

Instructions for filing
Internet Corporation for Assigned
Names and Numbers
Form 990 - Return of Organization Exempt from
Income Tax for the period ended June 30, 2022

Signature...

The file copy should be signed by an officer, title indicated,
and dated on page 1.

Filing...

The return has been e-filed by us on your behalf.

Payment of tax...

No payment of tax is required.

DO NOT separately file Form 990 with the Internal Revenue Service.
Doing so will delay the processing of your return.

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for Electronic Filing

OMB No. 1545-0047

For calendar year 2021, or tax year beginning 07/01, 2021, and ending 06/30, 20 22

2021

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

▶ Go to www.irs.gov/Form8453TE for the latest information.

Name of filer

INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

EIN or SSN

95-4712218

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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	167,893,854
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 V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

- 11a 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 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.
- b 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 entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 Xavier Calvez 03 May 2023 SVP, PLANNING & CFO
 Signature of officer or person subject to tax Date Title, if applicable

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

I declare that I have reviewed the above return and that the entries on Form 8453-TE 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 entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, 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 return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	<u>Jocelyne C. Miller</u>	Date	<u>4/25/23</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 & YOUNG US LLP</u> <u>4365 EXECUTIVE DRIVE SUITE 1600, SAN DIEGO, CA 92121</u>						EIN
							Phone no.	<u>(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.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Return of Organization Exempt From Income Tax

2021

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 **2021** calendar year, or tax year beginning 07/01, 2021, and ending 06/30, 20 22

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

C Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
12025 WATERFRONT DR, STE 300
 City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90094-2536

D Employer identification number 95-4712218

E Telephone number (310) 301-5800

F Name and address of principal officer: SALLY COSTERTON
SAME AS C ABOVE

G Gross receipts \$ 1,001,899,290

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

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

J Website: ▶ WWW.ICANN.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1998

M State of legal domicile: CA

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	298
	6	Total number of volunteers (estimate if necessary)	6	53
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>3,618,006</u>	Current Year <u>8,731,199</u>
	9	Program service revenue (Part VIII, line 2g)	<u>145,400,199</u>	<u>148,862,094</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>14,924,277</u>	<u>10,300,561</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0</u>	<u>0</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>163,942,482</u>	<u>167,893,854</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>1,041,098</u>	<u>1,566,971</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>77,697,580</u>	<u>80,509,125</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>52,639,042</u>	<u>63,062,579</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>131,377,720</u>	<u>145,138,675</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>32,564,762</u>	<u>22,755,179</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>576,405,732</u>	End of Year <u>558,379,768</u>
	21	Total liabilities (Part X, line 26)	<u>20,601,531</u>	<u>18,516,026</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>555,804,201</u>	<u>539,863,742</u>

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
XAVIER CALVEZ, SVP, PLANNING & CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name JOCELYNE MILLER Preparer's signature Jocelyne C. Miller Date 5/10/23 Check if self-employed PTIN P00634378
 Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ 34-6565596
 Firm's address ▶ 4365 EXECUTIVE DRIVE SUITE 1600, SAN DIEGO, CA 92121 Phone no. (858) 535-7200

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$ 107,278,061 including grants of \$ 1,566,971) (Revenue \$ 148,862,094)
AS OF JUNE 30, 2022, THE INTERNET ROOT ZONE CONSISTED OF 18 LEGACY AND 1,173 NEW GENERIC TOP LEVEL DOMAINS (GTLDS) THAT WERE OPERATED UNDER CONTRACT WITH ICANN AND OVER 300 COUNTRY CODE TOP LEVEL DOMAINS (CCTLDS). EACH GTLD OF THE 18 LEGACY GTLDS AND ALL OF THE NEW GTLDS REFERENCED ABOVE HAS A DESIGNATED "REGISTRY OPERATOR" AND A REGISTRY AGREEMENT BETWEEN THE OPERATOR AND ICANN. THE REGISTRY OPERATOR IS RESPONSIBLE FOR THE TECHNICAL OPERATION OF THE GTLD, INCLUDING ALL OF THE NAMES REGISTERED IN THAT TLD. APPROXIMATELY 2,550 ICANN ACCREDITED REGISTRARS INTERACT WITH REGISTRANTS (AND OTHERS) TO PERFORM DOMAIN NAME REGISTRATION AND OTHER RELATED SERVICES FOR NEW GTLDS.

(CONTINUED ON SCHEDULE O)

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 107,278,061

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	298		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country ► <u>BE, SN, SW, TU</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 16		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<input checked="" type="checkbox"/>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 XAVIER CALVEZ, 12025 WATERFRONT DRIVE, STE 300, LOS ANGELES, CA 90094, (310) 301-5838

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

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

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

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

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

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

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BO GORAN MARBY DIRECTOR, PRESIDENT & CEO	60.0 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	980,889	0	69,866
(2) JOHN JEFFREY GENERAL COUNSEL AND SECRETARY	60.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	707,339	0	70,386
(3) THERESA SWINEHART SVP, GLOBAL DOMAINS & STRATEGY	60.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	576,800	0	47,165
(4) XAVIER CALVEZ SVP, PLANNING & CHIEF FINANCIAL OFFICER	60.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	551,155	0	69,866
(5) JAMES HEDLUND SVP, CONTRACTUAL COMPLIANCE & U.S. GOVERNMENT ENGAGEMENT	60.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	506,499	0	58,166
(6) ASHWIN RANGAN SVP, ENGINEERING & CHIEF INFORMATION OFFICER	60.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	459,844	0	60,750
(7) GINA VILLAVICENCIO SVP, GLOBAL HUMAN RESOURCES	60.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	445,918	0	54,158
(8) DANIEL E HALLORAN DEPUTY GENERAL COUNSEL	60.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	427,971	0	69,843
(9) DAVID CONRAD SVP & CHIEF TECHNOLOGY OFFICER	55.0 5.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	437,382	0	47,541
(10) DAVID OLIVE SVP, POLICY DEVELOPMENT SUPPORT & MANAGING DIRECTOR	60.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	406,038	0	60,412
(11) AMY STATHOS DEPUTY GENERAL COUNSEL	60.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	400,523	0	49,389
(12) JOHN L CRAIN SVP & CHIEF TECHNOLOGY OFFICER	60.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	373,540	0	69,749
(13) SALLY JANE NEWELL SVP, GLOBAL COMMUNICATIONS	60.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	382,451	0	60,680
(14) KATHRYN CARVER SVP, GOVERNMENT & IGO ENGAGEMENT	60.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	390,782	0	48,716

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) SHEILA KAY JOHNSON DEPUTY GENERAL COUNSEL	60.0 0.0					✓		358,970	0	49,344
(16) CHRISTOPHER MONDINI VP, STAKEHOLDER ENGAGEMENT & MANAGING DIRECTOR	60.0 0.0					✓		360,282	0	44,820
(17) NICHOLAS TOMASSO VP, GLOBAL MEETING OPERATIONS	60.0 0.0					✓		330,032	0	60,463
(18) MAARTEN BOTTERMAN DIRECTOR	16.0 0.0	✓						75,000	0	0
(19) AKINORI MAEMURA DIRECTOR	16.0 0.0	✓						45,000	0	0
(20) AVRI DORIA DIRECTOR	16.0 0.0	✓						45,000	0	0
(21) BECKY BURR DIRECTOR	16.0 0.0	✓						45,000	0	0
(22) DANKO JEVTOVIC DIRECTOR	16.0 0.0	✓						45,000	0	0
(23) IHAB OSMAN DIRECTOR	16.0 0.0	✓						45,000	0	0
(24) LEON SANCHEZ DIRECTOR	16.0 0.0	✓						45,000	0	0
(25) (SEE STATEMENT)										
1b Subtotal								8,441,415	0	991,314
c Total from continuation sheets to Part VII, Section A								360,702	0	0
d Total (add lines 1b and 1c)								8,802,117	0	991,314

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 **▶** 205

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
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? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 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>		✓

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
JONES DAY, 555 S. FLOWER ST 50TH FLOOR, LOS ANGELES, CA 90071	LEGAL SERVICES	5,164,603
ARCHITECH SOLUTIONS CONSULTING SVCS, INC, 70 BOND STREET, SUITE #400, TORONTO ONTARIO CANADA	IT CONSULTING SVCS	2,857,500
ZENSAR TECHNOLOGIES, INC, 1415 W 22ND STREET, SUITE 925, OAK BROOK,, IL 60523	IT CONSULTING SVCS	1,488,077
OUTSOURCE TECHNICAL LLC, 1550 BAYSIDE DRIVE, CORONA DEL MAR, CA 92625	IT CONSULTING SVCS	1,169,210
NCC GROUP SOFTWARE RESILIENCE NA LLC, 11675 RAINWATER DRIVE, ALPHARETTA, GA 30009	IT CONSULTING SVCS	800,798
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	130	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	8,731,199				
	1g	Noncash contributions included in lines 1a-1f	\$				
	1h	Total. Add lines 1a-1f ▶	8,731,199				
	Program Service Revenue	2a	REGISTRY/REGISTRAR FEES	900099	100,998,671	100,998,671	
2b		ADDRESS REGISTRY FEES	900099	29,296,771	29,296,771		
2c		ACCREDITATION FEES	900099	10,154,000	10,154,000		
2d		PTI SERVICES AGREEMENT	900099	8,089,477	8,089,477		
2e		APPLICATION FEES	900099	343,675	343,675		
2f		All other program service revenue . . .	900099	(20,500)	(20,500)	0	
2g		Total. Add lines 2a-2f ▶		148,862,094			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,539,073		1,539,073	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	0	0			
	6d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	842,766,924			
			(ii) Other				
	7b	Less: cost or other basis and sales expenses	834,005,436				
	7c	Gain or (loss)	8,761,488	0			
	7d	Net gain or (loss) ▶		8,761,488		8,761,488	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
8b	Less: direct expenses	8b					
8c	Net income or (loss) from fundraising events . . ▶						
9a	Gross income from gaming activities. See Part IV, line 19	9a					
9b	Less: direct expenses	9b					
9c	Net income or (loss) from gaming activities . . . ▶						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold	10b					
10c	Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue	11a	_____					
	11b	_____					
	11c	_____					
	11d	All other revenue		0	0	0	
	11e	Total. Add lines 11a-11d ▶		0			
12	Total revenue. See instructions ▶		167,893,854	148,862,094	0	10,300,561	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	204,500	204,500		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,362,471	1,362,471		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	7,225,093	6,502,584	722,509	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	239,500	239,500	0	0
7	Other salaries and wages	54,898,252	39,526,741	15,371,511	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,121,206	4,407,268	1,713,938	0
9	Other employee benefits	8,232,069	5,927,090	2,304,979	0
10	Payroll taxes	3,793,005	2,730,964	1,062,041	0
11	Fees for services (nonemployees):				
a	Management	0	0	0	0
b	Legal	7,188,899	4,816,562	2,372,337	0
c	Accounting	878,366	0	878,366	0
d	Lobbying	300,000	300,000	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	832,730	0	832,730	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	18,969,373	15,175,498	3,793,875	0
12	Advertising and promotion	65,619	47,246	18,373	0
13	Office expenses	325,293	234,211	91,082	0
14	Information technology	7,890,325	5,681,034	2,209,291	0
15	Royalties	0	0	0	0
16	Occupancy	4,841,427	3,485,827	1,355,600	0
17	Travel	2,484,490	1,863,367	621,123	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	2,128,904	1,703,123	425,781	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	5,019,130	3,613,774	1,405,356	0
23	Insurance	856,215	616,475	239,740	0
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<u>RISK COSTS - GTLD</u>	2,533,360	2,533,360	0	0
b	<u>BAD DEBT EXPENSE</u>	82,122	82,122	0	0
c	<u>DUES, SUBSCRIPTIONS & PUB</u>	288,911	192,607	96,304	0
d	<u>PTI IANA CONTRACT</u>	8,089,477	5,824,424	2,265,053	0
e	All other expenses	287,938	207,313	80,625	0
25	Total functional expenses. Add lines 1 through 24e	145,138,675	107,278,061	37,860,614	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0	0	0	0

