

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

## A For the 2021 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization INTERNET SOCIETY			<b>D</b> Employer identification number 54-1650477	
	Doing Business As			<b>E</b> Telephone number (703) 439-2120	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	11710 PLAZA AMERICA DRIVE		400		
City or town, state or province, country, and ZIP or foreign postal code RESTON, VA 20190			<b>G</b> Gross receipts \$ 52,521,110.		
<b>F</b> Name and address of principal officer: ANDREW SULLIVAN SAME AS "C" ABOVE			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: ▶ <a href="https://www.internetsociety.org/">HTTPS://WWW.INTERNETSOCIETY.ORG/</a>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1992		<b>M</b> State of legal domicile: DC

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE THE OPEN DEVELOPMENT, EVOLUTION, AND USE OF THE INTERNET FOR THE BENEFIT OF ALL PEOPLE THROUGHOUT THE WORLD.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	61
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	16,381
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	NONE
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	NONE	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	52,478,712.	41,038,289.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,354,594.	1,148,962.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,226,117.	1,904,901.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,751.	NONE
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,118,174.	44,092,152.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	3,940,220.	5,801,791.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	22,212,557.	22,958,082.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 951,464.	NONE	NONE
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,922,393.	18,177,710.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,075,170.	46,937,583.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	10,043,004.	-2,845,431.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	68,684,395.	66,935,347.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	6,135,960.	5,457,778.
		62,548,435.	61,477,569.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	ANDREW SULLIVAN Type or print name and title		PRESIDENT & CEO		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARC BERGER		11/4/2022		P01871563
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶	13-5381590		
Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102			Phone no.	703-893-0600	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROMOTE THE OPEN DEVELOPMENT, EVOLUTION, AND USE OF THE INTERNET FOR THE BENEFIT OF ALL PEOPLE THROUGHOUT THE WORLD.

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

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

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 \$ 9,757,547. including grants of \$ 2,103,193. ) (Revenue \$ 56,325. )

EMPOWERING PEOPLE TO TAKE ACTION: REPRESENTS ISOC'S EFFORTS TO COLLABORATE, OUTREACH, AND TRAIN OTHER COMMUNITIES OF INTEREST, PARTNERS, AND ALLIES TO ENSURE THE INTERNET THRIVES AND MEETS THE NEEDS OF ALL PEOPLE. ALSO REPRESENTED ARE ISOC'S COMMUNITY ENGAGEMENT WORK WITH ORGANIZATIONAL MEMBERS, INDIVIDUAL MEMBERS, ISOC CHAPTERS, AND SPECIAL INTEREST GROUPS.

4b (Code: ) (Expenses \$ 8,414,919. including grants of \$ 3,214,309. ) (Revenue \$ NONE )

GROWING THE INTERNET: REPRESENTS ISOC'S EFFORTS TO DECREASE THE INTERNET'S DIGITAL DIVIDE BY BRINGING PEOPLE AND TECHNOLOGY TOGETHER. INCLUDES ISOC'S WORK TO IMPROVE AND BUILD COMMUNITY NETWORKS WHICH ARE LOCAL COMPLEMENTARY ACCESS SOLUTIONS TO BRIDGE THE CONNECTIVITY GAP BY ALLOWING ACCESS TO THE INTERNET WITH THE RIGHT TOOLS AND SUPPORT; WORK TO SUPPORT INCREASING AND ENHANCING NEW INTERNET EXCHANGE POINTS AND EFFORTS TO PROVIDE A MEASUREMENT TOOL TO OBSERVE THE HEALTH AND EVOLUTION OF THE INTERNET.

4c (Code: ) (Expenses \$ 7,238,615. including grants of \$ 403,439. ) (Revenue \$ NONE )

STRENGTHENING THE INTERNET: REPRESENTS ISOC'S WORK ON STRENGTHENING THE INTERNET ACROSS THE GLOBE TO PROTECT AND DEFEND THE INTERNET. INCLUDING ISOC'S WORK FOR STRONG ENCRYPTION, THE SECURITY AND STABILITY OF INTERNET ROUTING, AND OPEN STANDARDS.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 5,079,834. including grants of \$ 80,850. ) (Revenue \$ 1,092,637. )

4e Total program service expenses 30,490,915.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

SAE PARK 11710 PLAZA AMERICA DR STE 400 RESTON, VA 20190
703-439-2120

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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) ANDREW SULLIVAN PRESIDENT & CEO	40.00 5.00			X				456,570.	57,071.	62,781.
(2) SANDRA SPECTOR CFO (THRU 9/23/21)	30.00 3.80			X				333,739.	42,274.	71,988.
(3) RINALIA ABDUL RAHIM SVP, STRATEGY, COMMS & ENGAGEM	40.00 NONE				X			344,210.	NONE	41,305.
(4) SALLY WENTWORTH SVP PROJECT STAFF	40.00 NONE				X			281,321.	NONE	66,527.
(5) ILONA LEVINE SVP AND GENERAL COUNSEL	40.00 5.00			X				222,590.	27,824.	71,102.
(6) JOSEPH HALL SVP, INTERNET STRONG	40.00 NONE					X		254,486.	NONE	62,762.
(7) CONSTANCE BOMMELAER DE LEUSSE AREA VP, INSTIT. RELATIONS	40.00 NONE					X		273,689.	NONE	37,974.
(8) KONSTANTINOS KOMAITIS SNR DIR, POLICY STRATEGY & DEV	40.00 NONE					X		264,729.	NONE	33,334.
(9) JANE COFFIN (THRU 11/30/21) SVP, INTERNET GROWTH	36.70 NONE	X						245,544.	NONE	49,096.
(10) JAMES WOOD HEAD OF CONTENT	40.00 NONE					X		250,587.	NONE	37,588.
(11) JOYCE DOGNIEZ VP, COMMUNITY ENGAGEMENT	40.00 NONE					X		237,102.	NONE	31,311.
(12) SAE-YOUNG PARK CHIEF FINANCIAL OFFICER	40.00 5.00			X				163,982.	20,498.	64,635.
(13) TED HARDIE TRUSTEE/BOARD CHAIR	16.00 4.00	X						NONE	NONE	NONE
(14) LAURA THOMSON TRUSTEE/TREASURER	16.00 4.00	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) JOHN LEVINE ----- TRUSTEE/SECRETARY (THRU 7/31/21)	9.30 2.30	X						NONE	NONE	NONE
( 16 ) RICHARD BARNES ----- TRUSTEE	6.00 1.00	X						NONE	NONE	NONE
( 17 ) GONZALO CAMARILLO ----- TRUSTEE (THRU 7/31/21)	3.50 6.00	X						NONE	NONE	NONE
( 18 ) OLGA CAVALLI ----- TRUSTEE (THRU 7/31/21)	0.50 0.10	X						NONE	NONE	NONE
( 19 ) NDEYE MAIMOUNA DIOP ----- TRUSTEE	6.00 1.00	X						NONE	NONE	NONE
( 20 ) PAUL EBERSMAN ----- TRUSTEE	2.50 4.00	X						NONE	NONE	NONE
( 21 ) MIKE GODWIN ----- TRUSTEE	6.00 1.00	X						NONE	NONE	NONE
( 22 ) BRIAN HABERMAN ----- TRUSTEE	2.50 4.00	X						NONE	NONE	NONE
( 23 ) LUIS MARTINEZ ----- TRUSTEE	2.50 4.00	X						NONE	NONE	NONE
( 24 ) ROBERT PEPPER ----- TRUSTEE	6.00 1.00	X						NONE	NONE	NONE
( 25 ) JON PETERSON ----- TRUSTEE	2.50 4.00	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .								3,328,549.	147,667.	630,403.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								3,328,549.	147,667.	630,403.

**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 **▶** 81

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

**Section B. Independent Contractors**

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

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

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



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Sub-total
c Total from continuation sheets to Part VII, Section A
d Total (add lines 1b and 1c)

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

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a?
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?
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?

Summary table with columns Yes and No for questions 3, 4, and 5.

