORS. MR. IBARRA, WHO BECAME AN ICANN DIRECTOR IN OCTOBER 2015, MANAGES AND ADMINISTRATES THE .SV DOMAIN NAME DELEGATION (RECEIVED FROM JON POSTEL), AS WELL AS AN IPV4 ADDRESS BLOCK EQUIVALENT TO A CLASS B IN ADDITION TO SERVING AS FOUNDING PRESIDENT AND EXECUTIVE DIRECTOR FOR SVNET (TOP LEVEL DOMAIN REGISTRY FOR EL SALVADOR). REVENUE TO ICANN FROM .SV OR SVNET AMOUNTED TO APPROXIMATELY \$1,000 AND \$2,000 FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, RESPECTIVELY UNDER THE STRUCTURE OF A CCTLD AGREEMENT. TO AVOID ANY CONFLICT OF INTEREST BETWEEN ICANN AND SVNET, MR. IBARRA ABSTAINS FROM VOTING ON ALL MATTERS HE IDENTIFIES AS A POTENTIAL CONFLICT OF INTEREST THAT COME BEFORE THE BOARD.

MR. NIGEL ROBERTS IS A VOTING MEMBER OF THE ICANN BOARD OF DIRECTORS. MR. ROBERTS, WHO BECAME AN ICANN DIRECTOR IN OCTOBER 2018, WORKS WITH ISLAND NETWORKS LTD. AND ISLAND NETWORKS (JERSEY) LTD., WHICH ARE THE TLD MANAGERS FOR .GG AND .JE, RESPECTIVELY. REVENUE TO ICANN FROM ISLAND NETWORKS LTD. AND ISLAND NETWORKS (JERSEY) LTD., AMOUNTED TO \$1000 FOR THE YEAR ENDED JUNE 30, 2019. TO AVOID ANY CONFLICT OF INTEREST BETWEEN ICANN AND ISLAND NETWORKS LTD. AND ISLAND NETWORKS (JERSEY) LTD., MR. ROBERTS ABSTAINS FROM VOTING ON ALL MATTERS HE IDENTIFIES AS A POTENTIAL CONFLICT OF INTEREST THAT COME BEFORE THE BOARD.

IN ADDITION TO THE SPECIFIC DISCLOSURES ABOVE, 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 REVIEWS ALL BOARD MEMBER CONFLICTS OF INTEREST STATEMENTS.

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

**INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS**

**FEIN: 95-4712218**

**FORM RRF-1**

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

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

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

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2018, or tax year beginning 07/01, 2018, and ending 06/30, 20 19

# 2018

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

Employer identification number

INTERNET CORPORATION FOR ASSIGNED NAME 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	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>161192974.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22). . . . .	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	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 2018 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

29 April 2020  
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.

<b>ERO's Use Only</b>	ERO's signature	<u>Jocelyne C. Miller</u>	Date	<u>5/11/2020</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P00634378</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>ERNST &amp; YOUNG U.S. LLP</u>			<u>4365 EXECUTIVE DRIVE, #1600 SAN DIEGO CA 92121</u>				<u>EIN 34-6565596</u>	<u>Phone no. 858-535-7200</u>

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.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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** (2018)

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

Form sections B through K: B Check if applicable; C Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS; D Employer identification number 95-4712218; E Telephone number (310) 301-5800; F Name and address of principal officer: BO GORAN MARBY; G Gross receipts \$ 380,399,090; H(a) Is this a group return for subsidiaries? Yes No; H(b) Are all subsidiaries included? Yes No; I Tax-exempt status: X 501(c)(3); J Website: WWW.ICANN.ORG; K Form of organization: X Corporation; L Year of formation: 1998; M State of legal domicile: CA

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O; 2-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature block fields: Sign Here (Signature of officer, Date, Type or print name and title); Paid Preparer Use Only (Print/Type preparer's name JOCELYNE MILLER, Preparer's signature Jocelyne C. Miller, Date 5/11/2020, Check self-employed, PTIN 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.

**Part III** Statement of Program Service Accomplishments

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

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

SEE SCHEDULE O

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 109,054,462. including grants of \$ 1,245,056. ) (Revenue \$ 147,544,218. )

SEE SCHEDULE O.

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

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

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

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

**4e** Total program service expenses ▶ 109,054,462.

**Part IV Checklist of Required Schedules**

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



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

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. [ ]

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

		Yes	No
<b>2a</b>	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. <span style="float:right">2a</span> 325		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	X	
<b>4a</b>	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)? . . . . .	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <span style="float:right">ATTACHMENT 1</span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	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? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span> . . . . .		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right">12a</span>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <span style="float:right">13a</span> <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 . . . . . <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . <span style="float:right">14b</span>		
<b>15</b>	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? . . . . . <span style="float:right">15</span> If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. <span style="float:right">16</span>		X

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MAARTEN BOTTERMAN DIRECTOR	16.00 0.	X					0.	0.	0.	
(2) BECKY BURR DIRECTOR	16.00 0.	X					0.	0.	0.	
(3) CHERINE CHALABY DIRECTOR	16.00 0.	X					75,000.	0.	0.	
(4) SARAH DEUTSCH DIRECTOR	16.00 0.	X					45,000.	0.	0.	
(5) CHRIS DISSPAIN DIRECTOR	16.00 0.	X					0.	0.	0.	
(6) AVRI DORIA DIRECTOR	16.00 0.	X					45,000.	0.	0.	
(7) DANKO JEVTOVIC DIRECTOR	16.00 0.	X					8,365.	0.	0.	
(8) KHALED KOUBAA DIRECTOR	16.00 0.	X					45,000.	0.	0.	
(9) RAFAEL LITO IBARRA DIRECTOR	16.00 0.	X					45,000.	0.	0.	
(10) AKINORI MAEMURA DIRECTOR	16.00 0.	X					45,000.	0.	0.	
(11) BO GORAN MARBY DIRECTOR, PRESIDENT & CEO	60.00 0.	X		X			751,923.	0.	113,647.	
(12) NIGEL ROBERTS DIRECTOR	16.00 0.	X					8,365.	0.	0.	
(13) GEORGE SADOWSKY DIRECTOR (THRU OCT 2018)	16.00 0.	X					37,038.	0.	0.	
(14) LEON SANCHEZ DIRECTOR	16.00 0.	X					45,000.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MATTHEW SHEARS ----- DIRECTOR	16.00 0.	X					0.	0.	0.	
16) MIKE SILBER ----- DIRECTOR (THRU OCT 2018)	16.00 0.	X					0.	0.	0.	
17) RON DA SILVA ----- DIRECTOR	16.00 0.	X					0.	0.	0.	
18) TRIPTI SINHA ----- DIRECTOR	16.00 0.	X					0.	0.	0.	
19) LOUSEWIES VAN DER LAAN ----- DIRECTOR (THRU OCT 2018)	16.00 0.	X					37,038.	0.	0.	
20) AKRAM ATALLAH ----- PRESIDENT, GDD (THRU NOV 2018)	55.00 5.00			X			621,725.	0.	64,538.	
21) SUSANNA H BENNET ----- CHIEF OPERATING OFFICER	60.00 0.			X			465,554.	0.	45,469.	
22) XAVIER CALVEZ ----- CHIEF FINANCIAL OFFICER	60.00 0.			X			445,964.	0.	62,837.	
23) JOHN JEFFREY ----- GENERAL COUNSEL AND SECRETARY	60.00 0.			X			604,648.	0.	44,337.	
24) DAVID OLIVE ----- SVP, POLICY DEVELOPMENT SUPPORT	60.00 0.			X			371,563.	0.	58,026.	
25) ASHWIN RANGAN ----- SVP, ENGINEERING & CIO	60.00 0.			X			422,570.	0.	67,087.	
<b>1b Sub-total</b> . . . . .							1,150,691.	0.	113,647.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							8,239,236.	0.	1,213,435.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							9,389,927.	0.	1,327,082.	