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	78,867,805	1	84,025,186	
	2 Savings and temporary cash investments	0	2	0	
	3 Pledges and grants receivable, net	0	3	0	
	4 Accounts receivable, net	35,754,080	4	35,406,620	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0	
	7 Notes and loans receivable, net	0	7	0	
	8 Inventories for sale or use	0	8	0	
	9 Prepaid expenses and deferred charges	3,456,259	9	4,050,463	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 58,200,686			
	b Less: accumulated depreciation	10b 46,989,833	15,231,482	10c	11,210,853
	11 Investments—publicly traded securities	441,600,183	11	421,536,605	
	12 Investments—other securities. See Part IV, line 11	0	12	0	
	13 Investments—program-related. See Part IV, line 11	0	13	0	
	14 Intangible assets	0	14	0	
	15 Other assets. See Part IV, line 11	1,495,923	15	2,150,041	
16 Total assets. Add lines 1 through 15 (must equal line 33)	576,405,732	16	558,379,768		
Liabilities	17 Accounts payable and accrued expenses	15,170,870	17	14,519,290	
	18 Grants payable	0	18	0	
	19 Deferred revenue	5,430,661	19	3,996,736	
	20 Tax-exempt bond liabilities	0	20	0	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0	
	26 Total liabilities. Add lines 17 through 25	20,601,531	26	18,516,026	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	555,804,201	27	539,863,742	
	28 Net assets with donor restrictions	0	28	0	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds	0	29	0	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0	
	32 Total net assets or fund balances	555,804,201	32	539,863,742	
33 Total liabilities and net assets/fund balances	576,405,732	33	558,379,768		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	167,893,854
2	Total expenses (must equal Part IX, column (A), line 25)	2	145,138,675
3	Revenue less expenses. Subtract line 2 from line 1	3	22,755,179
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	555,804,201
5	Net unrealized gains (losses) on investments	5	(38,389,554)
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(306,084)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	539,863,742

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

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 (Check all that apply)						(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			
(25) MANDLA MSIMANG ----- DIRECTOR	16.0 ----- 0.0	✓						45,000	0	0
(26) MATTHEW SHEARS ----- DIRECTOR	16.0 ----- 0.0	✓						45,000	0	0
(27) PATRICIO POBLETE ----- DIRECTOR	16.0 ----- 0.0	✓						45,000	0	0
(28) SARAH DEUTSCH ----- DIRECTOR	16.0 ----- 0.0	✓						45,000	0	0
(29) TRIPTI SINHA ----- DIRECTOR	16.0 ----- 0.0	✓						45,000	0	0
(30) NIGEL ROBERTS ----- DIRECTOR	16.0 ----- 0.0	✓						37,250	0	0
(31) RAFAEL LITO IBARRA ----- DIRECTOR	16.0 ----- 0.0	✓						37,250	0	0
(32) RON DA SILVA ----- DIRECTOR	16.0 ----- 0.0	✓						37,250	0	0
(33) ALAN BARRETT ----- DIRECTOR (BEGAN 10/21)	16.0 ----- 0.0	✓						7,984	0	0
(34) EDMON CHUNG ----- DIRECTOR (BEGAN 10/21)	16.0 ----- 0.0	✓						7,984	0	0
(35) KATRINA SATAKI ----- DIRECTOR (BEGAN 10/21)	16.0 ----- 0.0	✓						7,984	0	0

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**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).)
- 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 33¹/₃% 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 33¹/₃% 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 on 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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,160,648	3,370,388	3,065,952	3,618,006	8,731,199	21,946,193
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	125,870,285	147,544,217	136,109,583	145,400,199	148,862,094	703,786,378
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	129,030,933	150,914,605	139,175,535	149,018,205	157,593,293	725,732,571
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	56,889,658	66,771,769	71,042,911	75,169,284	78,146,971	348,020,593
c Add lines 7a and 7b	56,889,658	66,771,769	71,042,911	75,169,284	78,146,971	348,020,593
8 Public support. (Subtract line 7c from line 6.)						377,711,978

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	129,030,933	150,914,605	139,175,535	149,018,205	157,593,293	725,732,571
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,246,790	6,421,108	6,091,471	2,280,751	1,539,073	21,579,193
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	5,246,790	6,421,108	6,091,471	2,280,751	1,539,073	21,579,193
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	134,277,723	157,335,713	145,267,006	151,298,956	159,132,366	747,311,764
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	50.54 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	46.89 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	3.00 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	2.59 %
19a 33 1/3% support tests—2021. 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		<input checked="" type="checkbox"/>
b 33 1/3% support tests—2020. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	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>		
2	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>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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>		
3c	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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	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
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS) and Employer identification number (95-4712218)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [checked] 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

- [checked] 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...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NOMINET UK ----- OXFORD SCIENCE PARK ----- OXFORD, OX4 4DQ, UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES) -----	\$ 225,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STICHTING INTERNET DOMEINREGISTRATIE NEDERLAND ----- P.O. BOX 5022 ----- 6802 EA ARNHEM, 0, NETHERLANDS -----	\$ 225,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	.AU DOMAIN ADMINISTRATION ----- LEVEL 17, 1 COLLINS STREET ----- MELBOURNE, 3000, AUSTRALIA -----	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CIRA ----- 979 BANK STREET, SUITE 400 ----- OTTAWA, K1S 5K5, CANADA -----	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DENIC SERVICES GMBH & CO. KG ----- HEINRICH-HERTZ-STR. 6 ----- DARMSTADT, 64295, GERMANY -----	\$ 130,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AFNIC ----- IMMEUBLE LE STEPHENSON, 1 RUE STEPHENSON ----- MONTIGNY-LE-BRETONNEUX, 78180, FRANCE -----	\$ 110,000	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 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	EURID VZW/ASBL TELECOMLAAN 9 DIEGEM, 1831, BELGIUM	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	IIT-CNR INSTITUTE ISTITUTO DI INFORMATICA E TELEMATIC, VIA MORUZZI 1 PISA, 56124, ITALY	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	(SEE STATEMENT) AV. DAS NACOES UNIDAS SAO PAULO, 04578-000, BRAZIL	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DNS BELGIUM VZW UBICENTER, PHILIPSSITE 5, BUS 13 LEUVEN, B-3001, BELGIUM	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	JAPAN REGISTRY SERVICES CO. LTD CHIYODA FIRST BLDG. EAST 13-F, 3-8-1 NISHI-KANDA CHIYODA-KU, 101-0065, JAPAN	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	(SEE STATEMENT) CRA.8 #ENTRE CALLES 12A 12B BOGOTA, 111711, COLOMBIA	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Return Reference - Identifier	Explanation
SCHEDULE B, PART I - (A) - DONOR NAME	NO.9: NUCLEO DE INFORMACAO E COORDENACAO DO PONTO BR - NIC.BR
SCHEDULE B, PART I - (A) - DONOR NAME	NO.12: MINISTRY OF INFORMATION AND COMMUNICATIONS TECHNOLOGIES (MINTIC)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	NIC MEXICO ----- (SEE STATEMENT) ----- MONTERREY, R.F.C. ITE43071, MEXICO -----	\$----- 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	REGISTRY SERVICES, LLC ----- 2155 E. GODADDY WAY ----- TEMPE, AZ, 85284 UNITED STATES -----	\$----- 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	DK HOSTMASTER A/S ----- ORESTADS BOULEVARD 108, 11. SAL ----- KOBENHAVN S, 2300, DENMARK -----	\$----- 60,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	KOREA INTERNET & SECURITY AGENCY (KISA) ----- KOREA INTERNET & SECURITY AGENCY(KI, 9 JINHEUNG-GIL ----- NAJU, 58324, KOREA, REPUBLIC OF (SOUTH) -----	\$----- 59,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	COORDINATION CENTER FOR TLD RU ----- 8 MARTA STR., 1 BLD. 12 ----- MOSCOW, 127083, RUSSIA -----	\$----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	TAIWAN NETWORK INFORMATION CENTER ----- 4F-2, NO. 9, ROOSEVELT RD SEC. 2 ----- 100, TAIWAN -----	\$----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Return Reference - Identifier	Explanation
SCHEDULE B, PART I - (A) - DONOR ADDRESS	NO.13: INSTITUTO TECNOLOGICO Y DE ESTUDIOS, AV. EUGENIO GARZA SADA 2501 SUR, CO

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CNNIC ----- (SEE STATEMENT) ----- BEIJING, 100190, CHINA -----	\$----- 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	INTERNET INFRASTRUCTURE FOUNDATION ----- STIFTELSEN FORINTERNETINFRASTRUKTUR, BOX 92073 ----- STOCKHOLM, 120 07, SWEDEN -----	\$----- 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	COUNCIL OF HUNGARIAN INTERNET PROVIDERS ----- BLATHY OTTO U. 9. ----- BUDAPEST, H-1089, HUNGARY -----	\$----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	CZ.NIC, Z.S.P.O ----- MILESOVSKA 5 ----- PRAGUE, 13000, CZECH REPUBLIC -----	\$----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	INTERNETNZ ----- PO BOX 11881 ----- WELLINGTON, 6142, NEW ZEALAND -----	\$----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	NASK PIB ----- KOLSKA 12, NIP 521 04 17157 ----- WARSAW, 01-045, POLAND -----	\$----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Return Reference - Identifier	Explanation
SCHEDULE B, PART I - (A) - DONOR ADDRESS	NO.19: FL 1, BLDG 1, SOFTWARE PARK, CHINESE ACADEMY OF SCIENCES