Section B. Independent Contractors

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

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

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	1,232,500.				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	35,648,803.				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	4,156,986.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶			41,038,289.			
<b>Program Service Revenue</b>	<b>2a</b>	IETF CONFERENCE REVENUE	Business Code	541900	1,092,637.	1,092,637.		
	<b>b</b>	NDSS CONFERENCE REVENUE		541900	56,325.	56,325.		
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue . . . . .						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶			1,148,962.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			1,001,704.		1,001,704.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			NONE			
	<b>5</b>	Royalties . . . . . ▶			NONE			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE			
	<b>d</b>	Net rental income or (loss) . . . . . ▶				NONE		
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
						9,332,155.		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>			8,428,958.		
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>			903,197.		
	<b>d</b>	Net gain or (loss) . . . . . ▶				903,197.	903,197.	
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		NONE				
				NONE				
				NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶				NONE			
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE				
				NONE				
				NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶				NONE			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE				
				NONE				
				NONE				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶				NONE			
<b>Miscellaneous Revenue</b>	<b>11a</b>		Business Code					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶				NONE		
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			44,092,152.	1,148,962.		1,904,901.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,108,925.	2,108,925.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	387,390.	387,390.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	3,305,476.	3,305,476.		
<b>4</b> Benefits paid to or for members . . . . .	NONE			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,445,593.	1,464,301.	896,891.	84,401.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
<b>7</b> Other salaries and wages . . . . .	15,675,903.	9,385,964.	5,748,943.	540,996.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,092,599.	1,252,946.	767,435.	72,218.
<b>9</b> Other employee benefits . . . . .	1,423,206.	852,146.	521,943.	49,117.
<b>10</b> Payroll taxes . . . . .	1,320,781.	790,819.	484,380.	45,582.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	NONE			
<b>b</b> Legal . . . . .	819,922.	10,728.	809,194.	
<b>c</b> Accounting . . . . .	248,968.	19.	248,949.	
<b>d</b> Lobbying . . . . .	NONE			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
<b>f</b> Investment management fees . . . . .	128,027.		128,027.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	SEE SCHE O 9,339,263.	5,402,152.	3,857,418.	79,693.
<b>12</b> Advertising and promotion . . . . .	2,464,164.	1,933,816.	530,149.	199.
<b>13</b> Office expenses . . . . .	328,270.	151,711.	170,605.	5,954.
<b>14</b> Information technology . . . . .	1,510,449.	885,634.	578,771.	46,044.
<b>15</b> Royalties . . . . .	NONE			
<b>16</b> Occupancy . . . . .	346,428.	204,823.	129,009.	12,596.
<b>17</b> Travel . . . . .	31,614.	18,865.	12,749.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
<b>19</b> Conferences, conventions, and meetings . . . . .	1,825,334.	1,782,369.	42,314.	651.
<b>20</b> Interest . . . . .	NONE			
<b>21</b> Payments to affiliates . . . . .	NONE			
<b>22</b> Depreciation, depletion, and amortization . . . . .	432,574.	330,604.	93,735.	8,235.
<b>23</b> Insurance . . . . .	241,700.		241,700.	
<b>24</b> 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.)				
<b>a</b> DUES AND SUBSCRIPTIONS . . . . .	205,594.	174,846.	25,180.	5,568.
<b>b</b> EMPLOYEE TRAINING . . . . .	203,852.	47,381.	156,261.	210.
<b>c</b> BUSINESS TAXES INCLUDING VAT . . . . .	51,551.		51,551.	
<b>d</b> _____ . . . . .				
<b>e</b> All other expenses _____ . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	46,937,583.	30,490,915.	15,495,204.	951,464.
<b>26</b> 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) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	1,996,733.	<b>1</b>	4,185,559.
	<b>2</b> Savings and temporary cash investments . . . . .	7,578,396.	<b>2</b>	7,338,529.
	<b>3</b> Pledges and grants receivable, net . . . . .	13,400,670.	<b>3</b>	7,029,467.
	<b>4</b> Accounts receivable, net . . . . .	655,756.	<b>4</b>	309,151.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,795,809.	<b>9</b>	2,247,132.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,300,107.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2,778,577.		
		954,104.	<b>10c</b>	521,530.
	<b>11</b> Investments - publicly traded securities . . . . .	33,260,081.	<b>11</b>	30,607,160.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	8,144,984.	<b>12</b>	14,636,106.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
<b>15</b> Other assets. See Part IV, line 11 . . . . .	897,862.	<b>15</b>	60,713.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	68,684,395.	<b>16</b>	66,935,347.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,863,789.	<b>17</b>	4,049,499.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	874,899.	<b>19</b>	1,099,410.
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	397,272.	<b>25</b>	308,869.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,135,960.	<b>26</b>	5,457,778.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	53,837,521.	<b>27</b>	42,696,361.
	<b>28</b> Net assets with donor restrictions . . . . .	8,710,914.	<b>28</b>	18,781,208.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	62,548,435.	<b>32</b>	61,477,569.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	68,684,395.	<b>33</b>	66,935,347.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	44,092,152.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	46,937,583.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,845,431.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	62,548,435.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,409,565.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	365,000.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	61,477,569.

**Part XII Financial Statements and Reporting**

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

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

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

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

INTERNET SOCIETY

Employer identification number

54-1650477

**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 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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)						
<b>Total</b>						

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

Schedule A (Form 990) 2021

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	35,405,711.	53,709,603.	47,503,735.	52,843,712.	41,038,289.	230,501,050.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	35,405,711.	53,709,603.	47,503,735.	52,843,712.	41,038,289.	230,501,050.
<b>5</b> 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). . . . .						198,120,152.
<b>6 Public support.</b> Subtract line 5 from line 4						32,380,898.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	35,405,711.	53,709,603.	47,503,735.	52,843,712.	41,038,289.	230,501,050.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,690,465.	896,933.	1,567,139.	1,444,008.	1,001,704.	6,600,249.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						NONE
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	NONE	NONE	47,783.	58,751.	NONE	106,534.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						237,207,833.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	8,986,207.
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	13.65 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	14.08 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2021.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2020.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a-b Disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows: 15 Public support percentage for 2021; 16 Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Rows: 17 Investment income percentage for 2021; 18 Investment income percentage from 2020 Schedule A, Part III, line 17.

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.

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.

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



Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Schedule A (Form 990) 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 - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 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 - <i>explain in Part VI</i> ). 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	<b>Total</b> 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, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2022.</b> 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 . . . .			

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

SCHEDULE A, PART II, LINE 17A:

THE INTERNET SOCIETY ("ISOC") IS A NONPROFIT CHARITABLE AND EDUCATIONAL ORGANIZATION FOUNDED IN 1992. INCORPORATED IN WASHINGTON D.C., USA, HEADQUARTERED IN VIRGINIA, USA WITH SEVEN REGIONAL OFFICES GLOBALLY. ITS MISSION IS TO SUPPORT AND PROMOTE THE DEVELOPMENT OF THE INTERNET AS A GLOBAL TECHNICAL INFRASTRUCTURE, A RESOURCE TO ENRICH PEOPLE'S LIVES, AND A FORCE FOR GOOD IN SOCIETY. ISOC QUALIFIES AS PUBLICLY SUPPORTED UNDER THE "FACTS AND CIRCUMSTANCES" TEST OF TREAS. REG.1.170A-9(F)(3), BASED ON THE FOLLOWING FACTS AND CIRCUMSTANCES:

1. ISOC'S PUBLIC SUPPORT PERCENTAGE FOR 2021 WAS 13.65% WHICH IS ABOVE THE 10% THRESHOLD.
2. ISOC IS ORGANIZED AND OPERATES TO ATTRACT NEW AND ADDITIONAL SUPPORT ON A CONTINUOUS BASIS. SINCE ITS FORMATION, ISOC HAS BEEN FUNDED THROUGH BROAD SOURCES OF SUPPORT (AS OPPOSED TO MEMBERS OF A SINGLE FAMILY OR ONLY A FEW DONORS). IT HAS AN EXTENSIVE MEMBERSHIP BASE FROM AROUND THE WORLD, AND IT IS CONTINUALLY WORKING TO EXPAND ITS MEMBERSHIP, INCLUDING ORGANIZATIONAL MEMBERS WHO PAY DUES TO PROVIDE BASIC SUPPORT FOR THE MISSION OF ISOC. IT ALSO SOLICITS AND RECEIVES CONTRIBUTIONS FROM INDIVIDUAL DONORS, AS WELL AS GRANTS FROM OTHER NONPROFIT ORGANIZATIONS AND FOR-PROFIT COMPANIES. ISOC IS ACTIVELY SEEKING TO INCREASE ITS DONOR BASE BY EXPANDING ITS CHARITABLE SOLICITATION PROGRAMS AND PURSUING ADDITIONAL CHARITABLE GRANTS.

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

3. ISOC'S SOURCES OF SUPPORT COME FROM ITS MEMBERS, ITS SUPPORTING ORGANIZATIONS, AND DONATIONS AND GRANTS FROM INDIVIDUALS, CORPORATIONS AND GOVERNMENTAL ORGANIZATIONS. ISOC'S MEMBERS INCLUDE 100 ORGANIZATIONS, INCLUDING NONPROFITS, GOVERNMENTS, AND ACADEMIC ORGANIZATIONS. ISOC'S ORGANIZATIONAL MEMBERS PAY DUES TO SUPPORT THE WORK OF ISOC IN CARRYING OUT ITS MISSION. ISOC ALSO HAS MORE THAN 94,000 INDIVIDUAL MEMBERS. ISOC DOES NOT CHARGE MEMBERSHIP DUES TO ITS INDIVIDUAL MEMBERS SINCE MANY OF THEM ARE LOCATED IN DEVELOPING COUNTRIES AND IT DOES NOT WANT THE PAYMENT OF DUES TO BE A BARRIER TO INVOLVING AS BROAD A CONSTITUENCY AS POSSIBLE IN ITS PROGRAMS AND ACTIVITIES IN FURTHERANCE OF ITS MISSION. ISOC HAS A "DONATE" BUTTON ON ITS WEBSITE THAT MAKES IT CONVENIENT FOR INDIVIDUAL MEMBERS WHO CAN AFFORD TO DO SO TO MAKE CONTRIBUTIONS IN SUPPORT OF ISOC'S MISSION. ISOC IS CONTINUALLY WORKING TO EXPAND ITS BASE OF MEMBERS AND TO SEEK ADDITIONAL GRANT FUNDING.