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 ► 197

	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 . . . . .		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 . . . . .	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 . . . . .		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) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) DAVID CONRAD SVP & CHIEF TECHNOLOGY OFFICER	55.00 5.00				X			383,323.	0.	54,835.
( 27) KIM DAVIES PRESIDENT, PTI	10.00 50.00				X			280,255.	0.	62,721.
( 28) JAMES HEDLUND SVP, CONTRACTUAL COMPLIANCE	60.00 0.				X			434,490.	0.	77,379.
( 29) TAREK KAMEL SVP, GOVERNMENT AND IGO ENGMT	60.00 0.				X			420,375.	0.	84,344.
( 30) CYRUS NAMAZI VP, DNS INDUSTRY SEGMENT	60.00 0.				X			395,264.	0.	55,612.
( 31) DIANE R. SCHROEDER SVP, GLOBAL HR(THRU 07-2018)	60.00 0.				X			215,435.	0.	27,652.
( 32) THERESA SWINEHART SVP, MULTISTAKEHOLDER STRATEGY	60.00 0.				X			459,123.	0.	55,122.
( 33) NICHOLAS TOMASSO VP, GLOBAL MEETING OPERATIONS	60.00 0.				X			308,002.	0.	57,969.
( 34) GINA VILLAVICENCIO SVP, GLOBAL HUMAN RESOURCES	60.00 0.				X			294,500.	0.	28,096.
( 35) CHRISTINE WILLETT VP, GTLD OPERATIONS	60.00 0.				X			386,532.	0.	65,101.
( 36) JOHN L CRAIN CHIEF SEC. & STABILITY OFFICER	60.00 0.					X		311,541.	0.	62,745.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 197

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

**Section B. Independent Contractors**

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

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

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include CHRISTOPHER GIFT, DANIEL E HALLORAN, MAGUY SERAD, and AMY STATHOS.

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 197

Table with 3 columns: Question, Yes, No. Rows 3, 4, 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Header row only.

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	3,370,388.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			3,370,388.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b> REGISTRY/REGISTRAR FEES		900099	91,994,897.	91,994,897.		
	<b>b</b> ADDRESS REGISTRY FEES		900099	30,343,908.	30,343,908.		
	<b>c</b> ACCREDITATION FEES		900099	9,909,019.	9,909,019.		
	<b>d</b> PTI SERVICES AGREEMENT		900099	7,571,450.	7,571,450.		
	<b>e</b> NEW GTLD PROGRAM REVENUE		900099	6,898,498.	6,898,498.		
	<b>f</b> All other program service revenue . . . . .			826,446.	826,446.		
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			147,544,218.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			6,421,108.			6,421,108.
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			0.			
	<b>5</b> Royalties . . . . . ▶			0.			
			(i) Real      (ii) Personal				
	<b>6a</b> Gross rents . . . . .						
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . . ▶			0.			
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities      (ii) Other				
			223,063,376.				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		219,206,116.				
	<b>c</b> Gain or (loss) . . . . .		3,857,260.				
	<b>d</b> Net gain or (loss) . . . . . ▶			3,857,260.			3,857,260.
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>			0.			
	<b>b</b> Less: direct expenses . . . . . <b>b</b>			0.			
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			0.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>			0.				
<b>b</b> Less: direct expenses . . . . . <b>b</b>			0.				
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>			0.				
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>			0.				
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			0.				
Miscellaneous Revenue			<b>Business Code</b>				
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			0.				
<b>12 Total revenue.</b> See instructions. . . . . ▶			161,192,974.	147,544,218.		10,278,368.	



**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	515,000.	515,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	44,962.	44,962.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	685,094.	685,094.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	8,859,684.	6,689,061.	2,170,623.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	256,268.	256,268.		
7 Other salaries and wages . . . . .	47,708,464.	36,099,843.	11,608,621.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,064,468.	3,832,161.	1,232,307.	
9 Other employee benefits . . . . .	7,781,458.	5,222,455.	2,559,003.	
10 Payroll taxes . . . . .	3,371,676.	2,551,266.	820,410.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	3,581,217.	2,403,501.	1,177,716.	
c Accounting . . . . .	1,978,463.		1,978,463.	
d Lobbying . . . . .	343,355.	343,355.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	742,050.		742,050.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <b>ATCH 3</b>	18,422,626.	12,401,372.	6,021,254.	
12 Advertising and promotion . . . . .	125,620.	84,309.	41,311.	
13 Office expenses . . . . .	601,247.	403,521.	197,726.	
14 Information technology. . . . .	6,964,911.	4,674,437.	2,290,474.	
15 Royalties. . . . .	0.			
16 Occupancy . . . . .	4,916,814.	3,097,593.	1,819,221.	
17 Travel . . . . .	12,352,925.	8,284,922.	4,068,003.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	5,366,796.	5,366,796.		
20 Interest . . . . .	0.			
21 Payments to affiliates. . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	5,675,731.	3,809,215.	1,866,516.	
23 Insurance . . . . .	697,302.	467,988.	229,314.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PTI IANA CONTRACT	7,571,450.	5,591,687.	1,979,763.	
b RISK COSTS - GTLD	5,125,678.	5,125,678.		
c TAXES & LICENSES	672,739.	672,739.		
d DUES, SUBSCRIPTIONS & PUB	288,533.	193,317.	95,216.	
e All other expenses _____	355,096.	237,922.	117,174.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	150,069,627.	109,054,462.	41,015,165.	
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	32,497,972.	<b>1</b>	38,417,597.
	<b>2</b> Savings and temporary cash investments	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net	34,248,763.	<b>4</b>	34,582,224.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges	2,376,956.	<b>9</b>	3,592,372.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 49,942,339.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 39,701,294.	12,220,775.	<b>10c</b> 10,241,045.
	<b>11</b> Investments - publicly traded securities	422,400,066.	<b>11</b>	425,766,373.
	<b>12</b> Investments - other securities. See Part IV, line 11	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	1,773,531.	<b>15</b>	1,050,074.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	505,518,063.	<b>16</b>	513,649,685.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	17,854,872.	<b>17</b>	16,361,570.
	<b>18</b> Grants payable	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue	36,645,484.	<b>19</b>	27,506,143.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25	54,500,356.	<b>26</b>	43,867,713.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	451,017,707.	<b>27</b>	469,781,972.
	<b>28</b> Temporarily restricted net assets	0.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	451,017,707.	<b>33</b>	469,781,972.	
<b>34</b> Total liabilities and net assets/fund balances	505,518,063.	<b>34</b>	513,649,685.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	161,192,974.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	150,069,627.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	11,123,347.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	451,017,707.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	7,912,003.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-271,085.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	469,781,972.