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	NORID AS ----- POSTBOKS 4769 TORGARDEN ----- TRONDHEIM, 7465, NORWAY -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	UNIVERSIDAD DE CHILE ----- RUT. 60.910.000-1, MIRAFLORES 222 PISO 14 ----- SANTIAGO, 832-0198, CHILE -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	SWITCH (CH) ----- WERDSTRASSE 2 ----- ZURICH, CH-8004, SWITZERLAND -----	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	(SEE STATEMENT) ----- ERIK PALMENIN AUKIO 1 ----- HELSINKI, FI-00560, FINLAND -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	NIC.AT ----- JAKOB-HARINGER-STRABE 8/V ----- SALZBURG, 5020, AUSTRIA -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	ASSOCIACAO DNS.PT ----- RUA ECA DE QUEIROZ, 29 ----- LISBOA, 1050-095, PORTUGAL -----	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Return Reference - Identifier	Explanation
SCHEDULE B, PART I - (A) - DONOR NAME	NO.28: FINNISH TRANSPORT AND COMMUNICATIONS AGENCY (TRAFICOM)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	INTERNET SOCIETY OF ISRAEL BAREKET 6, POB. 7210 PETACH TIKVA, 4951774, ISRAEL	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	(SEE STATEMENT) TEHNOLOSKI PARK 18 LJUBLJANA, 1000, SLOVENIA	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	FONDATION RESTENA 2, AVENUE DE L'UNIVERSITE ESCH-SUR-ALZETTE, LU-4365, LUXEMBOURG	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	INCDI - ICI BUCHAREST BD. AVERESCU 8-10, SECTOR 1 BUCHAREST, 011454, ROMANIA	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	KAUNAS UNIVERSITY OF TECHNOLOGY INTERNET SERVICE CENTRE, STUDENTU 48A KAUNAS,, LT-51367, LITHUANIA	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	RNIDS (SEE STATEMENT) BELGRADE, 11108, SERBIA	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Return Reference - Identifier	Explanation
SCHEDULE B, PART I - (A) - DONOR ADDRESS	NO.36: ZORZA KLEMANSOA 18A/I, COMPANY REGISTRATION NUMBER: 176805
SCHEDULE B, PART I - (A) - DONOR NAME	NO.32: ACADEMIC AND RESEARCH NETWORK OF SLOVENIA, REGISTRY.SI

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	UNIVERSITY OF LATVIA ----- (SEE STATEMENT) ----- RIGA, LV-1459, LATVIA -----	\$----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	REGISTER .BG ----- 40, SLIVNITSA BLVD ----- VARNA, 9000, BULGARIA -----	\$----- 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	EESTI INTERNETI SIHTASUTUS (EIS) ----- PALDISKI MNT 80 ----- TALLINN, 10617, ESTONIA -----	\$----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	ECUADORDOMAIN SA ----- RUC 1792837626001, AVDA. REPUBLICA E7-55 Y MARTIN CARR ----- QUITO, 170504, ECUADOR -----	\$----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	ICS-FORTH GR ----- N. PLASTIRA 100 VASSILIKA VOUTON ----- HERAKLION, GR-700 13, GREECE -----	\$----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	ISNIC- INTERNET ICELAND ----- KATRINARTUN 2 ----- REYKJAVIK, 105, ICELAND -----	\$----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Return Reference - Identifier	Explanation
SCHEDULE B, PART I - (A) - DONOR ADDRESS	NO.37: INSTITUTE OF MATHEMATICS & COMPUTER, INSTITUTE OF MATHEMATICS & COMPUTER

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	PANDI (PENGELOLA NAMA DOMAIN INTERNET INDONESIA) ----- ICON BUSINESS PARK UNIT L1-L2, BSD, CITY ----- TANGERANG, 15345, INDONESIA -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	(SEE STATEMENT) ----- 10 PASIR PANJANG ROAD, #03-01 MAPLETREE BUSINESS CITY ----- 117438, SINGAPORE -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	(SEE STATEMENT) ----- P.O. BOX 116688 ----- DUBAI, UNITED ARAB EMIRATES -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Return Reference - Identifier	Explanation
SCHEDULE B, PART I - (A) - DONOR NAME	NO.44: SINGAPORE NETWORK INFORMATION CENTRE (SGNIC) PTE LTD
SCHEDULE B, PART I - (A) - DONOR NAME	NO.45: TELECOMMUNICATIONS AND DIGITAL GOVERNMENT REGULATORY AUTHORITY (TDRA)

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

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

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

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

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

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

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

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

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

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

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

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

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

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

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
--	---

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

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		350,607
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?		✓	
j Total. Add lines 1c through 1i			350,607
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).

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

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

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

Part IV Supplemental Information

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

[SEE NEXT PAGE](#)

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.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE ORGANIZATION UTILIZED THE SERVICES OF A STAFF REGISTERED LOBBYIST AS WELL AS TWO GOVERNMENT AFFAIRS FIRMS DURING THE YEAR ENDED JUNE 30, 2022, FOR A TOTAL COST OF \$350,607.

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.

2021

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 NAMES AND NUMBERS; Employer identification number: 95-4712218

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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.

Form with rows 1a-2 for questions regarding art and historical treasures collections.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

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

	Amount
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? **Yes** **No**

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

Part V Endowment Funds.

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

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

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

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

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,143,154	5,342,208	800,946
d Equipment		51,248,917	41,647,625	9,601,292
e Other		808,615	0	808,615
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,210,853

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

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

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-d) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 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-d) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 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 STATEMENT

Series of horizontal dashed lines for providing supplemental information.

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.

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>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.</p> <p>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, 2022 AND 2021, RESPECTIVELY, NO LIABILITIES ARE REQUIRED TO BE RECORDED IN CONNECTION WITH SUCH TAX POSITIONS IN ICANN'S CONSOLIDATED FINANCIAL STATEMENTS. 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.</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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 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
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	3	58	PROGRAM SERVICES	SEE 990 PART III	18,740,406
(2) EAST ASIA AND THE PACIFIC	2	24	PROGRAM SERVICES	SEE 990 PART III	2,142,257
(3) NORTH AMERICA (CANADA & MEXICO ONLY)	0	2	PROGRAM SERVICES	SEE 990 PART III	4,723,420
(4) SOUTH AMERICA	1	7	PROGRAM SERVICES	SEE 990 PART III	1,115,994
(5) MIDDLE EAST AND NORTH AFRICA	0	3	PROGRAM SERVICES	SEE 990 PART III	454,120
(6) SUB-SAHARAN AFRICA	1	6	PROGRAM SERVICES	SEE 990 PART III	1,219,492
(7) SOUTH ASIA	0	1	PROGRAM SERVICES	SEE 990 PART III	308,110
(8) CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	SEE 990 PART III	202,824
(9) RUSSIA AND NEIGHBORING STATES	0	2	PROGRAM SERVICES	SEE 990 PART III	70,174
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	7	104			28,976,797
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	7	104			28,976,797

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

Cat. No. 50082W

Schedule F (Form 990) 2021

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)			(SEE STATEMENT)						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 0

3 Enter total number of other organizations or entities . . . ▶ 7

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) NEXTGEN	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	5,775	WIRE/CASH	14,936	AIRFARE/LODGING	ACTUAL EXP
(2) FELLOWSHIP PROGRAM	SOUTH ASIA	7	3,625	WIRE/CASH	22,182	AIRFARE/LODGING	ACTUAL EXP
(3) FELLOWSHIP PROGRAM	EAST ASIA AND THE PACIFIC	4	1,575	WIRE/CASH	11,219	AIRFARE/LODGING	ACTUAL EXP
(4) FELLOWSHIP PROGRAM	EUROPE (INCLUDING ICELAND AND GREENLAND)	4	1,575	WIRE/CASH	5,824	AIRFARE/LODGING	ACTUAL EXP
(5) FELLOWSHIP PROGRAM	RUSSIA AND NEIGHBORING STATES	3	1,575	WIRE/CASH	4,614	AIRFARE/LODGING	ACTUAL EXP
(6) FELLOWSHIP PROGRAM	SOUTH AMERICA	4	1,575	WIRE/CASH	14,629	AIRFARE/LODGING	ACTUAL EXP
(7) FELLOWSHIP PROGRAM	MIDDLE EAST AND NORTH AFRICA	2	1,550	WIRE/CASH	4,948	AIRFARE/LODGING	ACTUAL EXP
(8) FELLOWSHIP PROGRAM	NORTH AMERICA (CANADA & MEXICO ONLY)	2	1,050	WIRE/CASH	5,653	AIRFARE/LODGING	ACTUAL EXP
(9) FELLOWSHIP PROGRAM	SUB-SAHARAN AFRICA	2	1,050	WIRE/CASH	5,384	AIRFARE/LODGING	ACTUAL EXP
(10) NEXTGEN	SUB-SAHARAN AFRICA	2	525	WIRE/CASH	2,977	AIRFARE/LODGING	ACTUAL EXP
(11) FELLOWSHIP PROGRAM	CENTRAL AMERICA AND THE CARIBBEAN	2	500	WIRE/CASH	3,863	AIRFARE/LODGING	ACTUAL EXP
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part II**Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EUROPE (INCLUDING ICELAND AND GREENLAND)	WFP/ETC - UKRAINE INTERNET INFRASTRUCTURE	1,000,000	WIRE/CASH			BOOK
(2)		MIDDLE EAST AND NORTH AFRICA	OTAM/AFRINIC CONTRIBUTION	185,000	WIRE/CASH			BOOK
(3)		SOUTH ASIA	SPONSORSHIP-APAC DNS FORUM 2022	40,000	WIRE/CASH			BOOK
(4)		NORTH AMERICA (CANADA & MEXICO ONLY)	SPONSORSHIP OF THE REGISTRATION OPERATIONS WORKSHOP	25,000	WIRE/CASH			BOOK
(5)		SOUTH AMERICA	LACTLD ILLEGAL CONTENT WORKSHOP 2021, LAC DNS OBSERVATORY SPONSORSHIP, CCTLD' CAPACITY BUILDING PROGRAM	9,500	WIRE/CASH			BOOK
(6)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EUROPEAN DIALOGUE ON INTERNET GOVERNANCE	7,500	WIRE/CASH			BOOK
(7)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SPONSORSHIP OF CEPS' CYBERSECURITY SUMMIT/PARTICIPATION IN THE CEPS FORUM	6,781	WIRE/CASH			BOOK

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).