4. ISOC HAS A REPRESENTATIVE GOVERNING BODY. ISOC'S 12 MEMBER BOARD OF TRUSTEES REPRESENTS THE BROAD INTERESTS OF THE PUBLIC RATHER THAN THE INTERESTS OF A LIMITED NUMBER OF DONORS TO THE ORGANIZATION. THE TRUSTEES ARE ELECTED BY ISOC'S ORGANIZATIONAL MEMBERS AND CHAPTERS AND APPOINTED BY THE INTERNET ENGINEERING TASK FORCE (A LARGE, OPEN, INTERNATIONAL COMMUNITY OF NETWORK DESIGNERS, OPERATORS, VENDORS, AND RESEARCHERS CONCERNED WITH THE EVOLUTION OF THE INTERNET ARCHITECTURE AND THE SMOOTH OPERATION OF THE INTERNET). TRUSTEES ARE ELECTED FOR THEIR EXPERIENCE AND EXPERTISE IN ISSUES INVOLVING THE INTERNET, AND THEY ALL HAVE SIGNIFICANT BACKGROUNDS IN ISSUES INVOLVING THE WORLDWIDE INTERNET COMMUNITY. ISOC'S 12 TRUSTEES COME FROM DIFFERENT COUNTRIES AND IN 2021 THEY WERE FROM THE

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

UNITED STATES, ARGENTINA, MEXICO, PAKISTAN, SPAIN, SENEGAL, AND YEMEN.

ISOC'S BROAD INTERNATIONAL REPRESENTATION ON ITS BOARD IS REFLECTIVE OF THE WORLDWIDE REACH OF THE INTERNET, AND ISOC'S TRUSTEES BRING WITH THEM BROAD AND DIVERSE VIEWPOINTS THAT CONTRIBUTE TO THE PUBLIC INTEREST SERVED BY THE ISOC'S ACTIVITIES. THEY ALL SHARE A COMMON COMMITMENT TO ISOC'S MISSION TO INCREASE ACCESS TO THE INTERNET IN AREAS WHERE SUCH ACCESS IS LACKING AND TO MAKE THE INTERNET A FORCE FOR GOOD IN THE WORLD.

5. ISOC ENGAGES IN A VARIETY OF PROGRAMS AND ACTIVITIES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON A CONTINUING BASIS. ITS PROGRAMS AND ACTIVITIES HAVE BROAD APPEAL TO MEMBERS OF THE PUBLIC, AROUND THE GLOBE, THAT SHARE AN INTEREST IN THE PROMOTION OF AN OPEN, STABLE, AND GLOBALLY ACCESSIBLE INTERNET INFRASTRUCTURE WORLDWIDE. THIS SHARED INTEREST IN ISOC'S PROGRAMS AND ACTIVITIES IS REFLECTED IN THE FACT THAT ISOC HAS MORE THAN 94,000 INDIVIDUAL MEMBERS. ISOC HAS MORE THAN 120 ACTIVE CHAPTERS ACROSS SIX CONTINENTS, BRINGING MEMBERS TOGETHER TO RUN PROGRAMS AND ACTIVITIES DEDICATED TO MAKING A DIFFERENCE LOCALLY, INFORMING POLICY, AND EDUCATING THE PUBLIC ABOUT INTERNET-RELATED ISSUES.

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

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER INCOME	NONE	NONE	47,783.	58,751.	NONE	106,534.
TOTALS	NONE	NONE	47,783.	58,751.	NONE	106,534.



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

OMB No. 1545-0047

**2021**

Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Employer identification number

54-1650477

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 35,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,079,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 648,803.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 430,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 386,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

INTERNET SOCIETY

Employer identification number

54-1650477

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 109,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 75,054.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 68,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

INTERNET SOCIETY

Employer identification number

54-1650477

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$ 65,217.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A	\$ 62,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A	\$ 52,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A	\$ 50,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A	\$ 46,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">INTERNET SOCIETY</p>	Employer identification number <p style="text-align: center;">54-1650477</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
19	N/A <hr/> <hr/> <hr/>	\$ 41,500.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
20	N/A <hr/> <hr/> <hr/>	\$ 35,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
21	N/A <hr/> <hr/> <hr/>	\$ 33,333.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
22	N/A <hr/> <hr/> <hr/>	\$ 31,667.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
23	N/A <hr/> <hr/> <hr/>	\$ 29,167.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
24	N/A <hr/> <hr/> <hr/>	\$ 25,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization

INTERNET SOCIETY

Employer identification number

54-1650477

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A   	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A   	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A   	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A   	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A   	\$ 17,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A   	\$ 15,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">INTERNET SOCIETY</p>	Employer identification number <p style="text-align: center;">54-1650477</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A <hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	N/A <hr/> <hr/> <hr/>	\$ 14,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	N/A <hr/> <hr/> <hr/>	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	N/A <hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	N/A <hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	N/A <hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">INTERNET SOCIETY</p>	Employer identification number <p style="text-align: center;">54-1650477</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A <hr/> <hr/> <hr/>	\$ 10,371.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	N/A <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	N/A <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	N/A <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	N/A <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

INTERNET SOCIETY

Employer identification number

54-1650477

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

INTERNET SOCIETY

Employer identification number

54-1650477

**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
49	N/A	\$ 9,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	N/A	\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	N/A	\$ 7,177.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	N/A	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	N/A	\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	N/A	\$ 6,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

INTERNET SOCIETY

Employer identification number

54-1650477

**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
55	N/A	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	N/A	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	N/A	\$ 5,417.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">INTERNET SOCIETY</p>	Employer identification number <p style="text-align: center;">54-1650477</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">INTERNET SOCIETY</p>	Employer identification number <p style="text-align: center;">54-1650477</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

INTERNET SOCIETY

Employer identification number

54-1650477

**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
73	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">INTERNET SOCIETY</p>	Employer identification number <p style="text-align: center;">54-1650477</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	N/A   	\$ 5,000.	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.)
_____	_____   	\$ _____	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.)

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of organization INTERNET SOCIETY	Employer identification number 54-1650477
--	--

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021



**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.

SEE SUPP PAGE

**Limits on Lobbying Expenditures  
(The term "expenditures" means amounts paid or incurred.)**

	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	NONE	NONE
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	33,765.	35,132.
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .	33,765.	35,132.
<b>d</b> Other exempt purpose expenditures . . . . .	46,903,818.	154,580,202.
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	46,937,583.	154,615,334.
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	2,579,010.
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000.	644,753.
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount		1,000,000.	1,000,000.	2,579,010.	4,579,010.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,868,515.
<b>c</b> Total lobbying expenditures				35,132.	35,132.
<b>d</b> Grassroots nontaxable amount		250,000.	250,000.	644,753.	1,144,753.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,717,130.
<b>f</b> Grassroots lobbying expenditures				NONE	NONE

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

**Part IV** Supplemental Information (continued)SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS  
=====

ORGANIZATION NAME: INTERNET SOCIETY  
 ADDRESS: 11710 PLAZA AMERICA DR STE 400  
 RESTON, VA 20190  
 EIN: 54-1650477  
 ORGANIZATION IS AN ELECTING ORGANIZATION.  
 GRASSROOTS LOBBYING AMOUNT: NONE  
 DIRECT LOBBYING AMOUNT: 33,764.  
 TOTAL LOBBYING EXPENDITURES: 33,764.  
 OTHER EXEMPT PURPOSE EXPENDITURES: 46,903,818.  
 TOTAL EXEMPT PURPOSE EXPENDITURES: 46,937,582.  
 LOBBYING NONTAXABLE AMOUNT: 1,000,000.  
 GRASSROOTS NONTAXABLE AMOUNT: 250,000.  
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:  
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:  
 SHARE OF EXCESS LOBBYING EXPENDITURES: NONE

**Part IV** Supplemental Information (continued)

## SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS (CONT'D)

=====

ORGANIZATION NAME: CONNECTED GIVING FOUNDATION  
 ADDRESS: 11710 PLAZA AMERICA DR STE 400  
 RESTON, VA 20190  
 EIN: 84-3558614  
 ORGANIZATION IS AN ELECTING ORGANIZATION.  
 GRASSROOTS LOBBYING AMOUNT: NONE  
 DIRECT LOBBYING AMOUNT: NONE  
 TOTAL LOBBYING EXPENDITURES: NONE  
 OTHER EXEMPT PURPOSE EXPENDITURES: NONE  
 TOTAL EXEMPT PURPOSE EXPENDITURES: NONE  
 LOBBYING NONTAXABLE AMOUNT: NONE  
 GRASSROOTS NONTAXABLE AMOUNT: NONE  
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT: NONE  
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT: NONE  
 SHARE OF EXCESS LOBBYING EXPENDITURES: NONE

**Part IV** Supplemental Information (continued)

## SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS (CONT'D)

=====

ORGANIZATION NAME: PUBLIC INTEREST REGISTRY  
 ADDRESS: 11911 FREEDOM DRIVE  
 RESTON, VA 20190  
 EIN: 33-1025119

ORGANIZATION IS AN ELECTING ORGANIZATION.