**Part XII Financial Statements and Reporting**

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

Employer identification number  
**95-4712218**

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018; 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,044,258.	1,133,161.	3,628,137.	3,160,648.	3,370,388.	13,336,592.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	214,799,352.	193,512,588.	286,797,690.	125,870,285.	147,544,217.	968,524,132.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	216,843,610.	194,645,749.	290,425,827.	129,030,933.	150,914,605.	981,860,724.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .	84,215,410.	76,543,850.	175,469,779.	56,889,658.	66,771,769.	459,890,466.
<b>c</b> Add lines 7a and 7b. . . . .	84,215,410.	76,543,850.	175,469,779.	56,889,658.	66,771,769.	459,890,466.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						521,970,258.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6. . . . .	216,843,610.	194,645,749.	290,425,827.	129,030,933.	150,914,605.	981,860,724.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,483,793.	1,203,202.	2,744,763.	5,246,790.	6,421,108.	17,099,656.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0.
<b>c</b> Add lines 10a and 10b . . . . .	1,483,793.	1,203,202.	2,744,763.	5,246,790.	6,421,108.	17,099,656.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	218,327,403.	195,848,951.	293,170,590.	134,277,723.	157,335,713.	998,960,380.

**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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	52.25 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	54.11 %

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	1.71 %
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 . . . . .	<b>18</b>	1.39 %

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

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

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

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

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



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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

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 <b>Total annual distributions.</b> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 . . . . .			
b From 2014 . . . . .			
c From 2015 . . . . .			
d From 2016 . . . . .			
e From 2017 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . . . .			
b Excess from 2015 . . . . .			
c Excess from 2016 . . . . .			
d Excess from 2017 . . . . .			
e Excess from 2018 . . . . .			

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

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**Schedule of Contributors**

**2018**

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

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

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization INTERNET CORPORATION FOR ASSIGNED  
NAMES AND NUMBERSEmployer 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	\$ 307,639.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NIC.AT JAKOB-HARINGER-STRASSE 8 SALZBURG AUSTRIA A-5020	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DNS BELGIUM VZW UBICENTER, PHILIPSSITE 5, BUS 13 LEUVEN BELGIUM B-3001	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NORID AS POSTBOKS 4769 SLUPPEN TRONDHEIM NORWAY N-7465	\$ 24,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NIC.BR AV. DAS NACOES UNIDAS SAO PAULO ONTARIO BRAZIL SP-04578	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CIRA 979 BANK STREET, SUITE 400 OTTOWA CANADA K1S 5K5	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UNIVERSIDAD DE CHILE  RUT. 60.910.000-1, MIRAFLORES 222 PISO 1  SANTIAGO CHILE 832-0198	\$ 25,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CZ.NIC  MILESOVSKA 5  PRAGUE CZECH REPUBLIC	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	DANSK INTERNET FORUM  COPENHAGEN V  COPENHAGEN DENMARK 1560	\$ 60,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	AFNIC  IMMEUBLE LE STEPENSON  MONTIGNY LE BRETONNEUX FRANCE F-78181	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	DENIC EG  KAISERSTRASSE 75-77  FRANKFURT GERMANY D-60329	\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ICS-FORTH GR  N. PLASTIRA 100 VASSILIKA VOUTON  CRETE GREECE 70013	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNET CORPORATION FOR ASSIGNED  
NAMES AND NUMBERSEmployer 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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	ISNIC - INTERNET ICELAND KATRINARTUN 2 REYKJAVIK ICELAND 101	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	INCDI - ICI BUCHAREST BD. AVERESCU 8-10 BUCHAREST ROMANIA	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	IIT - CNR INSTITUTE VIA MORUZZI 1 PISA ITALY I-56124	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	STIFTELSEN FOR INTERNETINFRASTRUCKTUR.SE PO BOX 7399 STOCKHOLM SWEDEN 10391	\$ 48,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	JAPAN REGISTRY SERVICE CO. LTD CHIYODA FIRST BLDG. EAST 13-F TOKYO JAPAN 101-0065	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	KAUNAS UNIVERSITY OF TECHNOLOGY IT DEPARTMENT STUDENTU 48A KAUNAS LITHUANIA 51367	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	UNIVERSITY OF LATVIA RAINIS BOULEVARD 29 RIGA LATVIA 1459	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	NASK KOLSKA 12 WARSAW POLAND 1831	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	NEUSTAR 46000 CENTER OAK PLAZA STERLING, VA 20166	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	NIC MEXICO AV. EUGENIO GARZA SADA 2501 SUR MONTERREY MEXICO 04053	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	ASSOCIACAO DNS.PT RUA LATINO COELHO LISBOA PORTUGAL 1050-132	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization INTERNET CORPORATION FOR ASSIGNED  
NAMES AND NUMBERSEmployer 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	SGNIC 10 PASIR PANJANG ROAD SINGAPORE SINGAPORE 49517	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	ACADEMIC & RESEARCH NETWORK OF SLOVENIA TEHNOLOSKI PARK 18 LJUBLJANA SLOVENIA 1000	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	STICHTING INTERNET DOMEINREGISTRATIE NED MEANDER 501 ARNHEM TIKVA NETHERLANDS 6825	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	SWITCH (CH) WERDSTRASSE 2 ZURICH SWITZERLAND CH-8004	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	TAIWAN NETWORK INFORMATION CENTER SECTION 2 4F-2 NO 9, ROOSEVELT ROAD TAIPEI TAIWAN 100	\$ 88,707.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	MIDDLE EAST TECHNICAL UNIVERSITY DUMLUPÄ±NAR BULVARÄ± NO 1 ANKARA TURKEY	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	NOMINET UK OXFORD SCIENCE PARK OXFORD UNITED KINGDOM OX4 4DQ	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	RNIDS ZORZA KLEMANSOA 18A/I BELGRADE SERBIA LV-1459	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	INTERNETNZ PO BOX 11881 WELLINGTON NEW ZEALAND 10000	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	RESTENA 6, RUE COUDENHOVE-KALERGI LUXEMBOURG LUXEMBOURG L-1359	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	HONG KONG INTERNET REGISTRATION CORPORAT UNIT 2002-2005, 20/F ING TOWER SHEUNG WAN HONG KONG CH-8021	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	EURID VZW TELECOMLAAN 9 DIEGEM BELGIUM 1831	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNET CORPORATION FOR ASSIGNED  
NAMES AND NUMBERSEmployer 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	FINNISH COMMUNICATION REGULATORY AUTHORI PO BOX 313 HELSINKI FINLAND NO-7465	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	COORDINATION CENTER FOR TLD RU 8 MARTA STR., 1 BLD. 12 MOSCOW RUSSIA CP832 0198	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	KOREA INTERNET & SECURITY AGENCY (KISA) PLATINUM TOWER 11TH FLOOR SEOUL KOREA, REPUBLIC OF (SOUTH) SI-1000	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	.CO INTERNET SAS CALLE 100 NO 8A - 49 TORRE B OF 507 BOGOTA COLOMBIA 00931-1613	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	PANDI ICON BUSINESS PARK UNIT L1-L2 TANGERANG INDONESIA	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	EESTI INTERNETI SA PALDISKI TALLINN ESTONIA	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization INTERNET CORPORATION FOR ASSIGNED  
NAMES AND NUMBERS

Employer identification number  
95-4712218

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

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

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

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

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

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

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2018

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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?

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

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

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."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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, 2019, FOR A TOTAL COST OF \$343,355.