Return Reference - Identifier	Explanation
<p>SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>FOR BOTH GRANTS WITHIN THE UNITED STATES AND OUTSIDE OF THE UNITED STATES, ICANN MAINTAINS TWO PROGRAMS THAT AWARD GRANTS OF SUPPORT THAT ENABLE INDIVIDUALS TO ATTEND ICANN PUBLIC MEETINGS: THE ICANN FELLOWSHIP PROGRAM AND THE NEXTGEN PROGRAM.</p> <p>THE ICANN FELLOWSHIP PROGRAM SEEKS TO HELP CREATE A BROADER BASE OF KNOWLEDGEABLE CONSTITUENTS TO ENGAGE IN THE ICANN MULTISTAKEHOLDER PROCESS AND TO HELP THOSE CONSTITUENTS BECOME THE NEW VOICES OF EXPERIENCE IN THEIR REGIONS AND ON THE GLOBAL STAGE. THROUGH THE FELLOWSHIP PROGRAM, ICANN PROVIDES COACHING AND TRAVEL ASSISTANCE FOR INDIVIDUALS TO ATTEND AN ICANN PUBLIC MEETING. DURING THE MEETING, PROGRAM PARTICIPANTS IMMERSE IN A "FAST-TRACK" EXPERIENCE INTO ICANN'S MULTISTAKEHOLDER PROCESS, WITH PRESENTATIONS ABOUT THE MANY PARTS OF ICANN AND OPPORTUNITIES TO NETWORK AND INTERACT WITH ICANN COMMUNITY MEMBERS, BOARD MEMBERS AND PERSONNEL. PRIORITY IS GIVEN TO CANDIDATES CURRENTLY LIVING IN UNDERSERVED AND UNDERREPRESENTED COMMUNITIES AROUND THE WORLD, THOSE WHO REPRESENT DIVERSITY OF GENDER, SECTOR, REGION, EXPERIENCE, AND EXPERTISE, AND/OR HAVE ESTABLISHED FINANCIAL NEED. FOR MORE INFORMATION ON THE FELLOWSHIP PROGRAM, PLEASE REFER TO: HTTPS://WWW.ICANN.ORG/FELLOWSHIPPROGRAM.</p> <p>THE NEXTGEN PROGRAM IS FOCUSED ON THE NEXT GENERATION OF INDIVIDUALS WHO WILL BECOME ACTIVELY ENGAGED IN SHAPING THE FUTURE OF GLOBAL INTERNET 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.</p> <p>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 AFTER THE MEETING AND AFTER THE PARTICIPANT HAS DEMONSTRATED COMPLETION OF HIS OR HER PROGRAM.</p> <p>ICANN ALSO PROVIDES TRAVEL SUPPORT TO OTHER MEMBERS OF THE VOLUNTEER COMMUNITY TO FACILITATE POLICY DEVELOPMENT EFFORTS AND OUTREACH IMPORTANT TO ICANN'S MISSION. THE PROCESS FOR SELECTION OF SUPPORTED TRAVELERS IS LARGELY BASED ON SPECIFIC CRITERIA ESTABLISHED BY EACH STAKEHOLDER/CONSTITUENCY GROUP. TRAVEL SUPPORT EXTENDED TO THESE GROUPS IS REPORTED AS PART OF TRAVEL EXPENSES IN PART IX, STATEMENT OF FUNCTIONAL EXPENSES. FOR OTHER CONTRIBUTIONS, STAKEHOLDER ENGAGEMENT TEAM MEMBERS DEVELOP REQUESTS BASED UPON ICANN'S STRATEGIC PLAN AND ICANN'S 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.</p>
<p>SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL</p>
<p>SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>EUROPE (INCLUDING ICELAND AND GREENLAND) -MIDDLE EAST AND NORTH AFRICA NORTH AMERICA (CANADA & MEXICO ONLY) SOUTH AMERICA SOUTH ASIA</p>
<p>SCHEDULE F, PART III - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>CENTRAL AMERICA AND THE CARIBBEAN - EAST ASIA AND THE PACIFIC - EUROPE (INCLUDING ICELAND AND GREENLAND) - MIDDLE EAST AND NORTH AFRICA - NORTH AMERICA (CANADA & MEXICO ONLY) - RUSSIA AND NEIGHBORING STATES - SOUTH AMERICA - SOUTH ASIA - SUB-SAHARAN AFRICA -</p>

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number

95-4712218

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNDESA 2 UN PLAZA, NEW YORK, NY 10011	71-0992446	501 (C) (3)	128,378				ANNUAL CONTRIBUTION
(2) (SEE STATEMENT)	95-1642394	501 (C) (3)	25,000				OPEN DATA PLATFORM
(3) MARCONI SOCIETY, INC. 28018 TERRACE DR, NORTH OLMSTED, OH 44070	13-3959217	501 (C) (3)	10,000				SPONSORSHIP AGREEMENT
(4) USTTI 1150 CT AVE NW WASHINGTON, DC 20036	52-1294659	501 (C) (3)	35,000				USTTI BOARD CONTRIBUTION
(5) UNIVERSITY OF OREGON 1720 E. 13TH AVE., EUGENE, OR 97403	47-4727800	501 (C) (3)	125,000				CONTRIBUTION TO NSRC
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Cat. No. 50055P

Schedule I (Form 990) 2021

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	ORGANIZATION'S PROCEDURES FOR MONITORING GRANTS IN THE UNITED STATES THE GRANTS ARE AWARDED TO QUALIFIED ORGANIZATIONS AND SELECTED INDIVIDUALS. ONCE FUNDS ARE TRANSFERRED, ICANN DOES NOT MONITOR THE FUNDS. THE USE OF THE FUNDS IS AT THE DISCRETION OF THE GRANTEE. REFER TO SCHEDULE F, PART V, FOR FURTHER DETAILS.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	USC/ISI 4676 ADMIRALTY WAY #1001, MARINA DEL REY, CA 90292

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

95-4712218

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel <input 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) </p>		
<p>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</p>	✓	
<p>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?</p>	✓	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <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 </p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	✓	
		✓
		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p>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</p>	✓	
<p>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</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred 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				
BO GORAN MARBY	(i)	734,579	218,315	27,995	38,500	31,366	1,050,755	37,500
1 DIRECTOR, PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
JOHN JEFFREY	(i)	508,023	162,644	36,672	39,020	31,366	777,725	37,500
2 GENERAL COUNSEL AND SECRETARY	(ii)	0	0	0	0	0	0	0
THERESA SWINEHART	(i)	407,523	132,605	36,672	38,500	8,665	623,965	37,500
3 SVP, GLOBAL DOMAINS & STRATEGY	(ii)	0	0	0	0	0	0	0
XAVIER CALVEZ	(i)	422,654	126,328	2,173	38,500	31,366	621,021	37,500
4 SVP, PLANNING & CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
JAMES HEDLUND	(i)	366,331	109,494	30,674	38,500	19,666	564,665	28,910
5 SVP, CONTRACTUAL COMPLIANCE & U.S. GOVERNMENT ENGAGEMENT	(ii)	0	0	0	0	0	0	0
ASHWIN RANGAN	(i)	353,326	105,606	912	38,500	22,250	520,594	37,500
6 SVP, ENGINEERING & CHIEF INFORMATION OFFICER	(ii)	0	0	0	0	0	0	0
GINA VILLAVICENCIO	(i)	335,883	100,393	9,642	34,000	20,158	500,076	33,750
7 SVP, GLOBAL HUMAN RESOURCES	(ii)	0	0	0	0	0	0	0
DANIEL E HALLORAN	(i)	328,720	98,192	1,059	38,500	31,343	497,814	37,500
8 DEPUTY GENERAL COUNSEL	(ii)	0	0	0	0	0	0	0
DAVID CONRAD	(i)	268,442	52,530	116,410	38,500	9,041	484,923	37,500
9 SVP & CHIEF TECHNOLOGY OFFICER	(ii)	0	0	0	0	0	0	0
DAVID OLIVE	(i)	312,208	93,203	627	38,500	21,912	466,450	37,500
10 SVP, POLICY DEVELOPMENT SUPPORT & MANAGING DIRECTOR	(ii)	0	0	0	0	0	0	0
AMY STATHOS	(i)	331,751	66,065	2,707	38,500	10,889	449,912	37,500
11 DEPUTY GENERAL COUNSEL	(ii)	0	0	0	0	0	0	0
JOHN L CRAIN	(i)	258,988	82,659	31,893	38,500	31,249	443,289	37,500
12 SVP & CHIEF TECHNOLOGY OFFICER	(ii)	0	0	0	0	0	0	0
SALLY JANE NEWELL	(i)	293,795	87,813	843	38,500	22,180	443,131	36,136
13 SVP, GLOBAL COMMUNICATIONS	(ii)	0	0	0	0	0	0	0
KATHRYN CARVER	(i)	298,760	89,158	2,864	38,500	10,216	439,498	37,500
14 SVP, GOVERNMENT & IGO ENGAGEMENT	(ii)	0	0	0	0	0	0	0
SHEILA KAY JOHNSON	(i)	298,320	59,426	1,224	38,500	10,844	408,314	37,500
15 DEPUTY GENERAL COUNSEL	(ii)	0	0	0	0	0	0	0
(SEE STATEMENT)	(i)							
16	(ii)							

Schedule J (Form 990) 2021

Part II**Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
⁽¹⁶⁾ CHRISTOPHER MONDINI VP, STAKEHOLDER ENGAGEMENT & MANAGING DIRECTOR	(i)	293,609	25,989	40,684	4,931	39,889	405,102	37,500
	(ii)	0	0	0	0	0	0	0
⁽¹⁷⁾ NICHOLAS TOMASSO VP, GLOBAL MEETING OPERATIONS	(i)	270,512	53,903	5,617	38,500	21,963	390,495	37,500
	(ii)	0	0	0	0	0	0	0