GRASSROOTS LOBBYING AMOUNT:	NONE
DIRECT LOBBYING AMOUNT:	1,368.
TOTAL LOBBYING EXPENDITURES:	1,368.
OTHER EXEMPT PURPOSE EXPENDITURES:	99,096,180.
TOTAL EXEMPT PURPOSE EXPENDITURES:	99,097,548.
LOBBYING NONTAXABLE AMOUNT:	1,000,000.
GRASSROOTS NONTAXABLE AMOUNT:	250,000.
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:	
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:	
SHARE OF EXCESS LOBBYING EXPENDITURES:	NONE

**Part IV** Supplemental Information (continued)

## SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS (CONT'D)

=====

ORGANIZATION NAME: INTERNET SOCIETY FOUNDATION  
 ADDRESS: 11710 PLAZA AMERICA DR STE 400  
 RESTON, VA 20190  
 EIN: 82-3285688  
 ORGANIZATION IS AN ELECTING ORGANIZATION.  
 GRASSROOTS LOBBYING AMOUNT: NONE  
 DIRECT LOBBYING AMOUNT: NONE  
 TOTAL LOBBYING EXPENDITURES: NONE  
 OTHER EXEMPT PURPOSE EXPENDITURES: 8,580,204.  
 TOTAL EXEMPT PURPOSE EXPENDITURES: 8,580,204.  
 LOBBYING NONTAXABLE AMOUNT: 579,010.  
 GRASSROOTS NONTAXABLE AMOUNT: 144,753.  
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:  
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:  
 SHARE OF EXCESS LOBBYING EXPENDITURES: NONE

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

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

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

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

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,530,509.	2,475,730.	3,289,364.	3,261,364.	3,141,350.
b Contributions	1,819,792.		25,911.	13,450.	10,801.
c Net investment earnings, gains, and losses	417,478.	54,912.	303,108.	149,550.	109,213.
d Grants or scholarships					
e Other expenditures for facilities and programs		133.	1,142,653.		
f Administrative expenses					
g End of year balance	4,767,779.	2,530,509.	2,475,730.	3,424,364.	3,261,364.

- 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  100.0000 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  | X  |
| (ii) Related organizations   | 3a(ii) | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		681,371.	339,258.	342,113.
d Equipment		594,278.	594,278.	NONE
e Other		2,024,458.	1,845,041.	179,417.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				521,530.



**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) CORPORATE BONDS	8,575,955.	FMV
(B) U.S. GOVT & AGENCY BONDS	6,060,151.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	14,636,106.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) DEFERRED RENT	308,869.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	308,869.

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

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

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

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

**Part XIII Supplemental Information.**

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

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

THE CURRENT QUASI AND PERMANENT ENDOWMENT BALANCES SUPPORT THE FUTURE OF IETF THROUGH THE OPEN INTERNET ENDOWMENT.

SCHEDULE D, PART X, LINE 2:

IN ACCORDANCE WITH FASB ASC 740, INCOME TAXES, THE ORGANIZATION RECOGNIZES TAX LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL NOT BE SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES. LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. WITH A FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE FISCAL YEAR 2018.

MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THEY HAVE TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. NO INCOME TAX EXPENSE AND PENALTIES RELATED TO INCOME TAXES ON UNCERTAIN TAX POSITIONS WERE RECOGNIZED FOR THE YEAR ENDED DECEMBER 31, 2021.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

INTERNET SOCIETY

Employer identification number

54-1650477

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING		1,409,733.
<b>(2)</b> CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING		123,391.
<b>(3)</b> EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING		220,604.
<b>(4)</b> EUROPE	NONE	NONE	GRANTMAKING		614,528.
<b>(5)</b> MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING		105,626.
<b>(6)</b> NORTH AMERICA	NONE	NONE	GRANTMAKING		90,007.
<b>(7)</b> RUSSIA/INDEPENDENT STATES	NONE	NONE	GRANTMAKING		139,500.
<b>(8)</b> SOUTH AMERICA	NONE	NONE	GRANTMAKING		216,028.
<b>(9)</b> SOUTH ASIA	NONE	NONE	GRANTMAKING		126,000.
<b>(10)</b> SUB-SAHARAN AFRICA	NONE	8	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	1,069,781.
<b>(11)</b> SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	955,292.
<b>(12)</b> EUROPE	3	43	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	732,971.
<b>(13)</b> SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	726,843.
<b>(14)</b> EUROPE	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	654,527.
<b>(15)</b> EUROPE	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	498,003.
<b>(16)</b> CENTRAL AMERICA/CARIBBEAN	NONE	2	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	376,988.
<b>(17)</b> SOUTH AMERICA	1	6	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	357,691.
<b>3a</b> Subtotal . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2021

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EAST ASIA AND THE PACIFIC	1	6	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	347,041.
<b>(2)</b> CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	336,643.
<b>(3)</b> SOUTH ASIA	NONE	2	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	324,563.
<b>(4)</b> SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	319,410.
<b>(5)</b> EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	309,900.
<b>(6)</b> SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	307,513.
<b>(7)</b> SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	289,828.
<b>(8)</b> SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	287,745.
<b>(9)</b> MIDDLE EAST AND NORTH AFRICA	NONE	3	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	276,788.
<b>(10)</b> CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	256,138.
<b>(11)</b> MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	247,166.
<b>(12)</b> NORTH AMERICA	1	7	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	244,657.
<b>(13)</b> SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	243,027.
<b>(14)</b> EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	235,790.
<b>(15)</b> SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	220,518.
<b>(16)</b> NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	218,473.
<b>(17)</b> EUROPE	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	210,695.
<b>3a</b> Subtotal					
<b>b</b> Total from continuation sheets to Part I					
<b>c</b> Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2021

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EUROPE	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	197,151.
<b>(2)</b> MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	188,058.
<b>(3)</b> RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	180,417.
<b>(4)</b> NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	166,228.
<b>(5)</b> RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	161,108.
<b>(6)</b> RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	122,581.
<b>(7)</b> CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	108,367.
<b>(8)</b> SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	102,820.
<b>(9)</b> CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	101,401.
<b>(10)</b> EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	99,758.
<b>(11)</b> SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	96,210.
<b>(12)</b> EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	93,345.
<b>(13)</b> SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	93,297.
<b>(14)</b> SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	87,299.
<b>(15)</b> MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	79,564.
<b>(16)</b> MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	74,449.
<b>(17)</b> NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	70,328.
<b>3a</b> Subtotal . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2021

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

**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) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	65,807.
(2) RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	51,862.
(3) RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	48,528.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	4	59.			8,417,513.
<b>b</b> Total from continuation sheets to Part I . . . . .	2.	18.			6,864,473.
<b>c Totals</b> (add lines 3a and 3b)	6.	77.			15,281,986.

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

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)			SUB-SAHARAN AFRICA	EMPOWR PPL	300,000.	WIRE			
(2)			SUB-SAHARAN AFRICA	GROWING INT	240,000.	WIRE			
(3)			SUB-SAHARAN AFRICA	GROWING INT	197,343.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	STRNGTH INT	65,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	EMPOWR PPL	64,035.	WIRE			
(6)			SUB-SAHARAN AFRICA	GROWING INT	54,000.	WIRE			
(7)			SUB-SAHARAN AFRICA	GROWING INT	51,675.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	50,000.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	GROWING INT	50,000.	WIRE			
(10)			EAST ASIA/PACIFIC	GROWING INT	48,655.	WIRE			
(11)			CENT. AMERICA/CARIBBEAN	GROWING INT	43,000.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	STRNGTH INT	41,000.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	STRNGTH INT	40,000.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	GROWING INT	39,677.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	GROWING INT	36,000.	WIRE			
(16)			SOUTH AMERICA	GROWING INT	35,700.	WIRE			

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 . . . ▶ 122

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



**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)			RUSSIA/NEWLY IND. STATES	GROWING INT	35,000.	WIRE			
(2)			RUSSIA/NEWLY IND. STATES	GROWING INT	35,000.	WIRE			
(3)			SOUTH ASIA	GROWING INT	35,000.	WIRE			
(4)			SOUTH AMERICA	GROWING INT	32,867.	WIRE			
(5)			SOUTH ASIA	GROWING INT	32,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	EMPOWR PPL	31,066.	WIRE			
(7)			EAST ASIA/PACIFIC	GROWING INT	30,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	GROWING INT	29,728.	WIRE			
(9)			SUB-SAHARAN AFRICA	GROWING INT	29,119.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	GROWING INT	28,314.	WIRE			
(11)			EAST ASIA/PACIFIC	GROWING INT	28,010.	WIRE			
(12)			SUB-SAHARAN AFRICA	GROWING INT	27,981.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	GROWING INT	27,674.	WIRE			
(14)			SUB-SAHARAN AFRICA	EMPOWR PPL	27,500.	WIRE			
(15)			SUB-SAHARAN AFRICA	EMPOWR PPL	27,500.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	27,124.	WIRE			