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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization INTERNET CORPORATION FOR ASSIGNED

Employer identification number

NAMES AND NUMBERS

95-4712218

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several yes/no questions about monitoring and reporting.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting on SFAS 116 (ASC 958) regarding art, historical treasures, and other similar assets held for public exhibition, education, or research.

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

Schedule D (Form 990) 2018

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 are a 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 programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted 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:

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. Includes Yes/No columns.

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

**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, 2019 AND 2018, NO LIABILITIES ARE REQUIRED TO BE RECORDED IN CONNECTION WITH SUCH TAX POSITIONS IN ICANN'S FINANCIAL STATEMENTS.

THE FISCAL 2013 THROUGH 2017 TAX YEARS REMAIN OPEN FOR EXAMINATION BY THE TAXING AUTHORITIES. NO INTEREST OR PENALTIES ARE RECOGNIZED DURING THE YEAR AS ICANN HAS NOT RECORDED INCOME TAX CONTINGENCIES. ICANN IS NOT UNDER EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR ANY OPEN TAX YEARS.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization INTERNET CORPORATION FOR ASSIGNED

Employer identification number

NAMES AND NUMBERS

95-4712218

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> NORTH AMERICA	0.	2.	PROGRAM SERVICES	SEE 990 PART III	3,146,305.
<b>(2)</b> CENTRAL AMERICA/CARIBBEAN	0.	2.	PROGRAM SERVICES	SEE 990 PART III	631,688.
<b>(3)</b> SOUTH AMERICA	1.	6.	PROGRAM SERVICES	SEE 990 PART III	2,030,869.
<b>(4)</b> EAST ASIA AND THE PACIFIC	2.	25.	PROGRAM SERVICES	SEE 990 PART III	9,082,560.
<b>(5)</b> SOUTH ASIA	0.	2.	PROGRAM SERVICES	SEE 990 PART III	335,154.
<b>(6)</b> EUROPE	3.	51.	PROGRAM SERVICES	SEE 990 PART III	18,852,371.
<b>(7)</b> RUSSIA/INDEPENDENT STATES	0.	3.	PROGRAM SERVICES	SEE 990 PART III	193,687.
<b>(8)</b> MIDDLE EAST AND NORTH AFRICA	0.	3.	PROGRAM SERVICES	SEE 990 PART III	1,480,430.
<b>(9)</b> SUB-SAHARAN AFRICA	1.	4.	PROGRAM SERVICES	SEE 990 PART III	3,426,982.
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .	7.	98.			39,180,046.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	7.	98.			39,180,046.

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

Schedule F (Form 990) 2018

**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)			SUB-SAHARAN AFRICA	AFRICA INT SUMMIT	20,000.	WIRE/ CASH			
(2)			SUB-SAHARAN AFRICA	REGISTRARS WORKSHOP	38,000.	WIRE/ CASH			
(3)			EAST ASIA/PACIFIC	SPONSORSHIP FY19 NOGS	20,000.	WIRE/ CASH			
(4)			SUB-SAHARAN AFRICA	SPONS OF 7TH AIGF	10,000.	WIRE/ CASH			
(5)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP COMMONWEALTH	9,644.	WIRE/ CASH			
(6)			MIDDLE EAST/NORTH AFRICA	CONTRIB TO JIT REPORT	10,000.	WIRE/ CASH			
(7)			SUB-SAHARAN AFRICA	INTERNET GOV IN AFRICA	6,780.	WIRE/ CASH			
(8)			EUROPE/ICELAND/GREENLAND	WSIS FORUM 2019	14,874.	WIRE/ CASH			
(9)			SOUTH AMERICA	EVENTO OCTUB LACNIC	7,000.	WIRE/ CASH			
(10)			EUROPE/ICELAND/GREENLAND	12TH EUROPEA SUMMER SCH.	11,347.	WIRE/ CASH			
(11)			RUSSIA/NEWLY IND. STATES	CONTRIBUTION ON RCC	5,980.	WIRE/ CASH			
(12)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP OF MENOG	10,000.	WIRE/ CASH			
(13)			EUROPE/ICELAND/GREENLAND	CLOUDFEST 2019	19,082.	WIRE/ CASH			
(14)			EAST ASIA/PACIFIC	SPONSORSHIP	25,000.	WIRE/ CASH			
(15)			EAST ASIA/PACIFIC	SPONSORSHIP	12,000.	WIRE/CASH			
(16)			SOUTH AMERICA	20 YR EVENT	5,125.	WIRE/CASH			

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

3 Enter total number of other organizations or entities ▶ \_\_\_\_\_ 16.



**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	12.	6,175.	WIRE/ CASH	33,938.	AIRFARE/LODGE	ACTUAL EXP
(2) FELLOWSHIP PROGRAM	EAST ASIA/PACIFIC	17.	8,650.	WIRE/ CASH	68,766.	AIRFARE/LODGE	ACTUAL EXP
(3) FELLOWSHIP PROGRAM	EUROPE/ICELAND/GREENLAND	13.	6,625.	WIRE/ CASH	25,293.	AIRFARE/LODGE	ACTUAL EXP
(4) FELLOWSHIP PROGRAM	MIDDLE EAST/NORTH AFRICA	7.	3,625.	WIRE/ CASH	19,899.	AIRFARE/LODGE	ACTUAL EXP
(5) FELLOWSHIP PROGRAM	NORTH AMERICA	2.	1,025.	WIRE/ CASH	3,875.	AIRFARE/LODGE	ACTUAL EXP
(6) FELLOWSHIP PROGRAM	RUSSIA/NEWLY IND. STATES	9.	4,550.	WIRE/ CASH	19,559.	AIRFARE/LODGE	ACTUAL EXP
(7) FELLOWSHIP PROGRAM	SOUTH AMERICA	14.	7,125.	WIRE/ CASH	39,264.	AIRFARE/LODGE	ACTUAL EXP
(8) FELLOWSHIP PROGRAM	SOUTH ASIA	15.	7,650.	WIRE/ CASH	42,754.	AIRFARE/LODGE	ACTUAL EXP
(9) FELLOWSHIP PROGRAM	SUB-SAHARAN AFRICA	19.	9,725.	WIRE/ CASH	59,314.	AIRFARE/LODGE	ACTUAL EXP
(10) NEXTGEN	EAST ASIA/PACIFIC	9.	4,525.	WIRE/ CASH	15,365.	AIRFARE/LODGE	ACTUAL EXP
(11) NEXTGEN	EUROPE/ICELAND/GREENLAND	11.	5,525.	WIRE/ CASH	16,816.	AIRFARE/LODGE	ACTUAL EXP
(12) NEXTGEN	MIDDLE EAST/NORTH AFRICA	2.	1,050.	WIRE/ CASH	2,207.	AIRFARE/LODGE	ACTUAL EXP
(13) NEXTGEN	NORTH AMERICA	1.	500.	WIRE/ CASH	1,792.	AIRFARE/LODGE	ACTUAL EXP
(14) NEXTGEN	RUSSIA/NEWLY IND. STATES	1.	500.	WIRE/ CASH	1,923.	AIRFARE/LODGE	ACTUAL EXP
(15) NEXTGEN	SOUTH AMERICA	1.	500.	WIRE/ CASH	2,664.	AIRFARE/LODGE	ACTUAL EXP
(16) NEXTGEN	SOUTH ASIA	5.	2,525.	WIRE/ CASH	19,775.	AIRFARE/LODGE	ACTUAL EXP
(17) NEXTGEN	SUB-SAHARAN AFRICA	9.	4,700.	WIRE/ CASH	21,084.	AIRFARE/LODGE	ACTUAL EXP
(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

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANTS

THERE ARE TWO PROGRAMS THAT PROVIDE A GRANT OF SUPPORT THAT IS AWARDED TO ENABLE INDIVIDUALS TO ATTEND ICANN PUBLIC MEETINGS. THE ICANN FELLOWSHIP PROGRAM AND THE NEXTGEN PROGRAM.