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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	<p>ICANN DOES NOT OFFER FIRST CLASS TRAVEL BUT ALLOWS CERTAIN TRAVELERS TO TRAVEL BUSINESS CLASS EITHER AS A RESULT OF THEIR FUNCTION OR DUE TO MEDICAL REQUIREMENTS, OR UNLESS A COMPLIMENTARY UPGRADE HAS BEEN OFFERED TO THE TRAVELER FREE OF CHARGE OR THE TRAVELER CHOOSES TO PAY FOR AN UPGRADE WITH THEIR OWN MONEY. SOME AIRLINES USE THE DESCRIPTION OF FIRST CLASS INSTEAD OF BUSINESS CLASS, WHICH MAY LEAD SOME ICANN-FUNDED TRAVELERS TO HAVE TRAVELED FIRST CLASS AS A RESULT. IF AN AIRLINE OFFERS BOTH FIRST AND BUSINESS CLASS, WITH FIRST CLASS BEING USUALLY MORE EXPENSIVE THAN BUSINESS CLASS, ICANN DOES NOT ALLOW FOR FIRST CLASS TRAVEL, UNLESS A COMPLIMENTARY UPGRADE HAS BEEN OFFERED TO THE TRAVELER FREE OF CHARGE OR THE TRAVELER CHOOSES TO PAY FOR AN UPGRADE WITH THEIR OWN MONEY.</p> <p>DURING CALENDAR YEAR 2021, THE INDIVIDUALS LISTED BELOW RECEIVED COMPENSATION THAT WAS TREATED AS OTHER TAXABLE BENEFITS AND INCLUDED IN SCHEDULE J AS REPORTABLE COMPENSATION:</p> <p>1) NICHOLAS TOMASSO - TAX GROSS-UP PAYMENTS ACCORDING TO CONTRACTUAL EXPATRIATE BENEFITS</p> <p>2) BO GORAN EDWARD MARBY - TAX GROSS-UP PAYMENTS, EXPATRIATE TAX REPORTING SERVICES (WHICH ARE CLASSIFIED AS PERSONAL SERVICES).</p>
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	DAVID CONRAD WAS PAID \$115,874 IN SEVERANCE PAYMENTS DURING THE 2021 CALENDAR YEAR.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	<p>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.</p> <p>SEE ATTACHED LINKS: WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY22-01JUL21-EN.PDF HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY21-01JUL20-EN.PDF</p>
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 PERSONNEL WHO IS PAID IN OTHER CURRENCIES THAN THE US DOLLAR.
SCHEDULE J, PART II - AND PART VII	AMOUNTS LISTED IN PART VII OF FORM 990 AND SCHEDULE J REPRESENT AMOUNTS FOR THE 2021 CALENDAR YEAR.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

Employer identification number

INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

95-4712218

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(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)												
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DENIC EG	CONTRIBUTION & VENDOR	\$200,000	DATA ESCROW AGENT FEE		✓
(2) STIFTELSEN INTERNETINFRASTRUKTUR	CONTRIBUTION & VENDOR	\$137,000	RST SERVICES		✓

Part V

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

Return Reference - Identifier	Explanation
SCHEDULE L, PART IV, COLUMN (A) -	FOR FY 2022, TWO ORGANIZATIONS WERE IDENTIFIED AS INTERESTED PERSONS, AS DEFINED BY THE INTERNAL REVENUE SERVICE. THESE ORGANIZATIONS WERE SIGNIFICANT INDEPENDENT CONTRACTORS AS WELL AS SUBSTANTIAL CONTRIBUTORS WITH TRANSACTION VALUES OF \$100,000 OR MORE.

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the Organization
INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer Identification Number
95-4712218

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - AND PART III, LINE 1	<p>ORGANIZATION'S MISSION ICANN'S MISSION IS TO COORDINATE, AT THE OVERALL LEVEL, AND TO ENSURE THE STABLE AND SECURE OPERATION OF, THE GLOBAL INTERNET'S SYSTEM OF UNIQUE IDENTIFIERS. IN PARTICULAR, ICANN FULFILLS ITS MISSION EITHER DIRECTLY, OR THROUGH AN AFFILIATE BY: (I) COORDINATING THE ASSIGNMENT OF INTERNET TECHNICAL PARAMETERS AS NEEDED TO MAINTAIN UNIVERSAL CONNECTIVITY ON THE INTERNET; (II) PERFORMING AND OVERSEEING FUNCTIONS RELATED TO THE COORDINATION OF THE INTERNET PROTOCOL ("IP") ADDRESS SPACE; (III) PERFORMING AND OVERSEEING FUNCTIONS RELATED TO THE COORDINATION OF THE INTERNET DOMAIN NAME SYSTEM ("DNS"), INCLUDING, SUPPORTING THE DEVELOPMENT OF, AND IMPLEMENTING POLICIES FOR DETERMINING THE CIRCUMSTANCES UNDER WHICH NEW TOP-LEVEL DOMAINS ARE ADDED TO THE ROOT ZONE; (IV) OVERSEEING OPERATION OF THE AUTHORITATIVE INTERNET ROOT ZONE; AND (V) ENGAGING IN ANY OTHER RELATED LAWFUL ACTIVITY IN FURTHERANCE OF ITEMS (I) THROUGH (IV). SEE ADDITIONAL INFORMATION ABOUT ICANN'S PROGRAMS AND ACTIVITIES ON THE ICANN WEBSITE AND IN THE ICANN ANNUAL REPORT POSTED ON HTTPS://WWW.ICANN.ORG/.</p>
FORM 990, PART I, LINE 3 - GOVERNING BODY	<p>THERE ARE 16 VOTING MEMBERS OF THE BOARD OF DIRECTORS, INCLUDING ICANN'S PRESIDENT AND CEO, WHO SERVES EX OFFICIO AS A VOTING BOARD MEMBER. ICANN'S BYLAWS PROVIDE FOR FOUR NON-VOTING LIAISONS TO THE BOARD WHO ARE ENTITLED TO ATTEND BOARD MEETINGS, PARTICIPATE IN BOARD DISCUSSIONS AND DELIBERATIONS, AND HAVE ACCESS (UNDER CONDITIONS ESTABLISHED BY THE BOARD) TO MATERIALS PROVIDED TO DIRECTORS FOR USE IN BOARD DISCUSSIONS, DELIBERATIONS AND MEETINGS. THE FOLLOWING INDIVIDUALS SERVED AS NON-VOTING LIAISONS DURING THE FISCAL YEAR ENDING JUNE 30, 2022:</p> <ol style="list-style-type: none"> 1) KAVEH RANJBAR (RSSAC LIAISON, NOV 2016 - SEPT 2022) 2) MANAL ISMAIL (GAC LIAISON, 2017-MARCH 2023) 3) MERIKE KAO (SSAC LIAISON, 2018 - OCT 2021) 4) HARALD ALVSTRAND (IETF LIAISON, 2018 - PRESENT) 5) JAMES GALVIN (SSAC LIAISON, OCT 2021-PRESENT)
FORM 990, PART I, LINE 6 - VOLUNTEERS	<p>ICANN ACCOMPLISHES ITS MISSION THROUGH IMPLEMENTATION OF POLICIES APPROVED BY ITS BOARD OF DIRECTORS. THESE POLICIES START OUT AS RECOMMENDATIONS FORMED AND REFINED BY THE GLOBAL ICANN COMMUNITY THROUGH ITS SUPPORTING ORGANIZATIONS AND INFLUENCED BY ITS ADVISORY COMMITTEES. ICANN USES THE TERM "SUPPORTING ORGANIZATIONS" TO DESCRIBE THE GROUPS WITHIN ICANN'S COMMUNITY THAT SUPPORT ICANN'S MISSION THROUGH MECHANISMS ESTABLISHED WITHIN THEIR AREAS OF EXPERTISE, WHICH DIFFERS FROM THE DEFINITION USED BY THE INTERNAL REVENUE SERVICE.</p> <p>ICANN CONSIDERS THAT THERE ARE 53 VOLUNTEER LEADERS THAT SERVE THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES IN LEADERSHIP POSITIONS SUCH AS CHAIR AND VICE CHAIR.</p> <p>IN ADDITION TO THE VOLUNTEER LEADERS THAT ARE APPOINTED TO SPECIFIC ROLES AND REPORTED IN FORM 990, PART I, LINE 6, THERE ARE ALSO HUNDREDS (IF NOT MORE) OF VOLUNTEERS FROM ALL OVER THE WORLD THAT PARTICIPATE IN THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES AND GREAT ICANN COMMUNITY.</p> <p>THESE VOLUNTEERS PARTICIPATE IN POLICY DEVELOPMENT WORKING GROUPS AND REVIEW TEAMS. AMONG OTHER THINGS, VOLUNTEER POLICY DEVELOPMENT WORKING GROUPS FORM AROUND AN ISSUE AND CONSIDER IT FROM ALL ANGLES, MAKING POLICY RECOMMENDATIONS BY CONSENSUS WHEREVER POSSIBLE. ICANN ALSO INCLUDES SEVERAL DIFFERENT BYLAWS-MANDATED REVIEWS THAT ARE PERFORMED BY VOLUNTEERS. MANY OF THESE WORKING GROUPS AND REVIEW TEAMS ARE OPEN TO EVERYONE IN ICANN'S COMMUNITY, IN A BOTTOM-UP, OPEN AND TRANSPARENT PROCESS, THAT DOES NOT REQUIRE A MEMBERSHIP OR A SELECTION PROCESS FOR PARTICIPATION (OTHER THAN LIMITED BY THE SIZE OF THE WORKING GROUP OR REVIEW TEAM IF SPECIFIED). BECAUSE OF THE OPEN PROCESS FOR VOLUNTEERS TO PARTICIPATE, THE NUMBER OF VOLUNTEERS INVOLVED DURING THE PERIOD IS NOT TRACKED AND REPORTED HERE.</p> <p>ICANN'S ANNUAL REPORT PROVIDES HIGHLIGHTS OF COMMUNITY INVOLVEMENT AND ACHIEVEMENT FOR THE FISCAL YEAR ENDED JUNE 30, 2022. SEE DISCUSSION IN (HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/ANNUAL-REPORT-2022-EN.PDF)</p>