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 . . . ▶ \_\_\_\_\_

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EMPOWR PPL	26,059.	WIRE			
(2)			RUSSIA/NEWLY IND. STATES	GROWING INT	26,000.	WIRE			
(3)			EAST ASIA/PACIFIC	GROWING INT	25,707.	WIRE			
(4)			SUB-SAHARAN AFRICA	EMPOWR PPL	25,500.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	GROWING INT	25,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	EMPOWR PPL	25,000.	WIRE			
(7)			CENT. AMERICA/CARIBBEAN	EMPOWR PPL	24,950.	WIRE			
(8)			SUB-SAHARAN AFRICA	EMPOWR PPL	24,000.	WIRE			
(9)			SUB-SAHARAN AFRICA	GROWING INT	23,967.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	GROWING INT	22,000.	WIRE			
(11)			SOUTH AMERICA	GROWING INT	22,000.	WIRE			
(12)			CENT. AMERICA/CARIBBEAN	EMPOWR PPL	21,941.	WIRE			
(13)			SOUTH AMERICA	EMPOWR PPL	20,461.	WIRE			
(14)			NORTH AMERICA	GROWING INT	20,000.	WIRE			
(15)			RUSSIA/NEWLY IND. STATES	GROWING INT	20,000.	WIRE			
(16)			SOUTH AMERICA	GROWING INT	20,000.	WIRE			

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 . . . ▶ \_\_\_\_\_

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	GROWING INT	20,000.	WIRE			
(2)			SOUTH AMERICA	GROWING INT	20,000.	WIRE			
(3)			SUB-SAHARAN AFRICA	GROWING INT	20,000.	WIRE			
(4)			NORTH AMERICA	GROWING INT	19,601.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	EMPOWR PPL	18,500.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	18,300.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	18,150.	WIRE			
(8)			SOUTH ASIA	GROWING INT	18,000.	WIRE			
(9)			SUB-SAHARAN AFRICA	GROWING INT	18,000.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	16,375.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	16,127.	WIRE			
(12)			SOUTH AMERICA	EMPOWR PPL	16,000.	WIRE			
(13)			EAST ASIA/PACIFIC	EMPOWR PPL	15,500.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	15,500.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	STRNGTH INT	15,000.	WIRE			
(16)			NORTH AMERICA	GROWING INT	15,000.	WIRE			

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 . . . ▶ \_\_\_\_\_

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	GROWING INT	15,000.	WIRE			
(2)			SUB-SAHARAN AFRICA	EMPOWR PPL	15,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	14,948.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	STRNGTH INT	13,837.	WIRE			
(5)			RUSSIA/NEWLY IND. STATES	EMPOWR PPL	13,500.	WIRE			
(6)			SUB-SAHARAN AFRICA	EMPOWR PPL	13,500.	WIRE			
(7)			SUB-SAHARAN AFRICA	EMPOWR PPL	12,500.	WIRE			
(8)			SUB-SAHARAN AFRICA	EMPOWR PPL	12,480.	WIRE			
(9)			SUB-SAHARAN AFRICA	EMPOWR PPL	12,352.	WIRE			
(10)			EAST ASIA/PACIFIC	GROWING INT	12,232.	WIRE			
(11)			EAST ASIA/PACIFIC	EMPOWR PPL	12,000.	WIRE			
(12)			SUB-SAHARAN AFRICA	EMPOWR PPL	11,900.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	GROWING INT	11,326.	WIRE			
(14)			EAST ASIA/PACIFIC	EMPOWR PPL	11,000.	WIRE			
(15)			SOUTH AMERICA	EMPOWR PPL	10,500.	WIRE			
(16)			SOUTH ASIA	EMPOWR PPL	10,500.	WIRE			

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 . . . ▶ \_\_\_\_\_

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EMPOWR PPL	10,500.	WIRE			
(2)			EAST ASIA/PACIFIC	GROWING INT	10,000.	WIRE			
(3)			EAST ASIA/PACIFIC	STRNGTH INT	10,000.	WIRE			
(4)			EAST ASIA/PACIFIC	STRNGTH INT	10,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	10,000.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	10,000.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	10,000.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	10,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	EMPOWR PPL	10,000.	WIRE			
(10)			NORTH AMERICA	EMPOWR PPL	10,000.	WIRE			
(11)			NORTH AMERICA	STRNGTH INT	10,000.	WIRE			
(12)			RUSSIA/NEWLY IND. STATES	EMPOWR PPL	10,000.	WIRE			
(13)			SUB-SAHARAN AFRICA	EMPOWR PPL	10,000.	WIRE			
(14)			SUB-SAHARAN AFRICA	EMPOWR PPL	10,000.	WIRE			
(15)			SUB-SAHARAN AFRICA	EMPOWR PPL	10,000.	WIRE			
(16)			SUB-SAHARAN AFRICA	GROWING INT	10,000.	WIRE			

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 . . . ▶ \_\_\_\_\_

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GROWING INT	10,000.	WIRE			
(2)			SOUTH ASIA	GROWING INT	9,000.	WIRE			
(3)			SUB-SAHARAN AFRICA	EMPOWR PPL	9,000.	WIRE			
(4)			SUB-SAHARAN AFRICA	GROWING INT	9,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	GROWING INT	9,000.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	EMPOWR PPL	8,500.	WIRE			
(7)			SUB-SAHARAN AFRICA	EMPOWR PPL	8,273.	WIRE			
(8)			NORTH AMERICA	GROWING INT	7,944.	WIRE			
(9)			EAST ASIA/PACIFIC	GROWING INT	7,500.	WIRE			
(10)			NORTH AMERICA	GROWING INT	7,462.	WIRE			
(11)			SUB-SAHARAN AFRICA	GROWING INT	7,313.	WIRE			
(12)			SOUTH AMERICA	EMPOWR PPL	7,000.	WIRE			
(13)			SUB-SAHARAN AFRICA	EMPOWR PPL	7,000.	WIRE			
(14)			SUB-SAHARAN AFRICA	EMPOWR PPL	7,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	EMPOWR PPL	6,518.	WIRE			
(16)			CENT. AMERICA/CARIBBEAN	EMPOWR PPL	6,500.	WIRE			

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 . . . ▶ \_\_\_\_\_

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	EMPOWR PPL	6,500.	WIRE			
(2)			SOUTH AMERICA	STRNGTH INT	6,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	GROWING INT	5,816.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	5,675.	WIRE			
(5)			SOUTH AMERICA	EMPOWR PPL	5,500.	WIRE			
(6)			SUB-SAHARAN AFRICA	EMPOWR PPL	5,500.	WIRE			
(7)			SUB-SAHARAN AFRICA	EMPOWR PPL	5,500.	WIRE			
(8)			SUB-SAHARAN AFRICA	EMPOWR PPL	5,500.	WIRE			
(9)			SUB-SAHARAN AFRICA	EMPOWR PPL	5,486.	WIRE			
(10)			SUB-SAHARAN AFRICA	GROWING INT	5,250.	WIRE			
(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 . . . ▶ \_\_\_\_\_

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

**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) GRANT - GROWING THE INTERNET	SUB-SAHARAN AFRICA	1	6,000.				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							



Part IV Foreign Forms

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

**Part V Supplemental Information**

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

SCHEDULE F, PART I, LINE 2:

GRANT PROPOSALS ARE REVIEWED AND APPROVED IN COMPLIANCE WITH ISOC DELEGATION POLICY AND BOARD APPROVED BUDGET. ONCE APPROVED, AN AGREEMENT IS ESTABLISHED WITH A CLEAR UNDERSTANDING OF THE GRANTEE'S REQUIREMENTS. THE AGREEMENT IS SIGNED BY THE APPROPRIATE PARTIES AND THE AGREED UPON INITIAL AMOUNT IS FUNDED. THE GRANT IS CONSIDERED COMPLETE WHEN GRANTEE FULFILLS THE ESTABLISHED REQUIREMENTS AND SUBMITS A REPORT. PAYMENT MADE ACCORDING TO GRANT.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