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

THE NEXTGEN PROGRAM IS FOCUSED ON THE NEXT GENERATION OF INDIVIDUALS WHO WILL BECOME ACTIVELY ENGAGED IN SHAPING THE FUTURE OF THE GLOBAL INTERNET

**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).

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

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

DURING THE TWELVE MONTHS ENDED JUNE 30, 2019, ICANN PAID \$460,263 TO ALLOW 147 FELLOWSHIP AND NEXTGEN PARTICIPANTS TO ATTEND ONE OR MORE OF THE THREE ICANN PUBLIC MEETINGS.

ICANN ALSO PROVIDES TRAVEL SUPPORT TO OTHER MEMBERS OF THE VOLUNTEER COMMUNITY TO FACILITATE POLICY DEVELOPMENT EFFORTS AND OUTREACH IMPORTANT TO ICANN'S MISSION. THE PROCESS FOR SELECTION SUPPORTED TRAVELERS IS

**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).

LARGELY BASED ON SPECIFIC CRITERIA ESTABLISHED BY EACH  
STAKEHOLDER/CONSTITUENCY GROUP. TRAVEL SUPPORT EXTENDED TO THESE GROUPS  
IS REPORTED AS PART OF TRAVEL EXPENSES IN PART IX, STATEMENT OF  
FUNCTIONAL EXPENSES. FOR OTHER CONTRIBUTIONS, STAKEHOLDER ENGAGEMENT TEAM  
MEMBERS DEVELOP REQUESTS BASED UPON ICANN'S STRATEGIC PLAN AND ICANN'S  
OPERATING PLAN. SPECIFIC NEEDS WITHIN SPECIFIC REGIONS OF THE WORLD ARE  
CONSIDERED. ICANN EXECUTIVES REVIEW THE LIST OF SUGGESTED CONTRIBUTIONS  
AND DECIDE ON WHICH CONTRIBUTIONS TO PURSUE. THE ICANN BOARD AND  
COMMUNITY CONSIDER THE CONTRIBUTIONS WITHIN THE OVERALL FISCAL YEAR  
OPERATING PLAN AND BUDGET PROCESS.

FORM 990, SCHEDULE F, PART I, LINE 3

AT JUNE 30, 2019, ICANN HAD INTERNATIONAL OFFICES LOCATED IN BRUSSELS,  
BELGIUM; ISTANBUL, TURKEY; SINGAPORE AND MONTEVIDEO, URUGUAY; AND  
ENGAGEMENT CENTERS IN BEIJING, CHINA; NAIROBI, KENYA; AND GENEVA,  
SWITZERLAND AS DISPLAYED IN PART I, LINE 3, COL (B) OF SCHEDULE F.

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

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

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

**Part V Supplemental Information**

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

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

B. ALL COSTS ASSOCIATED WITH THE THREE ANNUAL ICANN PUBLIC MEETINGS HELD OUTSIDE OF THE UNITED STATES DURING FISCAL YEAR 2019 (I.E., BARCELONA, SPAIN; KOBE, JAPAN; MARRAKECH, MOROCCO).

C. AMOUNTS EXPENDED TO FUND THE BELGIUM, TURKEY, SINGAPORE, URUGUAY, CHINA, SWITZERLAND, KENYA BRANCH/LIAISON/REPRESENTATIVE OFFICES, 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)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**95-4712218**

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

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 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
<b>(1)</b> ACCESS NOW PO BOX 115 NEW YORK, NY 10113	27-0597430	501(C)(3)	10,000.				SPONSORSHIP OF RIGHTSCON TUNIS
<b>(2)</b> UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE. EUGENE, OR 97403	93-6015767	501(C)(3)	275,000.				FUNDS FOR THE UNIV OF OREGON
<b>(3)</b> INTERNET SOCIETY 1775 WIEHLE AVE. 201 RESTON, VA 20190	54-1650477	501(C)(3)	220,000.				IPJ SPONSORING AGREEMENT
<b>(4)</b> TEAM CYMRU, INC. 901 INTERNATIONAL PARKWAY, SUITE 350	26-0442377	501(C)(3)	10,000.				SPONSORSHIP RISE GLOBAL
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.

**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) (2018)

**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	10.	5,000.	29,739.	ACTUAL EXPENSE	AIRFARE/LODGING
2 NEXTGEN	5.	2,500.	7,723.	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.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

Employer identification number

**NAMES AND NUMBERS**

**95-4712218**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

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

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BO GORAN MARBY DIRECTOR, PRESIDENT & CEO	(i)	653,846.	98,077.	0.	36,500.	77,147.	865,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 AKRAM ATALLAH PRESIDENT, GDD (THRU NOV 2018)	(i)	542,122.	79,603.	0.	36,500.	28,038.	686,263.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 SUSANNA H BENNET CHIEF OPERATING OFFICER	(i)	358,303.	107,251.	0.	36,500.	8,969.	511,023.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 XAVIER CALVEZ CHIEF FINANCIAL OFFICER	(i)	343,513.	102,451.	0.	32,250.	30,587.	508,801.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JOHN JEFFREY GENERAL COUNSEL AND SECRETARY	(i)	465,353.	139,295.	0.	13,750.	30,587.	648,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 DAVID OLIVE SVP, POLICY DEVELOPMENT SUPPORT	(i)	285,965.	85,598.	0.	36,500.	21,526.	429,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ASHWIN RANGAN SVP, ENGINEERING & CIO	(i)	325,221.	97,349.	0.	36,500.	30,587.	489,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 DAVID CONRAD SVP & CHIEF TECHNOLOGY OFFICER	(i)	295,016.	88,307.	0.	36,500.	18,335.	438,158.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 KIM DAVIES PRESIDENT, PTI	(i)	227,250.	53,005.	0.	32,250.	30,471.	342,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 JAMES HEDLUND SVP, CONTRACTUAL COMPLIANCE	(i)	334,950.	99,540.	0.	58,267.	19,112.	511,869.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 TAREK KAMEL SVP, GOVERNMENT AND IGO ENGMT	(i)	323,532.	96,843.	0.	66,044.	18,300.	504,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 CYRUS NAMAZI VP, DNS INDUSTRY SEGMENT	(i)	304,223.	91,041.	0.	36,500.	19,112.	450,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 DIANE R. SCHROEDER SVP, GLOBAL HR (THRU 07-2018)	(i)	177,215.	38,220.	0.	21,430.	6,222.	243,087.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 THERESA SWINEHART SVP, MULTISTAKEHOLDER STRATEGY	(i)	353,353.	105,770.	0.	36,500.	18,622.	514,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 NICHOLAS TOMASSO VP, GLOBAL MEETING OPERATIONS	(i)	250,002.	58,000.	0.	36,500.	21,469.	365,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 GINA VILLAVICENCIO SVP, GLOBAL HUMAN RESOURCES	(i)	233,750.	60,750.	0.	9,854.	18,242.	322,596.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2018