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 8 - LINES 8-22 FINANCIAL PRESENTATION	<p>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.</p> <p>DURING THE FISCAL YEAR ENDED JUNE 30, 2022 ICANN RECORDED THE FOLLOWING TRANSACTIONS IN RELATION TO SERVICES DELEGATED TO PTI TO PERFORM THE INTERNET ASSIGNED NUMBERS AUTHORITY (IANA) FUNCTIONS:</p> <ol style="list-style-type: none"> 1. FORM 990, PART VIII STATEMENT OF REVENUE, LINE 2D INCLUDES "PTI SERVICES AGREEMENT" REVENUE OF \$8,089,477, 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 \$8,089,477, 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 DESCRIPTION	<p>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, 2022, THERE WERE OVER 361 MILLION REGISTERED INTERNET SECOND LEVEL DOMAIN NAMES, INCLUDING APPROXIMATELY 227 MILLION SECOND LEVEL DOMAIN NAMES FOUND IN GTLDS, MOST OF WHICH ARE GOVERNED BY ICANN'S COMMUNITY-DEVELOPED POLICIES. SEE ADDITIONAL INFORMATION ABOUT ICANN'S PROGRAMS AND ACTIVITIES ON THE ICANN WEBSITE AND IN THE ICANN ANNUAL REPORT POSTED AT HTTPS://WWW.ICANN.ORG/.</p> <p>NEW GTLD AUCTIONS CONTENTION SETS ARE GROUPS OF NEW GTLD APPLICATIONS FOR IDENTICAL OR CONFUSINGLY SIMILAR STRINGS. IF TWO OR MORE APPLICANTS ARE UNABLE TO RESOLVE THEIR CONTENTION THROUGH OTHER MEANS, THEY PROCEED TO AN ICANN AUCTION, WHICH IS THE METHOD OF LAST RESORT TO RESOLVE STRING CONTENTIONS AS PRESCRIBED IN MODULE 4 OF THE APPLICANT GUIDEBOOK FOR THE 2012 ROUND OF THE NEW GTLD PROGRAM. THERE WERE NO AUCTIONS CONDUCTED DURING THE FISCAL YEAR ENDED JUNE 30, 2022.</p> <p>FOR MORE INFORMATION ON AUCTIONS VISIT HTTPS://NEWGTLDS.ICANN.ORG/EN/APPLICANTS/AUCTIONS</p>
FORM 990, PART IV, LINE 28 - LINE 28A-C BUSINESS TRANSACTIONS WITH INTERESTED PARTIES	<p>ICANN MAY ENTER INTO OR CONSIDER PARTICIPATION IN SMALL ARM'S LENGTH TRANSACTIONS BETWEEN ICANN AND CERTAIN TAXABLE ORGANIZATIONS WITH WHICH CERTAIN ICANN DIRECTORS OR OFFICERS (OR MEMBERS OF THEIR FAMILIES) MAY HAVE AN AFFILIATION. UNDER ICANN'S CONFLICTS OF INTEREST POLICY, ALL OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY ACTUAL, POTENTIAL OR PERCEIVED CONFLICTS OF INTEREST BEFORE ENTERING INTO DISCUSSION ON SUCH MATTERS. IN ADDITION, THE BOARD COMMITTEE RESPONSIBLE FOR CONFLICTS OF INTEREST AT LEAST ANNUALLY REVIEWS ALL BOARD MEMBER CONFLICTS OF INTEREST STATEMENTS.</p> <p>SEE: HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/SOIS-EN ICANN DISCLOSES RELATED PARTY TRANSACTIONS IN FOOTNOTE 9 TO ITS AUDITED FINANCIAL STATEMENTS WHICH CAN BE FOUND AT THE FOLLOWING LINK.</p> <p>SEE: HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/ICANN-FINANCIAL-REPORT-FYE-30JUN22-EN.PDF</p> <p>ICANN CHECKED THE BOX "YES" FOR PART IV, LINE 28C IN ORDER TO DISCLOSE SUBSTANTIAL CONTRIBUTORS IN SCHEDULE L, PART IV. THE IRS INSTRUCTIONS UPDATED THE DEFINITION OF INTERESTED PERSONS TO INCLUDE SUBSTANTIAL CONTRIBUTORS. HOWEVER, THE IRS HAS NOT UPDATED THE 2021 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.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY</p>	<p>BODIES THAT APPOINT MEMBERS OF ICANN'S GOVERNING BODY THE NOMINATING COMMITTEE (NOMCOM) IS RESPONSIBLE FOR THE NOMINATION OF EIGHT ICANN VOTING BOARD MEMBERS (SEE ARTICLE 7, SECTION 7.2(A)(1) OF ICANN BYLAWS AT HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/BYLAWS-EN/#ARTICLE7 . THE NOMCOM IS ALSO CHARGED WITH POPULATING A PORTION OF THE AT-LARGE ADVISORY COMMITTEE (ALAC), THE COUNTRY CODE NAMES SUPPORTING ORGANIZATION (CCNSO) COUNCIL AND THE GENERIC NAMES SUPPORTING ORGANIZATION (GNSO) COUNCIL. THE NOMCOM COMPLEMENTS THE OTHER MEANS FOR FILLING A PORTION OF KEY ICANN LEADERSHIP POSITIONS ACHIEVED WITHIN THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES.</p> <p>ARTICLE 8 OF THE BYLAWS STATES THAT THE NOMCOM SHALL ADOPT SUCH OPERATING PROCEDURES AS IT DEEMS NECESSARY, WHICH SHALL BE PUBLISHED ON THE ICANN WEBSITE. THE NOMCOM IS DESIGNED TO FUNCTION INDEPENDENTLY FROM THE BOARD, THE SUPPORTING ORGANIZATIONS, AND ADVISORY COMMITTEES.</p> <p>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.</p> <p>IN ADDITION, AND ALSO IN ACCORDANCE WITH ICANN'S BYLAWS, EACH OF THE FOLLOWING SUPPORTING ORGANIZATIONS NOMINATE TWO VOTING BOARD MEMBERS TO THE ICANN BOARD, EACH FOR A THREE-YEAR TERM: THE ADDRESS SUPPORTING ORGANIZATION (ASO), THE CCNSO AND THE GNSO. FURTHER, THE AT-LARGE COMMUNITY ALSO NOMINATES ONE VOTING BOARD MEMBER TO THE ICANN BOARD EVERY THREE YEARS.</p> <p>AFTER THE NOMCOM, THE SUPPORTING ORGANIZATIONS AND THE AT-LARGE COMMUNITY IDENTIFY THEIR NOMINATIONS, THEY PROMPTLY NOTIFY THE EMPOWERED COMMUNITY, WHICH IS THE SOLE DESIGNATOR OF ICANN AND WHICH SHALL DESIGNATE, WITHIN THE MEANING OF SECTION 5220 OF THE CALIFORNIA CORPORATIONS CODE, ALL OF THE ABOVE IDENTIFIED VOTING BOARD MEMBERS AS DIRECTORS TO THE ICANN BOARD. IN ADDITION TO THE EMPOWERED COMMUNITY DESIGNATED BOARD MEMBERS, THE PRESIDENT AND CEO SITS AS AN EX OFFICIO VOTING BOARD MEMBER, WHO IS SELECTED BY THE ICANN BOARD OF DIRECTORS.</p>
<p>FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS</p>	<p>IN ACCORDANCE WITH ICANN'S BYLAWS, ICANN CREATED AN UNINCORPORATED ASSOCIATION CALLED THE EMPOWERED COMMUNITY. THE EMPOWERED COMMUNITY IS MADE UP OF ENTITIES PARTICIPATING IN ICANN'S MULTISTAKEHOLDER COMMUNITY. THE EMPOWERED COMMUNITY HAS LIMITED AND ENUMERATED POWERS IN RELATION TO THE ICANN BOARD. THE EMPOWERED COMMUNITY IS RESPONSIBLE FOR THE DESIGNATION OF ALL VOTING MEMBERS OF THE ICANN BOARD OF DIRECTORS (OTHER THAN THE PRESIDENT AND CEO). SUBJECT TO SPECIFIED RULES AND PROCEDURES, THE EMPOWERED COMMUNITY MAY REJECT THE ICANN BOARD'S APPROVAL OF SOME BYLAWS AMENDMENTS, BUDGETS, ANNUAL AND FIVE-YEAR OPERATING PLANS, AND FIVE-YEAR STRATEGIC PLANS. IF THE EMPOWERED COMMUNITY INVOKES THIS REJECTION RIGHT, THE ICANN BOARD MUST GO BACK AND LOOK AT THESE ITEMS AGAIN. THE EMPOWERED COMMUNITY MAY NOT DICTATE THE VERSION OF THESE DOCUMENTS THAT THE ICANN BOARD MUST APPROVE. THE EMPOWERED COMMUNITY MUST ALSO CONSENT TO THE ICANN BOARD'S APPROVAL OF THE AMENDMENT OF CERTAIN PARTS OF THE ICANN BYLAWS (SUCH AS ICANN'S MISSION OR KEY ACCOUNTABILITY COMMITMENTS), AS WELL AS TO RESTATEMENTS OF THE ARTICLES OF INCORPORATION OR A SALE OF ASSETS.</p>
<p>FORM 990, PART VI, LINE 10A - LOCAL CHAPTERS, BRANCHES AND AFFILIATES</p>	<p>DURING FISCAL YEAR 2022, ICANN HAD OFFICES OUTSIDE OF THE UNITED STATES IN BRUSSELS, BELGIUM; ISTANBUL, TURKEY; SINGAPORE, SINGAPORE AND MONTEVIDEO, URUGUAY; AND ENGAGEMENT CENTERS IN BEIJING, CHINA; GENEVA, SWITZERLAND; AND NAIROBI, KENYA; ALL OF WHICH PROVIDED SUPPORT TO THEIR RESPECTIVE GEOGRAPHICAL REGIONS AND/OR TIME ZONES.</p> <p>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.</p> <p>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.</p>
<p>FORM 990, PART VI, LINE 10B - LOCAL CHAPTERS, BRANCHES AND AFFILIATES</p>	<p>SEE FORM 990, PART VI, LINE 10A DISCLOSURE</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>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:</p> <ol style="list-style-type: none"> 1. ICANN ENGAGES AN OUTSIDE TAX PREPARER TO ASSIST IN THE PREPARATION OF ITS FORM 990. 2. ICANN'S SVP, PLANNING AND CHIEF FINANCIAL OFFICER (CFO), AND OFFICE OF THE GENERAL COUNSEL REVIEW THE FORM 990, AND THE SVP, PLANNING AND CFO SIGNS OFF FOR APPROVAL. 3. THE FORM 990 IS PROVIDED TO THE ICANN BOARD MEMBERS.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>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.</p> <p>THE BOARD MEMBER, OFFICER AND KEY EMPLOYEE CONFLICTS OF INTEREST POLICY CAN BE FOUND AT: HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/COI-EN.</p> <p>THIS POLICY DESCRIBES, AMONG OTHER THINGS, THE DUTY TO DISCLOSE, THE PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST, THE DUTY TO ABSTAIN, HOW VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY WILL BE HANDLED, THE PROCESS BY WHICH ALL COVERED PERSONS SIGN ANNUALLY THEIR AFFIRMATION OF THE POLICY AND DISCLOSE THEIR ACTUAL OR POTENTIAL CONFLICTS, AND THE REQUIREMENT AND NATURE OF PERIODIC REVIEWS.</p> <p>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.</p>
FORM 990, PART VI, LINE 13 - 14 WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY	<p>ICANN MAINTAINS AN INTERNAL DOCUMENT RETENTION AND DESTRUCTION POLICY AND HISTORICALLY HAS FOLLOWED BEST INDUSTRY PRACTICES, IN ACORDANCE WITH APPLICABLE LAWS, FOR RETENTION AND DESTRUCTION. ICANN ALSO MAINTAINS AN INTERNAL WHISTLEBLOWER (OR "ANONYMOUS HOTLINE") POLICY, THAT ALSO FOLLOWS INDUSTRY BEST PRACTICES.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>PROCESS FOR DETERMINING COMPENSATION ICANN FOLLOWS PRINCIPLES OF ACCOUNTABILITY AND TRANSPARENCY AND DESCRIBES ITS REMUNERATION PLANS AND PRACTICES, WHICH ARE CONTINUALLY UPDATED. THE VERSION OF ICANN'S REMUNERATION PRACTICES APPLICABLE DURING FY2021 AND FY2022 ARE POSTED AT: HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY21-01JUL20-EN.PDF AND HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY22-01JUL21-EN.PDF</p> <p>THE PROCESS FOR DETERMINING COMPENSATION, INCLUDING SURVEYS OF COMPARABLE POSITIONS AND OTHER MARKET STUDIES IS DESCRIBED IN THESE REMUNERATION PRACTICES REPORTS. OFFICER COMPENSATION IS DISCLOSED AS WELL. SALARIES OF ALL OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS FOLLOWING RECOMMENDATIONS FROM THE BOARD COMPENSATION COMMITTEE, WHICH ARE INFORMED BY RECOMMENDATIONS AND COMPARABLE DATA PROVIDED BY INDEPENDENT COMPENSATION EXPERTS. CONFIDENTIAL MINUTES OF THESE MEETINGS ARE MAINTAINED BY THE BOARD SECRETARY AS PART OF THE CORPORATE SECRETARIAT FUNCTION. EACH YEAR THE APPOINTMENT OF EACH OFFICER IS CONFIRMED BY THE BOARD OF DIRECTORS AT THE ANNUAL GENERAL MEETING. THE ANNUAL COMPENSATION MERIT REVIEW PROCESS FOR ORGANIZATION PERSONNEL FOR THE PERIOD OF JULY 1, 2021 THROUGH JUNE 30, 2022 WAS COMPLETED AS OF JULY 1, 2021.</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>PROCESS FOR DETERMINING COMPENSATION ICANN FOLLOWS PRINCIPLES OF ACCOUNTABILITY AND TRANSPARENCY AND DESCRIBES ITS REMUNERATION PLANS AND PRACTICES, WHICH ARE CONTINUALLY UPDATED. THE VERSION OF ICANN'S REMUNERATION PRACTICES APPLICABLE DURING FY2021 AND FY2022 ARE POSTED AT: HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY21-01JUL20-EN.PDF AND HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY22-01JUL21-EN.PDF</p> <p>THE PROCESS FOR DETERMINING COMPENSATION, INCLUDING SURVEYS OF COMPARABLE POSITIONS AND OTHER MARKET STUDIES IS DESCRIBED IN THESE REMUNERATION PRACTICES REPORTS. OFFICER COMPENSATION IS DISCLOSED AS WELL. SALARIES OF ALL OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS FOLLOWING RECOMMENDATIONS FROM THE BOARD COMPENSATION COMMITTEE, WHICH ARE INFORMED BY RECOMMENDATIONS AND COMPARABLE DATA PROVIDED BY INDEPENDENT COMPENSATION EXPERTS. CONFIDENTIAL MINUTES OF THESE MEETINGS ARE MAINTAINED BY THE BOARD SECRETARY AS PART OF THE CORPORATE SECRETARIAT FUNCTION. EACH YEAR THE APPOINTMENT OF EACH OFFICER IS CONFIRMED BY THE BOARD OF DIRECTORS AT THE ANNUAL GENERAL MEETING. THE ANNUAL COMPENSATION MERIT REVIEW PROCESS FOR ORGANIZATION PERSONNEL FOR THE PERIOD OF JULY 1, 2021 THROUGH JUNE 30, 2022 WAS COMPLETED AS OF JULY 1, 2021.</p>