INTERNET SOCIETY

Employer identification number

54-1650477

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> NETWORK STARTUP RESOURCE CENTER (NSRC) 6232 UNIVERSITY OF OREGON EUGENE, OR 97403	93-6015767	501(C)(3)	600,000.				STRNGTH INT.
<b>(2)</b> CITY OF WILSON 208 NASH STREET NE WILSON, NC 27894	56-6000240	501(C)(3)	179,862.				GROWING THE INTERNET
<b>(3)</b> INTERNET SECURITY RESEARCH GROUP 548 MARKET ST SAN FRANCISCO, CA 94104	46-3344200	501(C)(3)	150,000.				STRNGTHNING THE INT.
<b>(4)</b> CITY OF WILLISTON P.O. BOX 160 WILLISTON, FL 32696	59-6000451	501(C)(3)	131,708.				GROWING THE INTERNET
<b>(5)</b> DUVAL COUNTY PUBLIC SCHOOLS 1701 PRUDENTIAL DR JACKSONVILLE, FL 32207	59-6000589	501(C)(3)	117,000.				GROWING THE INTERNET
<b>(6)</b> CODE FOR SCIENCE AND SOCIETY INC 3439SE HAWTHORNE BLVD247 PORTLAND, OR 97214	81-3791683	501(C)(3)	108,000.				GROWING THE INTERNET
<b>(7)</b> IETF TRUST LLC 1000 N WEST ST. WILMINGTON, DE 19801	26-6028540	501(C)(3)	80,850.				TECH & STNDS DEVEL
<b>(8)</b> AZ STATE UNI FNDN FOR A NEW AMERICAN UNI P.O. BOX 2260 TEMPE, AZ 85280	86-6051042	501(C)(3)	75,000.				GROWING THE INTERNET
<b>(9)</b> INSTITUTE FOR LOCAL SELF RELIANCE 2720 E 22ND ST MINNEAPOLIS, MN 55406	23-7394104	501(C)(3)	55,000.				GROWING THE INTERNET
<b>(10)</b> AUAMO COLLABORATIVE 407 KAUMANA DR HILO, HI 96720	85-2389675	501(C)(3)	50,000.				GROWING THE INTERNET
<b>(11)</b> WORLD WIDE WEB FOUNDATION 1110 VT AVE NW STE 500 WASHINGTON, DC 20005	26-2852431	501(C)(3)	45,168.				GROWING THE INTERNET
<b>(12)</b> USTTI 1150 CT AVE NW STE 702 WASHINGTON, DC 20036	52-1294659	501(C)(3)	45,000.				GROWING THE INTERNET

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 30

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> VILLANOVA UNIVERSITY 800 LANCASTER AVE VILLANOVA, PA 19085	23-1352688	501(C)(3)	43,000.				GROWING THE INTERNET
<b>(2)</b> HOOPA VALLEY PUBLIC UTILITIES DISTRICT 296 LOOP ROAD HOOPA, CA 95546	82-2181615	501(C)(3)	40,000.				GROWING THE INTERNET
<b>(3)</b> YUOK TELECOMMUNICATIONS CORPORATION 110 KLAMATH BLVD KLAMATH, CA 95548	87-1705444	501(C)(3)	40,000.				GROWING THE INTERNET
<b>(4)</b> BEAR RVR BAND OF THE ROHNERVILLE RANCHERIA 266 KEISNER RD LOLETA, CA 95551	68-0085465	501(C)(3)	39,889.				GROWING THE INTERNET
<b>(5)</b> NANOG INC. 305 E EISENHOWER PKWY ANN ARBOR, MI 48108	27-2534183	501(C)(3)	36,000.				GROWING THE INTERNET
<b>(6)</b> ASSOC. FOR PROGRESSIVE COMMUNICATIONS 1013 TORNEY AVE SAN FRANCISCO, CA 94129	94-3287156	501(C)(3)	35,000.				GROWING THE INTERNET
<b>(7)</b> CONNECT HUMANITY P.O. BOX 889385 LOS ANGELES, CA 90088-9385	94-3213100	501(C)(3)	35,000.				GROWING THE INTERNET
<b>(8)</b> CREATIVE COMMONS CORPORATION 211 HOPE ST #1866 MOUNTAIN VIEW, CA 94042	04-3585301	501(C)(3)	30,000.				GROWING THE INTERNET
<b>(9)</b> FREEDOM HOUSE INC. 1850 M ST NW 11TH FLR WASHINGTON, DC 20036	13-1656647	501(C)(3)	25,000.				GROWING THE INTERNET
<b>(10)</b> UC BERKELEY FOUNDATION 102 S. HALL NO 4600 BERKELEY, CA 94720-4600	94-6002123	501(C)(3)	25,000.				STRNGTHNING THE INT.
<b>(11)</b> LOCAL CONNECTIVITY LAB 3641 BAGLEY AVENUE N SEATTLE, WA 98103	84-3559695	501(C)(3)	25,000.				GROWING THE INTERNET
<b>(12)</b> INTERNET SOCIETY CHAPTER OF GREATER NYC P.O. BOX 1599 NEW YORK, NY 10159-1599	11-3463418	501(C)(3)	21,671.				EMPOWERING THE PPL.

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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OMB No. 1545-0047

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Department of the Treasury  
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Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> SFBAYISOC P.O.BOX 50741 PALO ALTO, CA 94303	90-0860941	501(C)(3)	18,500.				EMPOWERING THE PPL.
<b>(2)</b> CENTER FOR DEMOCRACY AND TECHNOLOGY 1401 K ST STE 200 WASHINGTON, DC 20005	52-1905358	501(C)(3)	15,000.				STRNGTHNING THE INT.
<b>(3)</b> MARCONI SOCIETY INC. 28018 TERRACE DR NORTH OLMSTED, OH 44070	13-3959217	501(C)(3)	10,000.				GROWING THE INTERNET
<b>(4)</b> THE GREATER WASH DC CH. OF THE INT SOCIETY 1840 PLYMOUTH ST NW WASHINGTON, DC 20012	27-4603414	501(C)(3)	7,000.				EMPOWERING THE PPL.
<b>(5)</b> ARTHUR C CLARKE FOUNDATION 3822 COBBLESTONE COURT ALEXANDRIA, VA 22306	52-1341027	501(C)(3)	6,000.				GROWING THE INTERNET
<b>(6)</b> PEERING DB 1700 7TH AVE STE 116 SEATTLE, WA 98101-1323	46-5097487	501(C)(3)	5,040.				GROWING THE INTERNET
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

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

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

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

Schedule I (Form 990) 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 GROWING THE INTERNET	5	381,890.	NONE		
2 EMPOWERING PEOPLE TO TAKE ACTION	5	5,000.	NONE		
3 STRENGTHENING THE INTERNET	1	500.	NONE		
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.

SCHEDULE I, PART I, LINE 2:

GRANT PROPOSALS ARE REVIEWED AND APPROVED IN COMPLIANCE WITH ISOC DELEGATION POLICY AND BOARD APPROVED BUDGET. ONCE APPROVED, AN AGREEMENT IS ESTABLISHED WITH A CLEAR UNDERSTANDING OF THE GRANTEE'S REQUIREMENTS. THE AGREEMENT IS SIGNED BY THE APPROPRIATE PARTIES AND THE AGREED UPON INITIAL AMOUNT IS FUNDED. THE GRANT IS CONSIDERED COMPLETE WHEN GRANTEE FULFILLS THE ESTABLISHED REQUIREMENTS AND SUBMITS A REPORT. PAYMENT MADE ACCORDING TO GRANT.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

INTERNET SOCIETY

Employer identification number

54-1650477

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input 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 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 type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>	<input checked="" type="checkbox"/>	
<b>9</b>	<input checked="" type="checkbox"/>	

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

Schedule J (Form 990) 2021

**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				
1 ANDREW SULLIVAN PRESIDENT & CEO	(i)	322,073.	98,489.	36,008.	40,757.	15,048.	512,375.	NONE
	(ii)	40,259.	12,311.	4,501.	5,095.	1,881.	64,047.	NONE
2 SAE-YOUNG PARK CHIEF FINANCIAL OFFIC	(i)	150,282.	13,422.	278.	31,893.	25,560.	221,435.	NONE
	(ii)	18,785.	1,678.	35.	3,987.	3,195.	27,680.	NONE
3 SANDRA SPECTOR CFO (THRU 9/23/21)	(i)	203,273.	96,479.	33,987.	37,944.	25,951.	397,634.	NONE
	(ii)	25,748.	12,221.	4,305.	4,806.	3,287.	50,367.	NONE
4 RINALIA ABDUL RAHIM SVP, STRATEGY, COMMS	(i)	285,606.	56,093.	2,511.	41,305.	NONE	385,515.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 SALLY WENTWORTH SVP PROJECT STAFF	(i)	234,133.	46,800.	388.	43,620.	22,907.	347,848.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 JAMES WOOD HEAD OF CONTENT	(i)	221,724.	23,167.	5,696.	37,588.	NONE	288,175.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 CONSTANCE BOMMELAER DE AREA VP, INSTIT. RELA	(i)	250,115.	18,982.	4,592.	37,974.	NONE	311,663.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 KONSTANTINOS KOMAITIS SNR DIR, POLICY STRAT	(i)	154,297.	19,685.	90,747.	33,334.	NONE	298,063.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 JANE COFFIN (THRU 11/3 SVP, INTERNET GROWTH	(i)	186,819.	36,900.	21,825.	36,888.	12,208.	294,640.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 JOSEPH HALL SVP, INTERNET STRONG	(i)	211,986.	42,200.	300.	39,330.	23,432.	317,248.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 JOYCE DOGNIEZ VP, COMMUNITY ENGAGEM	(i)	208,737.	24,828.	3,537.	31,311.	NONE	268,413.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 ILONA LEVINE SVP AND GENERAL COUNS	(i)	211,313.	10,933.	344.	37,196.	26,006.	285,792.	NONE
	(ii)	26,414.	1,367.	43.	4,649.	3,251.	35,724.	NONE
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 7:

2021 VARIABLE COMPENSATION AWARDS WERE DETERMINED BY THE CEO AND CFO, WITH INPUT FROM MANAGEMENT UNDER THE VARIABLE COMPENSATION PROGRAM. AT THE BEGINNING OF THE YEAR, THE CEO DETERMINES TARGET AWARDS (ALL TARGETS AND AWARDS ARE BASED ON A PERCENTAGE OF YEAR-END BASE COMPENSATION) FOR POSITIONS WITHIN THE ORGANIZATION. ALL FULL-TIME STAFF RECEIVED VARIABLE COMPENSATION TARGETS BETWEEN 4% AND 20% (THE CEO'S TARGET IS ESTABLISHED IN HIS EMPLOYMENT AGREEMENT). AT THE END OF THE YEAR, THE CEO, WITH INPUT FROM MANAGERS DETERMINES THE FINAL AWARDS. PERFORMANCE OF THE INTERNET SOCIETY AS A WHOLE AND OF THE INDIVIDUAL ARE THE BASIS FOR THESE AWARDS. THE CEO'S PERFORMANCE AND AWARD ARE DETERMINED BY THE BOARD OF TRUSTEES ACCORDING TO GOALS ESTABLISHED BY THE BOARD. FURTHER, THE BOARD OF TRUSTEES' COMPENSATION COMMITTEE APPROVES VARIABLE COMPENSATION FOR DISQUALIFIED PERSONS.