**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 CHRISTINE WILLETT VP, GTLD OPERATIONS	(i)	297,502.	89,030.	0.	34,519.	30,582.	451,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOHN L CRAIN CHIEF SEC. & STABILITY OFFICER	(i)	242,557.	68,984.	0.	32,250.	30,495.	374,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CHRISTOPHER GIFT VP, PRODUCT MANAGEMENT	(i)	253,265.	50,528.	0.	36,500.	21,648.	361,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DANIEL E HALLORAN DEPUTY GENERAL COUNSEL	(i)	295,075.	88,793.	0.	36,500.	30,635.	451,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MAGUY SERAD VP, CONTRACTUAL COMPLIANCE SVC	(i)	257,733.	70,912.	0.	36,500.	30,571.	395,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 AMY STATHOS DEPUTY GENERAL COUNSEL	(i)	304,316.	60,712.	0.	36,500.	10,711.	412,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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 2018 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 2018, 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) DAVID CONRAD - TAX GROSS-UP PAYMENTS AND RELOCATION ALLOWANCE
- 2) DAVID OLIVE - TAX GROSS-UP PAYMENTS AND HOUSING ALLOWANCE OR RESIDENCE  
FOR PERSONAL USE ACCORDING TO CONTRACTUAL EXPATRIATE BENEFITS
- 3) NICHOLAS TOMASSO - TAX GROSS-UP PAYMENTS, RELOCATION ALLOWANCE AND  
HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE ACCORDING TO CONTRACTUAL  
EXPATRIATE BENEFITS
- 4) BO GORAN MARBY - THE PERSONAL SERVICES PROVIDED CONSIST EXCLUSIVELY OF  
EXPATRIATE TAX REPORTING 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.

**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.

SEE ATTACHED LINKS:

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY19-01](https://www.icann.org/en/system/files/files/remuneration-practices-fy19-01)

JUL18-EN.PDF

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY18-01](https://www.icann.org/en/system/files/files/remuneration-practices-fy18-01)

JUL17-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)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2018**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

Employer identification number  
**95-4712218**

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

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

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

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

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

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

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DENIC EG	CONTRIBUTOR & VENDOR	130,000.	DATA ESCROW AGENT FEE		X
(2) NOMINET UK	CONTRIBUTOR & VENDOR	103,000.	EBERO STANDBY FEE		X
(3) STIFTELSEN INTERNETINFRASTRUKTUR.SE	CONTRIBUTOR & VENDOR	1,132,600.	NEW GTLD PROGRAM CONTRACT		X
(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

FOR FY 2019, THREE ORGANIZATIONS WERE IDENTIFIED AS INTERESTED PERSONS, AS DEFINED BY THE INTERNAL REVENUE SERVICE. THESE ORGANIZATIONS WERE SIGNIFICANT INDEPENDENT CONTRACTORS AS WELL AS SUBSTANTIAL CONTRIBUTORS WITH TRANSACTION VALUES OF \$100,000 OR MORE.



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

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization  
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FORM 990, PART I, LINE 1 AND PART III, LINE 1

ORGANIZATION'S MISSION

THE MISSION OF THE INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

("ICANN") IS TO COORDINATE, AT THE OVERALL LEVEL, AND TO ENSURE THE

STABLE AND SECURE OPERATION OF, THE GLOBAL INTERNET'S SYSTEM OF UNIQUE

IDENTIFIERS. IN PARTICULAR, ICANN FULFILLS ITS MISSION EITHER DIRECTLY,

OR THROUGH AN AFFILIATE BY: (I) COORDINATING THE ASSIGNMENT OF INTERNET

TECHNICAL PARAMETERS AS NEEDED TO MAINTAIN UNIVERSAL CONNECTIVITY ON THE

INTERNET; (II) PERFORMING AND OVERSEEING FUNCTIONS RELATED TO THE

COORDINATION OF THE INTERNET PROTOCOL ("IP") ADDRESS SPACE; (III)

PERFORMING AND OVERSEEING FUNCTIONS RELATED TO THE COORDINATION OF THE

INTERNET DOMAIN NAME SYSTEM ("DNS"), INCLUDING, SUPPORTING THE

DEVELOPMENT OF, AND IMPLEMENTING POLICIES FOR DETERMINING THE

CIRCUMSTANCES UNDER WHICH NEW TOP-LEVEL DOMAINS ARE ADDED TO THE ROOT

ZONE; (IV) OVERSEEING OPERATION OF THE AUTHORITATIVE INTERNET ROOT ZONE;

AND (V) ENGAGING IN ANY OTHER RELATED LAWFUL ACTIVITY IN FURTHERANCE OF

ITEMS (I) THROUGH (IV). SEE ADDITIONAL INFORMATION ABOUT ICANN'S PROGRAMS

AND ACTIVITIES ON THE ICANN WEBSITE AND IN THE ICANN ANNUAL REPORT POSTED

ON [HTTPS://WWW.ICANN.ORG/](https://www.icann.org/).

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

GOVERNING BODY

THERE ARE 16 VOTING MEMBERS OF THE BOARD OF DIRECTORS INCLUDING ICANN'S

PRESIDENT AND CEO, WHO SERVES EX OFFICIO AS A VOTING BOARD MEMBER.

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ICANN'S BYLAWS ALLOW FOR FOUR NON-VOTING LIAISONS 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, 2019:

- 1) JONNE SOININEN (IETF LIAISON, 2013 - OCT 2018)
- 2) KAVEH RANJBAR (RSSAC LIAISON, NOV 2016 - PRESENT)
- 3) MANAL ISMAIL (GAC LIAISON, 2017-PRESENT)
- 4) RAM MOHAN (SSAC LIAISON, 2009 - OCT 2018)
- 5) 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 62 VOLUNTEER LEADERS THAT SERVE THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES IN LEADERSHIP POSITIONS

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SUCH AS CHAIR AND VICE CHAIR.

IN ADDITION TO THESE 62 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 SERVE THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES.

THESE VOLUNTEERS PARTICIPATE IN POLICY DEVELOPMENT WORKING GROUPS AND REVIEW TEAMS. 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, 2019. SEE DISCUSSION IN

([HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/ANNUAL-REPORT-2019-EN.PDF](https://www.icann.org/en/system/files/files/annual-report-2019-en.pdf))

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

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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THE FINANCIAL STATEMENTS OF ICANN ARE PRESENTED ON A STAND-ALONE BASIS. TRANSACTIONS WITH ITS AFFILIATE PUBLIC TECHNICAL IDENTIFIERS (PTI) ARE REPORTED ON AN ARMS-LENGTH BASIS. PTI IS A SEPARATE LEGAL ENTITY AND SEPARATELY FILES A FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX.

DURING THE FISCAL YEAR ENDED JUNE 30, 2019, 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 \$7,571,450, 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 \$7,571,450, 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, 2019, THE INTERNET ROOT ZONE CONSISTED OF 18 LEGACY AND 1,222 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

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"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. OVER 2,000 ICANN ACCREDITED REGISTRARS INTERACT WITH REGISTRANTS (AND OTHERS) TO PERFORM DOMAIN NAME REGISTRATION AND OTHER RELATED SERVICES FOR NEW GTLDS. THE NEW GTLD PROGRAM HAS PROVIDED A MEANS FOR PROSPECTIVE REGISTRY OPERATORS TO APPLY FOR NEW GTLDS, AND CREATE NEW OPTIONS FOR CONSUMERS. ICANN OPENED THE NEW GTLD PROGRAM FOR APPLICATIONS IN JANUARY 2012; 1930 APPLICATIONS WERE SUBMITTED.