Return Reference - Identifier	Explanation																																																																						
FORM 990, PART VI, LINE 18 - AVAILABILITY OF 990	<p>ICANN POSTS ITS FORM 990 ON ITS WEBSITE. THE PRIOR YEAR POSTING IS LOCATED AT: HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/ICANN-IRS-990-FY21-29APR22-EN.PDF</p> <p>IN ADDITION, THE FORM 990 IS POSTED ON THE HTTPS://WWW.GUIDESTAR.ORG/ WEBSITE. FINALLY, HARD COPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST. REQUESTS SHOULD BE SUBMITTED TO ICANN'S CFO BY EMAIL TO XAVIER.CALVEZ@ICANN.ORG, OR BY PHONE AT +1.310.301.5800.</p> <p>ICANN POSTS THE IRS LETTER GRANTING TAX-EXEMPT STATUS, AND THE FAVORABLE DETERMINATION LETTER ON ITS WEBSITE AT: HTTPS://ARCHIVE.ICANN.ORG/EN/FINANCIALS/TAX/US/IRS-LETTER-GRANT-28AUG00.HTM AND HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/IRS-FAVORABLE-DETERMINATION-LETTER-19SEP08-EN.PDF, RESPECTIVELY.</p>																																																																						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICTS OF INTEREST, AND FINANCIAL STATEMENTS. IN ACCORDANCE WITH ITS CORPORATE BYLAWS (SEE HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/BYLAWS-ARCHIVE-EN) ICANN IS COMMITTED TO ACCOUNTABILITY AND TRANSPARENCY PRINCIPLES. THIS INCLUDES PROVIDING EXTENSIVE ACCESS TO THE PUBLIC THROUGH THE ICANN WEBSITE OF ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS.</p>																																																																						
FORM 990, PART VII, SECTION A -	<p>AMOUNTS LISTED IN PART VII OF FORM 990 AND SCHEDULE J REPRESENT AMOUNTS FOR THE 2021 CALENDAR YEAR.</p>																																																																						
FORM 990, PART VII, SECTION A - LINES 1, 5, AND 15-18, COLUMN D	<p>COMPENSATION FOR MAARTEN BOTTERMAN, MATTHEW SHEARS, TRIPTI SINHA AND RON DA SILVA ARE NOT CONSIDERED REPORTABLE. THEIR COMPENSATION IS/WAS PAID IN US DOLLARS OR THE EQUIVALENT, TO THEIR COMPANIES, RESPECTIVELY. SPECIFICALLY, GNKS CONSULTING BV WAS PAID \$75,000 ON BEHALF OF MR. BOTTERMAN, COMMPOLI LTD. WAS PAID \$45,000 ON BEHALF OF MR. SHEARS, KAZARIM LLC WAS PAID \$45,000 ON BEHALF OF MS. SINHA, AND NETWORK TECHNOLOGIES GLOBAL WAS PAID \$37,250 ON BEHALF OF MR. DA SILVA WHO SERVED UNTIL OCTOBER 2021.</p>																																																																						
FORM 990, PART VII, SECTION A - OFFICER/DIRECTOR SERVICE DATES	<p>IN PART VII, A DATE FOLLOWING AN OFFICER'S OR DIRECTOR'S NAME INDICATES THE DATE ON WHICH THE OFFICER'S OR DIRECTOR'S SERVICES ENDED. IF NO DATE IS INDICATED, THAT OFFICER OR DIRECTOR WAS ACTIVE AS OF JUNE 30, 2022.</p>																																																																						
FORM 990, PART VII, SECTION B, LINE 1 - COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS	<p>ICANN DISCLOSES ALL CONTRACTORS WITH WHICH IT SPENT \$1,000,000 OR MORE DURING THE RELEVANT TIME PERIOD, IN ADDITION TO THE TOP FIVE CONTRACTORS. DURING THE FISCAL YEAR ENDED JUNE 30, 2022, 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 EXCEPT FOR COMPASS LEXECON LLC, WHICH WAS PAID \$1,958,395 IN CALENDAR YEAR 2022. SEE ATTACHMENT 2.</p>																																																																						
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="456 1115 753 1199">(a) Description</th> <th data-bbox="753 1115 943 1199">(b) Total Expenses</th> <th data-bbox="943 1115 1133 1199">(c) Program Service Expenses</th> <th data-bbox="1133 1115 1323 1199">(d) Management and General Expenses</th> <th data-bbox="1323 1115 1520 1199">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td>CONSULTING SERVICES</td> <td>8,824,629</td> <td>7,059,703</td> <td>1,764,926</td> <td></td> </tr> <tr> <td>TEMPORARY ADMIN HELP</td> <td>3,127,745</td> <td>2,502,196</td> <td>625,549</td> <td></td> </tr> <tr> <td>TRANSLATION SERVICES</td> <td>1,984,491</td> <td>1,587,593</td> <td>396,898</td> <td></td> </tr> <tr> <td>STUDIES & RESEARCH</td> <td>731,103</td> <td>584,882</td> <td>146,221</td> <td></td> </tr> <tr> <td>DATA ESCROW</td> <td>1,534,113</td> <td>1,227,290</td> <td>306,823</td> <td></td> </tr> <tr> <td>TRANSCRIPTION SERVICES</td> <td>578,628</td> <td>462,902</td> <td>115,726</td> <td></td> </tr> <tr> <td>COMMUNICATIONS</td> <td>878,416</td> <td>702,733</td> <td>175,683</td> <td></td> </tr> <tr> <td>POLICY DEVELOPMENT</td> <td>205,707</td> <td>164,566</td> <td>41,141</td> <td></td> </tr> <tr> <td>IDN PROGRAMS</td> <td>209,256</td> <td>167,405</td> <td>41,851</td> <td></td> </tr> <tr> <td>FIN & TECH EVALUATIONS</td> <td>478,850</td> <td>383,080</td> <td>95,770</td> <td></td> </tr> <tr> <td>RECRUITING SERVICES</td> <td>188,991</td> <td>151,193</td> <td>37,798</td> <td></td> </tr> <tr> <td>STRATEGIC INITIATIVES</td> <td>227,444</td> <td>181,955</td> <td>45,489</td> <td></td> </tr> <tr> <td>Total</td> <td>18,969,373</td> <td>15,175,498</td> <td>3,793,875</td> <td>0</td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	CONSULTING SERVICES	8,824,629	7,059,703	1,764,926		TEMPORARY ADMIN HELP	3,127,745	2,502,196	625,549		TRANSLATION SERVICES	1,984,491	1,587,593	396,898		STUDIES & RESEARCH	731,103	584,882	146,221		DATA ESCROW	1,534,113	1,227,290	306,823		TRANSCRIPTION SERVICES	578,628	462,902	115,726		COMMUNICATIONS	878,416	702,733	175,683		POLICY DEVELOPMENT	205,707	164,566	41,141		IDN PROGRAMS	209,256	167,405	41,851		FIN & TECH EVALUATIONS	478,850	383,080	95,770		RECRUITING SERVICES	188,991	151,193	37,798		STRATEGIC INITIATIVES	227,444	181,955	45,489		Total	18,969,373	15,175,498	3,793,875	0
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																																																																			
CONSULTING SERVICES	8,824,629	7,059,703	1,764,926																																																																				
TEMPORARY ADMIN HELP	3,127,745	2,502,196	625,549																																																																				
TRANSLATION SERVICES	1,984,491	1,587,593	396,898																																																																				
STUDIES & RESEARCH	731,103	584,882	146,221																																																																				
DATA ESCROW	1,534,113	1,227,290	306,823																																																																				
TRANSCRIPTION SERVICES	578,628	462,902	115,726																																																																				
COMMUNICATIONS	878,416	702,733	175,683																																																																				
POLICY DEVELOPMENT	205,707	164,566	41,141																																																																				
IDN PROGRAMS	209,256	167,405	41,851																																																																				
FIN & TECH EVALUATIONS	478,850	383,080	95,770																																																																				
RECRUITING SERVICES	188,991	151,193	37,798																																																																				
STRATEGIC INITIATIVES	227,444	181,955	45,489																																																																				
Total	18,969,373	15,175,498	3,793,875	0																																																																			
FORM 990, PART IX, LINE 24A - RISK COSTS – GTLD	<p>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 2012 IN RELATION TO THE NEW GTLD PROGRAM WERE IN ANTICIPATION OF THESE COSTS.</p>																																																																						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="456 1766 1300 1799">(a) Description</th> <th data-bbox="1300 1766 1520 1799">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>FOREIGN EXCHANGE LOSS</td> <td>- 358,197</td> </tr> <tr> <td>OTHER INVESTMENT PROCEEDS</td> <td>52,113</td> </tr> </tbody> </table>	(a) Description	(b) Amount	FOREIGN EXCHANGE LOSS	- 358,197	OTHER INVESTMENT PROCEEDS	52,113																																																																
(a) Description	(b) Amount																																																																						
FOREIGN EXCHANGE LOSS	- 358,197																																																																						
OTHER INVESTMENT PROCEEDS	52,113																																																																						