**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.

SCHEDULE J, PART I, LINE 8:

INTERNET SOCIETY ENTERED INTO A CONTRACT WITH ITS CEO BEFORE HE STARTED WORK AND ASSUMED THAT POSITION. THIS CONTRACT QUALIFIED FOR THE INITIAL CONTRACT EXCEPTION.

SCHEDULE J, PART II, COMPENSATION AND BENEFITS :

COLUMN B (II) REPRESENTS THE AMOUNT OF ISOC'S VARIABLE COMPENSATION PLAN EARNED IN 2020 (THE PRIOR CALENDAR YEAR), BUT PAID IN 2021. COLUMN B (III) REPRESENTS THE AMOUNT OF EMPLOYEES' TAXABLE COST OF LIFE INSURANCE, COLUMN C INCLUDES INTERNET SOCIETY'S CONTRIBUTION TO EMPLOYEES' RETIREMENT PLANS, PLUS ANY VARIABLE COMPENSATION EARNED IN THE PRIOR TAX YEAR BUT PAID AFTER MARCH 15, 2021.

COLUMN D INCLUDES EMPLOYEES' NON-TAXABLE MEDICAL AND OTHER NON-TAXED BENEFITS.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

INTERNET SOCIETY

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

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

▶ Attach to Form 990 or 990-EZ.

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

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**2021**

**Open to Public  
Inspection**

Employer identification number

54-1650477

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

TECHNOLOGY AND STANDARDS DEVELOPMENT: REPRESENTS IETF ADMINISTRATION  
LLC'S WORK INCLUDING IETF MEETINGS TO SUPPORT IETF, THE INTERNET  
ARCHITECTURE BOARD (IAB), AND THE INTERNET RESEARCH TASK FORCE (IRTF),  
THE STANDARDS SETTING AND RESEARCH ARMS OF THE INTERNET COMMUNITY.  
EXPENSES \$ 2,638,853. INCLUDING GRANTS OF \$ 80,850. REVENUE \$ 1,092,637.

EDUCATION AND OUTREACH: REPRESENTS IETF LLC'S WORK TO ENLIGHTEN  
NONPROFITS AND NGOS, ESPECIALLY THOSE WITH LIMITED IN-HOUSE RESOURCES OR  
FROM TECHNOLOGICALLY DEPRIVED COUNTRIES, ABOUT INTERNET-BASED RESOURCES  
THAT CAN SUPPORT THEIR MISSIONS.  
EXPENSES \$ 2,508,130. INCLUDING GRANTS OF \$ NONE. REVENUE \$ NONE.

**FORM 990, PART VI, SECTION A, LINE 6:**

THE INTERNET SOCIETY BY-LAWS PROVIDE FOR THE RECOGNITION OF  
ORGANIZATIONAL MEMBERS, INDIVIDUAL MEMBERS, AND CHAPTERS. ORGANIZATIONAL  
MEMBERS ARE CORPORATE, NON-PROFIT, GOVERNMENT, OR ACADEMIC CONTRIBUTORS  
TO ISOC'S OVERALL CHARITABLE MISSION. INDIVIDUAL MEMBERS HAVE  
OPPORTUNITIES TO PARTICIPATE IN INTERNET SOCIETY'S ACTIVITIES. INDIVIDUAL  
MEMBERSHIP IS FREE. INDIVIDUAL MEMBERS MAY ALSO BELONG TO ONE OF ISOC'S  
CHAPTERS, BUT ARE NOT REQUIRED TO DO SO. CHAPTERS ARE GROUPS OF  
INDIVIDUAL MEMBERS WHO ARE COMMITTED TO FURTHERING INTERNET SOCIETY'S  
MISSION WITHIN THEIR GEOGRAPHIC OR SPECIAL INTEREST AREA.

**FORM 990, PART VI, SECTION A, LINE 7A:**

THE INTERNET SOCIETY BY-LAWS CALL FOR THE ELECTION OR APPOINTMENT OF

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

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

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**2021**

**Open to Public  
Inspection**

Employer identification number

MEMBERS OF ITS BOARD OF TRUSTEES. ACCORDING TO THE BY-LAWS, THE BOARD  
DEFINES THE PROCESS FOR ELECTION OF TRUSTEES BY ORGANIZATIONAL MEMBERS  
AND CHAPTERS. A POTENTIAL NOMINEE MUST BE A MEMBER IN GOOD STANDING AS OF  
DECEMBER 31ST OF THE PREVIOUS YEAR. FOR AN ORGANIZATIONAL MEMBER, DUES  
MUST BE PAID IN FULL. FOR A CHAPTER, THE CHAPTER MUST BE IN GOOD STANDING  
AS DEFINED IN ISOC PROCEDURES. THE INTERNET ARCHITECTURE BOARD (IAB)  
APPOINTS TRUSTEES ACCORDING TO AN INTERNAL PROCESS. THE IAB  
RECOMMENDATION MUST BE APPROVED BY THE IESG, WHICH IS THE STEERING  
COMMITTEE OF THE IETF. A PERSON MAY BE A CANDIDATE IN ONLY ONE  
CONSTITUENCY (ORGANIZATIONAL MEMBER, CHAPTER, IAB) IN ONE ELECTION YEAR.  
TRUSTEE TERMS ARE 3 YEARS AND LIMITED TO NO MORE THAN TWO CONSECUTIVE  
TERMS. THE TWO COMMITTEES INVOLVED IN THE PROCESS ARE THE ELECTIONS AND  
THE NOMINATIONS COMMITTEES. THE NOMINATIONS COMMITTEE ESTABLISHES  
SELECTION CRITERIA FOR PROSPECTIVE TRUSTEES, ADVERTISES THE NOMINATION  
PROCESS, SOLICITS CANDIDATES FOR THE PROCESS, NAMES A SLATE OF  
CANDIDATES, OVERSEES A PETITION PROCESS, AND MONITORS THE PROCESS TO  
ENSURE THAT AN INDIVIDUAL IS NOT A CANDIDATE IN MORE THAN ONE  
CONSTITUENCY AT THE SAME TIME. ONCE CANDIDATES ARE NOMINATED, PETITIONS  
FOR ADDITIONAL NOMINEES ARE ACCEPTED. CANDIDATES ARE ALLOWED TO SUBMIT  
BIOGRAPHICAL INFORMATION AND AN ELECTION STATEMENT. AFTER, THE PETITION  
PERIOD CLOSES AND A FINAL SLATE IS ANNOUNCED. BALLOTS ARE COUNTED BY AT  
LEAST TWO MEMBERS OF THE ELECTIONS COMMITTEE AT A TIME AND PLACE OF THEIR  
CHOOSING. THE ELECTIONS COMMITTEE CERTIFIES THE RESULTS TO THE BOARD OF  
TRUSTEES AND PUBLISHES THE RESULTS. A CHALLENGE PERIOD IS PROVIDED FOR.  
IN THE CASES OF A CHALLENGE, THE CEO, AFTER CONSULTATION WITH THE CHAIRS

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

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

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**2021**

**Open to Public  
Inspection**

Employer identification number

OF THE NOMINATIONS COMMITTEE, ELECTIONS COMMITTEE, AND MEMBERS OF THE BOARD OF TRUSTEES, ADVISES THE AUTHOR OF A CHALLENGE ABOUT THE BOARD'S DECISION AND THE CHALLENGE PERIOD CLOSURES. THE NEW TRUSTEES ARE SEATED AT THE FOLLOWING ANNUAL GENERAL MEETING (AGM).