AS OF JUNE 30, 2019, ALL APPLICATIONS FOR NEW GTLDS THAT HAVE NOT BEEN WITHDRAWN HAVE COMPLETED INITIAL EVALUATION ("IE") PHASE AND, WHERE APPLICABLE, EXTENDED EVALUATION ("EE"). DURING IE AND EE, ALL APPLICATIONS WERE EVALUATED FOR, AMONG OTHER THINGS, FINANCIAL, TECHNICAL/OPERATIONAL, GEOGRAPHIC NAMES, AND REGISTRY SERVICES. FOLLOWING COMPLETION AND PASSING OF IE, AND EE IF APPLICABLE, FOR EACH APPLICATION NOT ON HOLD FOR SOME OTHER REASON, THE REGISTRY AGREEMENT CONTRACTING PHASE OF THE NEW GTLD PROGRAM COMMENCED. CONTRACTING IS A PROCESS THAT RESULTS IN EACH ELIGIBLE APPLICANT ENTERING INTO A REGISTRY AGREEMENT WITH ICANN TO OPERATE A GTLD. NOTE THAT THERE ARE SOME CIRCUMSTANCES THAT EXIST THAT MAY DELAY THE START OF THE CONTRACTING PROCESS INCLUDING, BUT NOT LIMITED TO, PENDING ICANN ACCOUNTABILITY MECHANISMS, UNRESOLVED CONTENTION, OR DIRECTION FROM THE ICANN BOARD.

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

AS OF JUNE 30, 2019, 1,222 GTLDS WERE DELEGATED IN THE ROOT ZONE.

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, 2019, THERE WERE OVER 365 MILLION REGISTERED INTERNET SECOND LEVEL DOMAIN NAMES, INCLUDING APPROXIMATELY 206 MILLION SECOND LEVEL DOMAIN NAMES FOUND IN GENERIC TOP-LEVEL DOMAINS, MOST OF WHICH ARE GOVERNED BY ICANN'S COMMUNITY-DEVELOPED POLICIES. SEE ADDITIONAL INFORMATION ABOUT ICANN'S PROGRAMS AND ACTIVITIES ON THE ICANN WEBSITE AND IN THE ICANN ANNUAL REPORT POSTED AT [HTTPS://WWW.ICANN.ORG/](https://www.icann.org/).

#### NEW GTLD AUCTIONS

CONTENTION SETS ARE GROUPS OF APPLICATIONS FOR IDENTICAL OR CONFUSINGLY SIMILAR STRINGS. IF TWO OR MORE APPLICANTS ARE UNABLE TO RESOLVE THEIR

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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, 2019.

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

FORM 990, PART IV, LINE 28A-C  
BUSINESS TRANSACTIONS WITH INTERESTED PARTIES  
ICANN MAY ENTER INTO OR CONSIDER PARTICIPATION IN SMALL ARM'S LENGTH TRANSACTIONS BETWEEN ICANN AND CERTAIN TAXABLE ORGANIZATIONS WITH WHICH CERTAIN ICANN DIRECTORS OR OFFICERS (OR MEMBERS OF THEIR FAMILIES) MAY HAVE AN AFFILIATION. UNDER ICANN'S CONFLICTS OF INTEREST POLICY, ALL OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY ACTUAL, POTENTIAL OR PERCEIVED CONFLICTS OF INTEREST BEFORE ENTERING INTO DISCUSSION ON SUCH MATTERS. IN ADDITION, THE BOARD COMMITTEE RESPONSIBLE FOR CONFLICTS OF INTEREST REVIEWS ALL BOARD MEMBER CONFLICTS OF INTEREST STATEMENTS.

SEE:

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

ICANN DISCLOSES RELATED PARTY TRANSACTIONS IN FOOTNOTE 12 TO ITS AUDITED FINANCIAL STATEMENTS WHICH CAN BE FOUND AT THE FOLLOWING LINK.

SEE:

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[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/FINANCIAL-REPORT-FYE-30JUN19-E](https://www.icann.org/en/system/files/files/financial-report-fye-30jun19-e)

N.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 2018 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



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THE NOMINATING COMMITTEE ("NOMCOM") IS RESPONSIBLE FOR THE NOMINATION OF EIGHT ICANN VOTING BOARD MEMBERS (SEE BYLAWS IN EFFECT AS OF JULY 1, 2018, ARTICLE VII). THE NOMCOM IS ALSO CHARGED WITH POPULATING A PORTION OF THE AT-LARGE ADVISORY COMMITTEE ("ALAC"), THE COUNTRY CODE NAMES SUPPORTING ORGANIZATION ("CCNSO") COUNCIL AND THE GENERIC NAMES SUPPORTING ORGANIZATION ("GNSO") COUNCIL. THE NOMCOM COMPLEMENTS THE OTHER MEANS FOR FILLING A PORTION OF KEY ICANN LEADERSHIP POSITIONS ACHIEVED WITHIN THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES.

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

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

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IN ADDITION, AND ALSO IN ACCORDANCE WITH ICANN'S BYLAWS, EACH OF THE FOLLOWING SUPPORTING ORGANIZATIONS NOMINATE TWO VOTING BOARD MEMBERS TO THE ICANN BOARD, EACH FOR A THREE-YEAR TERM: THE ADDRESS SUPPORTING ORGANIZATION, 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 EC DESIGNATED BOARD MEMBERS, THE PRESIDENT AND CEO SITS AS AN EX OFFICIO VOTING BOARD MEMBER, WHO IS SELECTED BY THE ICANN BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 7B

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. FIRST, THE EMPOWERED COMMUNITY IS RESPONSIBLE FOR THE DESIGNATION OF ALL VOTING MEMBERS OF THE ICANN BOARD OF DIRECTORS (OTHER THAN THE PRESIDENT AND CEO). THE EMPOWERED COMMUNITY IS MADE UP OF ENTITIES PARTICIPATING IN ICANN'S MULTISTAKEHOLDER COMMUNITY AND MAY REJECT THE ICANN BOARD'S APPROVAL OF SOME BYLAWS AMENDMENTS, BUDGETS, ANNUAL AND FIVE-YEAR

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OPERATING PLANS, AND FIVE-YEAR STRATEGIC PLANS. IF THE EC INVOKES THIS REJECTION RIGHT, THE ICANN BOARD MUST GO BACK AND LOOK AT THESE ITEMS AGAIN. THE EMPOWERED COMMUNITY MAY NOT DIRECT THE VERSION OF THESE DOCUMENTS THAT THE ICANN BOARD MUST APPROVE. THE EMPOWERED COMMUNITY MUST ALSO CONSENT TO THE ICANN BOARD'S APPROVAL OF THE 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 2019, 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 OPERATIONAL OR ENGAGEMENT SUPPORT TO THEIR RESPECTIVE GEOGRAPHICAL REGIONS AND/OR TIME ZONES.