Return Reference - Identifier	Explanation
FORM 990, SECTION G - GROSS RECEIPTS	<p>GROSS RECEIPTS ARE USED TO DETERMINE THE TYPE OF FORM 990 THAT AN ORGANIZATION CAN FILE. GENERALLY, IF THE GROSS RECEIPTS ARE \$50K OR LESS, THEN THE ORGANIZATION MAY FILE A FORM 990-N, A FORM 990-EZ OR A FORM 990. GENERALLY, IF THE GROSS RECEIPTS ARE \$200K OR LESS, THEN THE ORGANIZATION MAY FILE A FORM 990-EZ OR A FORM 990. IF THE GROSS RECEIPTS EXCEED \$200K, AN ORGANIZATION FILES THE STANDARD FORM 990.</p> <p>PER IRS INSTRUCTIONS, GROSS RECEIPTS ARE THE TOTAL AMOUNT THE ORGANIZATION RECEIVED FROM ALL SOURCES DURING ITS ANNUAL ACCOUNTING PERIOD, WITHOUT SUBTRACTING ANY COSTS OR EXPENSES. RECEIPT SOURCES INCLUDE BOTH THE TOTAL PROGRAM SERVICE REVENUE (\$167M) AND THE TOTAL COST OR OTHER BASIS INCURRED AS A RESULT FROM THE SALE OF SECURITIES OVER THE ENTIRE COURSE OF THE FISCAL YEAR (\$834M).</p> <p>GROSS RECEIPTS ARE THE SUM OF THE FOLLOWING LINE ITEMS IN COLUMN A OF PART VIII STATEMENT OF REVENUE: LINES 6B(I), 6B(II), 7B(I), 7B(II), 8B, 9B, 10B, AND 12.</p> <p>FOR ICANN, THE CALCULATION IS LINE 7B (COST OR OTHER BASIS AND SALES EXPENSES) PLUS LINE 12 (TOTAL REVENUE). THE AMOUNT IN 7B IS CALCULATED BY SUMMING ALL OF THE COST OF SALES/MATURITIES ACROSS THE ORGANIZATION'S INVESTMENT HOLDINGS.</p> <p>FROM PART VIII, STATEMENT OF REVENUE LINE 7B = 834,005,436 LINE 12 = 167,893,854 TOTAL = 1,001,899,290</p>
SCHEDULE F, PART I, LINE 3 -	<p>AT JUNE 30, 2022, ICANN HAD INTERNATIONAL REGIONAL OFFICES 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.</p> <p>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.</p> <p>THE TOTAL EXPENDITURES BY REGION SHOWN IN PART I, LINE 3, COL (F) OF SCHEDULE F INCLUDES:</p> <p>A. THE AMOUNTS PAID (FOR COMPENSATION, TRAVEL REIMBURSEMENT, AND OTHER COSTS AND EXPENSES) FROM THE U.S. ACCOUNTS PAYABLE DEPARTMENT APPLICABLE TO THE REGION. THIS INCLUDES AMOUNTS SHOWN ON PARTS II AND III AS GRANTS OR OTHER ASSISTANCE.</p> <p>B. AMOUNTS EXPENDED TO FUND THE BELGIUM, TURKEY, SINGAPORE, URUGUAY, CHINA, SWITZERLAND, KENYA BRANCH/LIAISON/REPRESENTATIVE LOCATIONS, AND PERSONNEL COSTS INCLUDING OFFICE EXPENSES, TRAVEL-RELATED AND OTHER EXPENSES PAID BY THE U.S. ACCOUNTS PAYABLE DEPARTMENT.</p> <p>C. ALL PAYMENTS MADE TO INTERNATIONAL BASED EMPLOYEES AND CONTRACTORS WERE RECORDED IN US DOLLARS.</p>
SCHEDULE F, PART II -	<p>ICANN CONTRIBUTED \$1M TO THE EMERGENCY TELECOMMUNICATIONS CLUSTER (ETC) AS EMERGENCY FINANCIAL SUPPORT FOR CONTINUED INTERNET ACCESS IN UKRAINE. THIS CONTRIBUTION WAS THE FIRST INITIATIVE OF THIS TYPE FOR ICANN AND IS WELL ALIGNED WITH ICANN'S MISSION TO ENSURE THE STABLE AND SECURE OPERATION OF THE INTERNET'S UNIQUE IDENTIFIER SYSTEMS. THE ETC'S WORK IN UKRAINE INCLUDES ENSURING THE SUSTAINABILITY AND QUALITY OF COMMUNICATIONS AND CONNECTIVITY, SPECIFICALLY ACTIVITIES SUCH AS PROCURING COMMUNICATIONS EQUIPMENT, INCLUDING PORTABLE SATELLITE COMMUNICATION UNITS; ESTABLISHING BACKUP SATELLITE COMMUNICATIONS; ENSURING SECURE INTERNET CONNECTIVITY; AND IDENTIFYING AND IMPLEMENTING SYSTEMS TO ENABLE SAFE ACCESS TO THE INTERNET.</p>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number
95-4712218

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)	✓	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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	8,089,477	FMV
(2)	PUBLIC TECHNICAL IDENTIFIERS	N	791,897	FMV
(3)	PUBLIC TECHNICAL IDENTIFIERS	O	6,303,349	FMV
(4)	PUBLIC TECHNICAL IDENTIFIERS	Q	994,231	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)													

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

For tax year beginning 07/01, 20 21, and ending 06/30, 20 22

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

▶ See instructions.

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

Part I Applicable Taxpayer Determination

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

	(a) First Preceding Tax Year	(b) Second Preceding Tax Year	(c) Third Preceding Tax Year
1a Gross receipts of the taxpayer. See instructions	716,172,890	323,397,336	380,399,090
b Gross receipts from partnerships.			
c Gross receipts of all other persons treated as 1 person pursuant to Regs. section 1.59A-2(c)	7,444,323	7,227,880	7,571,450
d Gross receipts. Combine lines 1a through 1c	723,617,213	330,625,216	387,970,540
e Gross receipts of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 1d			1e 1,442,212,969
f 3-year average annual gross receipts. See instructions			1f 480,737,656
g Is line 1f \$500 million or more? <input type="checkbox"/> Yes. Continue to line 2. <input checked="" type="checkbox"/> No. STOP here and attach this form to your tax return.			
2a Base erosion tax benefit (from Schedule A, line 15, column (a-2))			2a
b Amount of deductions allowed under Chapter 1 of the Internal Revenue Code			2b
c Base erosion tax benefits resulting from reductions in insurance premiums reported on Schedule A, line 8, column (a-2)	2c		
d Base erosion tax benefits resulting from reductions in gross receipts reported on Schedule A, line 10, column (a-2)	2d		
e Add lines 2c and 2d			2e
f Total deductions for amounts paid or accrued for services to which the exception under Regs. section 1.59A-3(b)(3)(i) applies (from Schedule A, line 5b)	2f		
g Qualified derivative payments excepted by Regs. section 1.59A-6(b).	2g		
h Total deductions allowed under sections 172, 245A, and 250 for the tax year	2h		
i Does the taxpayer elect to waive deductions in accordance with Regulations section 1.59A-3(c)(6)(i)? <input type="checkbox"/> Yes. Complete Schedule B. Enter the amount from line 15 of Schedule B. <input type="checkbox"/> No. Enter -0-.	2i		
j Deductions for exchange losses from section 988 transactions described in Regulations section 1.59A-2(e)(3)(ii)(D)	2j		
k Deductions for TLAC securities and foreign TLAC securities described in Regulations section 1.59A-2(e)(3)(ii)(E)	2k		
l Reinsurance losses incurred and claims payments described in Regulations section 1.59A-2(e)(3)(ii)(F)	2l		
m Combine lines 2f through 2l			2m
n Total Deductions. Subtract line 2m from the sum of line 2b and line 2e			2n
o Base Erosion Percentage. Divide line 2a by line 2n			2o %
p Is the taxpayer's base erosion percentage on line 2o 3% or higher (2% or higher for a bank or securities dealer)? <input type="checkbox"/> Yes. Continue to Part II. <input type="checkbox"/> No. STOP after completing Part I and Schedule A (and, if necessary, Schedule B) and attach this form to your tax return.			

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

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

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

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

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

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

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

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

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

Schedule B Waiver of Deductions (see instructions)

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

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

Part I Credits Allowed Against Regular Tax (see instructions)

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

Part II Applicable Section 38 Credits

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

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

Part III BEMTA Determined Without Adjustment for Applicable Section 38 Credits

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

Form 8991, Page 1 Detail

=====

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

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