**FORM 990, PART VI, SECTION B, LINE 11B:**

THE INTERNET SOCIETY'S ACCOUNTING FIRM PREPARES AND SIGNS THE RETURN AS PAID PREPARER AND DELIVERS THE RETURN TO THE INTERNET SOCIETY. PRIOR TO FILING, THE CFO OF THE INTERNET SOCIETY REVIEWS THE RETURN WITH THE AUDIT COMMITTEE. A REPRESENTATIVE OF THE INDEPENDENT ACCOUNTING FIRM'S TAX TEAM IS PRESENT TO ADDRESS ANY QUESTIONS FROM THE AUDIT COMMITTEE MEMBERS. AFTER REVIEW, A COPY OF THE RETURN IN ITS FINAL FORM IS SENT TO EACH MEMBER OF THE BOARD OF TRUSTEES PRIOR TO FILING THE RETURN. THE CEO OR THE CFO SIGNS FORM 8879-TE, THE IRS E-FILE SIGNATURE AUTHORIZATION FORM, AND RETURNS THIS FORM TO THE INTERNET SOCIETY'S ACCOUNTING FIRM. THE ACCOUNTING FIRM THEN ELECTRONICALLY FILES THE RETURN WITH THE INTERNAL REVENUE SERVICE.

**FORM 990, PART VI, SECTION B, LINE 12C:**

TRUSTEES AND OFFICERS OF INTERNET SOCIETY FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE, THESE COMPLETED QUESTIONNAIRES ARE REVIEWED AND MONITORED BY THE CHAIR OF THE AUDIT COMMITTEE, AND THE RESULTS ARE REPORTED TO THE BOARD OF TRUSTEES. THE AUDIT COMMITTEE AND THE CHAIR OF ISOC'S BOARD OF TRUSTEES RELY ON THE TRUSTEES AND OFFICERS TO INFORM THEM OF ISSUES THAT MIGHT ARISE IN THE INTERIM PERIOD BETWEEN QUESTIONNAIRE SUBMISSIONS. THE CHAIR SOLICITS ALL TRUSTEES TO DISCLOSE ANY CONFLICTS WITH THE AGENDA ITEMS FOR THAT BOARD MEETING. TRUSTEES WHO REPORT POTENTIAL CONFLICTS MAY

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

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

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**2021**

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BE REQUIRED TO ABSTAIN FROM ANY FORMAL DECISION BY THE BOARD OF TRUSTEES,  
AND MAY BE REQUIRED TO RETIRE FROM ANY DISCUSSION OR DELIBERATION. THE  
BOARD OF TRUSTEES, ACTING AS A BODY LED BY THE CHAIR, MAKES THE  
DETERMINATION OF WHETHER A CONFLICT EXISTS AND THE PARTICIPATION  
RESTRICTIONS TO BE IMPOSED. SHOULD THE CHAIR BE DETERMINED TO HAVE A  
CONFLICT, AN ACTING CHAIR OR THE CEO IS APPOINTED FOR THE AFFECTED  
DELIBERATION BEFORE THE BOARD OF TRUSTEES. KEY EMPLOYEES ALSO COMPLETE  
CONFLICT OF INTEREST QUESTIONNAIRES, WHICH ARE REVIEWED BY THE CEO EACH  
YEAR.

**FORM 990, PART VI, SECTION B, LINE 15:**

THE INTERNET SOCIETY MAINTAINS A COMPREHENSIVE COMPENSATION PROGRAM TO  
ENSURE BOTH INTERNAL AND EXTERNAL COMPENSATION EQUITY. THE PROGRAM'S  
GOALS ARE TO ENSURE FAIR AND COMPETITIVE PAY, AN OBJECTIVE MERIT REVIEW  
PROCESS, AND TOOLS THAT SUPPORT THE COMPENSATION PROGRAM. THE INTERNET  
SOCIETY ANNUALLY UPDATES COMPENSATION BENCHMARKS FOR EACH POSITION WITHIN  
THE ORGANIZATION, USING SEVERAL COMPENSATION STUDIES FOR U.S.-BASED  
EMPLOYEES AND BENCHMARKS FROM MERCER TOWERS WATSON AND BIRCHES GROUP FOR  
WORLDWIDE EMPLOYEES.

THE INTERNET SOCIETY BOARD OF TRUSTEES' COMPENSATION COMMITTEE REVIEWS  
SUPPORTING COMPARABILITY DATA TO PROVIDE AN OPINION ON REASONABLENESS  
WITH RESPECT TO TOTAL COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE  
COMMITTEE CONCURRENTLY REVIEWS AND APPROVES "DISQUALIFIED PERSONS"  
PURSUANT TO SECTION 4958 OF THE INTERNET REVENUE CODE OF 1986, AS

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

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

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AMENDED. THE CEO RECEIVES BENEFITS AVAILABLE TO OTHER INTERNET SOCIETY  
EMPLOYEES, INCLUDING A COMPANY CONTRIBUTION TOWARDS A RETIREMENT PLAN.  
THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER WAS ESTABLISHED IN A  
CONTRACT DATED SEPTEMBER 1, 2018.

ANNUALLY, THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES DRAWS UP  
ACHIEVEMENT TARGETS FOR THE CEO. THE CEO SUBMITS A SELF-EVALUATION AT  
YEAR-END TO THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE  
REVIEWS THE CEO'S PERFORMANCE AND MAKES A DETERMINATION AS TO THE AMOUNT  
OF VARIABLE COMPENSATION EARNED. THE COMPENSATION COMMITTEE THEN  
INSTRUCTS THE INTERNET SOCIETY'S CFO TO PAY THE VARIABLE AWARD BASED ON  
THE COMMITTEE'S PERFORMANCE ASSESSMENT.

**FORM 990, PART VI, SECTION C, LINE 19:**

ALL INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
TECHNOLOGY AND STANDARDS DEVELOPMENT	80,850.	2,571,704.	1,092,637.
EDUCATION AND OUTREACH	NONE	2,508,130.	NONE
TOTALS	80,850.	5,079,834.	1,092,637.



Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

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

SWITZERLAND  
UNITED KINGDOM

Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AR, CA,  
FL, HI, IL, KS, KY, ME, MA, MI,  
MN, MS, NH, NJ, NY, NC, ND, OR, PA,  
RI, SC, TN, UT, VA, WV, WI,

Name of the organization

**INTERNET SOCIETY**

Employer identification number

**54-1650477**

## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ASSOCIATION MANAGEMENT SOLUTIONS 5177 BRANDIN COURT FREMONT, CA 94538	ASSOC. MGMT SERVICES	3,954,645.
MAXIMILLIAN H MAO DBA TRIFORCE STRAT LLC 5012 GARDNER DRIVE ALEXANDRIA, VA 22304	CONSULTING SERVICES	394,091.
LINESPEED EVENTS, LLC 10 OLD LYME ROAD PITTSFORD, NY 14534	NET OPS CTR LEAD SVC	279,565.
MEETECHCO VIA CARLO POERIO, 89/A NAPOLI NA ITALY 80121	REMOTE PART. SUPPORT	269,521.
PLAZA OFFICE REALTY II LLC 1500 BROADWAY 12TH FLOOR NEW YORK, NY 10036	RESTON OFFICE LEASE	258,359.

Name of the organization

Employer identification number

**INTERNET SOCIETY**

**54-1650477**

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
OTHER FEES FOR SERVICES	9,339,263.	5,402,152.	3,857,418.	79,693.
TOTALS	----- 9,339,263. -----	----- 5,402,152. -----	----- 3,857,418. -----	----- 79,693. -----

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

INTERNET SOCIETY

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

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Employer identification number

54-1650477

**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) IETF ADMINISTRATION LLC 83-1755858 5177 BRANDIN CT FREMONT, CA 94538	SUPPORT	DE	4,110,883.	34,901,914.	INTERNET SOC
(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 INTEREST REGISTRY 33-1025119 11911 FREEDOM DR 10TH FL,#1000 RESTON, VA 20190	SEE PART VII	PA	501(C)(3)	LINE 12B, II	INTERNET SOC	X	
(2) INTERNET SOCIETY ASIA LIMITED 09-0138989 6 BATTERY RD #38-04 SINGAPORE, SN 49909	SEE PART VII	SN	NONE	NONE	INTERNET SOC	X	
(3) INTERNET SOCIETY FOUNDATION 82-3285688 11710 PLAZA AMERICA DR, #400 RESTON, VA 20190	SEE PART VII	DC	501(C)(3)	LINE 12A, I	INTERNET SOC	X	
(4) CONNECTED GIVING FOUNDATION 84-3558614 11710 PLAZA AMERICA DR, #400 RESTON, VA 20190	SEE PART VII	PA	501(C)(3)	LINE 12A, I	INTERNET SOC	X	
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PUBLIC INTEREST REGISTRY	C	35,000,000.	FMV
(2) INTERNET SOCIETY FOUNDATION	C	648,803.	FMV
(3) INTERNET SOCIETY FOUNDATION	Q	799,070.	FMV
(4)			
(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)													



**Part VII** Supplemental Information

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

SCHEDULE R, PART VII, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME: PUBLIC INTEREST REGISTRY

PRIMARY ACTIVITY: OPERATOR OF DOMAIN NAMES

NAME: INTERNET SOCIETY ASIA LIMITED

PRIMARY ACTIVITY: PROVIDES VISIBILITY & SUPPORT IN THE ASIA- PACIFIC  
REGION

NAME: INTERNET SOCIETY FOUNDATION

PRIMARY ACTIVITY: GRANT MAKING

NAME: CONNECTED GIVING FOUNDATION

PRIMARY ACTIVITY: TO SUPPORT ACTIVITIES OF INTERNET SOCIETY