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

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

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FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

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

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

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

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

FORM 990, PART VI, LINE 12C

CONFLICTS OF INTEREST POLICY

ICANN HAS WRITTEN CONFLICTS OF INTEREST POLICIES, WHICH ARE APPLICABLE TO 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
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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.](https://www.icann.org/resources/pages/coi-2012-02-25-en)

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

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

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

FORM 990, PART VI, LINES 13 & 14

WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY  
ICANN MAINTAINS AN INTERNAL DOCUMENT RETENTION AND DESTRUCTION POLICY AND  
HISTORICALLY HAS FOLLOWED BEST INDUSTRY PRACTICES 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

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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ITS REMUNERATION PLANS AND PRACTICES, WHICH ARE CONTINUALLY UPDATED. THE  
VERSION OF ICANN'S REMUNERATION PRACTICES APPLICABLE DURING FY2018 AND  
FY2019 ARE POSTED AT:

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY18-01  
JUL17-EN.PDF](https://www.icann.org/en/system/files/files/remuneration-practices-fy18-01-jul17-en.pdf)

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY19-01  
JUL18-EN.PDF](https://www.icann.org/en/system/files/files/remuneration-practices-fy19-01-jul18-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 FOR 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, 2018 THROUGH JUNE 30, 2019 WAS COMPLETED AS OF JULY  
1, 2018.

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

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/FY18-IRS-TAX-FORM-990-RETURN-ORGANIZATION-EXEMPT-INCOME-TAX-27MAY19-EN.PDF](https://www.icann.org/en/system/files/files/fy18-irs-tax-form-990-return-organization-exempt-income-tax-27may19-en.pdf)

IN ADDITION, THE FORM 990 IS POSTED ON THE [HTTPS://WWW.GUIDESTAR.ORG/](https://www.guidestar.org/)  
WEBSITE. FINALLY, HARD COPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST.  
REQUESTS SHOULD BE SUBMITTED TO ICANN'S CFO BY EMAIL TO  
XAVIER.CALVEZ@ICANN.ORG, OR BY PHONE AT +1.310.301.5838.

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

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

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

FORM 990, PART VI, LINE 19

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

IN ACCORDANCE WITH ITS CORPORATE BYLAWS ((SEE

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

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

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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WEBSITE OF ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS.

FORM 990, PART VII

OFFICER/DIRECTOR SERVICE DATES

IN PART VII, A DATE FOLLOWING AN OFFICER/DIRECTOR'S NAME INDICATES THE DATE ON WHICH THE OFFICER/DIRECTOR'S SERVICES ENDED. IF NO DATE IS INDICATED, THAT OFFICER/DIRECTOR WAS ACTIVE AS OF JUNE 30, 2019.

FORM 990, PART VII, SECTION A, LINES 1, 5, AND 15-18, COLUMN D COMPENSATION FOR MAARTEN BOTTERMAN, MATTHEW SHEARS, MIKE SILBER, TRIPTI SINHA, CHRIS DISSPAIN, AND RON DA SILVA ARE NOT CONSIDERED REPORTABLE. THEIR COMPENSATION IS/WAS PAID TO MR. BOTTERMAN'S, MR. SHEARS', MR. SILBER'S, MS. SINHA'S, MR. DISSPAIN'S, AND MR. DA SILVA'S CORPORATIONS. THE FOLLOWING CORPORATIONS WERE PAID: GNKS CONSULTING BV (\$45,000), COMPOLI LTD. (\$45,000), SILBER CONSULTING (\$37,038.46), KAZARIM LLC (\$8,365.38), DNS CAPITAL (\$15,000), AND NETWORK TECHNOLOGIES GLOBAL (\$45,000), RESPECTIVELY.

NO COMPENSATION IS REPORTED FOR MS. BECKY BURR AS SHE DID NOT ELECT TO RECEIVE COMPENSATION AS A MEMBER OF THE BOARD OF DIRECTORS.

FORM 990, PART VII, SECTION B

COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS

ICANN USUALLY DISCLOSES ALL CONTRACTORS WITH WHICH IT SPENT \$1,000,000 OR MORE DURING THE PERIOD, IN ADDITION TO THE TOP FIVE CONTRACTORS. DURING



Name of the organization INTERNET CORPORATION FOR ASSIGNED  
NAMES AND NUMBERS

Employer identification number  
95-4712218

THE FISCAL YEAR ENDED JUNE 30, 2019, ICANN DID NOT PAY \$1,000,000 OR MORE TO ANY CONTRACTORS THAT ARE NOT DISCLOSED IN PART VII, SECTION B OF THE FORM 990. SEE ATTACHMENT 2.

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 - \$271,085

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
JONES DAY 555 S. FLOWER STREET, 50TH FLOOR LOS ANGELES, CA 90071	LEGAL SERVICES	7,579,020.

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ZENSAR TECHNOLOGIES, INC. 1415 W. 22ND STREET, SUITE 925 OAK BROOK, IL 60523	IT CONSULTING SVCS	2,152,825.
STIFTELSEN INTERNETINFRASCTRUCKTUR.SE PO BOX 7399 STOCKHOLM SWEDEN 10391	NEW GTLD PROGRAM	1,064,326.
ARCHITECH SOLUTIONS CONSULTING SVCS, INC 70 BOND STREET, SUITE 400 TORONTO ONTARIO CANADA M5B1X3	IT CONSULTING SVCS	1,907,009.
ZIA CONSULTING 5525 CENTRAL AVE. BOULDER, CO 80301	IT CONSULTING	1,172,194.

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
CONSULTING SERVICES	8,771,374.	5,879,044.	2,892,330.	0.
TRANSLATION SERVICES	2,166,668.	1,464,237.	702,431.	0.
TEMPORARY ADMIN HELP	1,472,950.	995,422.	477,528.	0.
NEW G PRE-DELEGATION TESTING	1,063,113.	718,453.	344,660.	0.
TRANSCRIPTION SERVICES	932,122.	629,929.	302,193.	0.
DATA ESCROW	774,768.	523,589.	251,179.	0.
STRATEGIC INITIATIVES	642,818.	434,417.	208,401.	0.
NEW G TRADEMARK CLEARINGHOUSE	551,794.	372,903.	178,891.	0.
RECRUITING SERVICES	436,600.	295,055.	141,545.	0.

Name of the organization INTERNET CORPORATION FOR ASSIGNED  
NAMES AND NUMBERSEmployer identification number  
95-4712218ATTACHMENT 3 (CONT'D)FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
STUDIES & RESEARCH	405,517.	274,049.	131,468.	0.
IDN PROGRAMS	367,280.	248,208.	119,072.	0.
POLICY DEVELOPMENT	341,060.	230,489.	110,571.	0.
FIN & TECH EVALUATIONS	321,768.	217,451.	104,317.	0.
COMMUNICATIONS	174,794.	118,126.	56,668.	0.
TOTALS	<u>18,422,626.</u>	<u>12,401,372.</u>	<u>6,021,254.</u>	<u>0.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number

**NAMES AND NUMBERS**

**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	IANA FUNCTION	CA	501(C)(3)	10	ICANN	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PUBLIC TECHNICAL IDENTIFIERS	M	7,571,450.	FMV
(2) PUBLIC TECHNICAL IDENTIFIERS	N	946,254.	FMV
(3) PUBLIC TECHNICAL IDENTIFIERS	O	4,911,202.	FMV
(4) PUBLIC TECHNICAL IDENTIFIERS	Q	1,713,995.	FMV
(5)			
(6)			

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

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

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

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

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

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