Instructions for filing Public Technical Identifiers Form 990 - Return of Organization Exempt from Income Tax for the period ended June 30, 2020

Signature...

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

Filing...

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

Payment of tax...

No payment of tax is required.

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

Form 8453-EO

Exempt Organization Declaration and Signature for Electronic Filing Calendar year 2019, or tax year beginning 07/01, 2019, and ending 06/30, 20 2

OMB No. 1545-0047

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Part II	Declaration	of Officer							
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For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2019)

Cumulative e-File History 2019

FED

Locator: 7852NH

Taxpayer Name: PUBLIC TECHNICAL IDENTIFIERS

Return Type: 990, A

 Submitted Date
 05/06/2021 01:18:29 PM

 Acknowledgement Date
 05/06/2021 01:59:45 PM

Status Accepted

Submission ID 33577420211265000006

PRINT

CLOSE

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 Open to Public Inspection

A F	or the	2019 c	alendar year, or tax year beginning	07/01 ,2019 ,	and ending		06/30 , 20 20
_			Name of organization			D Employer ident	ification number
В	heck if app	oplicable:	PUBLIC TECHNICAL IDENT	FIFIERS		32-0512	841
	Addres		Doing business as				
	7 1	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E Telephone num	ber
	Initial r	return	12025 WATERFRONT DR, S	STE 300		(310) 301	-5800
	Final re		City or town, state or province, country, a	and ZIP or foreign postal code	II.		
	Amend	ded	LOS ANGELES, CA 90094			G Gross receipts S	\$ 7,227,880.
	Applica	ation F	Name and address of principal officer:	KIM DAVIES		H(a) Is this a group	return for Yes X No
	pendin	lig .	12025 WATERFRONT DR,	STE 300, LOS ANGELES,	CA 90094	subordinates? H(b) Are all subordinates?	ates included? Yes No
П	Tax-exe	empt statu	us: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	- ' '	ch a list. (see instructions)
J	Website	te: ► H	TTPS://PTI.ICANN.ORG			H(c) Group exempt	ion number
ĸ	Form o	of organiza	ation: X Corporation Trust	Association Other ►	L Year of forn	nation: 2016 M s	-
	art I		nmary			l	
			describe the organization's mission of	r most significant activities: THE M	ISSION OF E	PUBLIC TECHN	ICAL
ė			TIFIERS ("PTI") IS TO F				
anc			NA") FUNCTIONS ON BEHAI				
ern	2	Check t	this box if the organization d	iscontinued its operations or dispose	ed of more than 25	5% of its net assets	
Activities & Governance			r of voting members of the governing	•		1	3 5.
જ			r of independent voting members of t				4 2.
ties			umber of individuals employed in cale				5 18.
Ξ̈́			umber of volunteers (estimate if necess				6 0.
Ac			related business revenue from Part V				7a 0.
			elated business taxable income from	• •			7b 0.
						Prior Year	Current Year
	8 (Contribu	utions and grants (Part VIII, line 1h)			(0.
nue			m service revenue (Part VIII, line 2g)			7,571,450	7,227,880.
Revenue			nent income (Part VIII, column (A), line			(0.
Ř			evenue (Part VIII, column (A), lines 5,			(0.
			evenue - add lines 8 through 11 (must			7,571,450	7,227,880.
			and similar amounts paid (Part IX, colu				0.
			s paid to or for members (Part IX, colu			(0.
w	45		s, other compensation, employee bene			4,911,202	2. 4,897,115.
Expenses	16a		sional fundraising fees (Part IX, column			(0.
e	b		indraising expenses (Part IX, column (I				
ш	17		expenses (Part IX, column (A), lines 11			2,660,248	3. 2,330,765.
			penses. Add lines 13-17 (must equal			7,571,450	7,227,880.
			le less expenses. Subtract line 18 from			(0.
or ses						ginning of Current Ye	ear End of Year
sets	20	Total as	ssets (Part X, line 16)			323,521	281,537.
Ass d Ba	21		abilities (Part X, line 26)			323,521	281,537.
Net Assets or Fund Balances	22		ets or fund balances. Subtract line 21			(0.
	rt II	Sign	nature Block		·		
Un	der pen	nalties of	perjury, I declare that I have examined the	is return, including accompanying sched	ules and statements	s, and to the best of i	my knowledge and belief, it is
true	e, correc	ct, and co	omplete. Declaration of preparer (other than	officer) is based on all information of wh	ich preparer has any	/ knowledge.	
		N					
Sig		Sig	gnature of officer			Date	
He	re	RI	EBECCA NASH	TREASU	RER		
		Typ	pe or print name and title				
_	. 1	Print/Ty	/pe preparer's name	Preparer's signature	Date	Check	if PTIN
Paid		JOCEI	LYNE MILLER	Joselyne C. Miller	5/5/21	self-employed	P00634378
	parer	Firm's n	name ▶ERNST & YOUNG U.S	. LLP	•	Firm's EIN ▶ 34	1-6565596
use	Only		address ►4365 EXECUTIVE DRIVE, STE	: 1600 SAN DIEGO, CA 92121			58-535-7200
Ma	y the I	IRS dis	cuss this return with the preparer	shown above? (see instructions))		X Yes No
			eduction Act Notice, see the separat	· · · · · · · · · · · · · · · · · · ·			Form 990 (2019)

Form 990 (2019) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE MISSION OF PUBLIC TECHNICAL IDENTIFIERS ("PTI") IS TO PERFORM INTERNET ASSIGNED NUMBERS AUTHORITY ("IANA") FUNCTIONS ON BEHALF OF ICANN. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 5,228,682. including grants of \$ 0.) (Revenue \$ 7,227,880.) 4a (Code:) (Expenses \$ SEE SCHEDULE O) (Revenue \$ **4b** (Code:) (Expenses \$ including grants of \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ▶

JSA 9E1020 2.000 7852NH 2020 PAGE 4

5,228,682.

Form 990 (2019) Page **3**

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

JSA 9E1021 2.000

Form **990** (2019)

7852NH 2020

Form 990 (2019) Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	235		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20		29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		21
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31		27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		- 21
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		\ _V	
D-	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country \[\bigs\rightarrow \]			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		21
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	CL		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			Х
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		3.7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VI

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	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-		
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	,000		J (0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record REBECCA NASH 12025 WATERFRONT DR, STE 300 LOS ANGELES, CA 90094 310-301-5838	ls ▶		

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)DAVID CONRAD	5.00									
DIRECTOR	55.00	Х						0.	437,137.	55,075.
(2) SAMANTHA EISNER	10.00								-	
SECRETARY	50.00			X				0.	308,124.	63,594.
(3)KIM DAVIES	50.00									
DIRECTOR & PRESIDENT	10.00	Х		X				304,281.	0.	63,561.
(4) REBECCA NASH	10.00									
TREASURER	50.00			X				0.	273,560.	67,550.
(5)JIA-RONG LOW	5.00									
DIRECTOR	55.00	Х						0.	298,528.	27,415.
(6) TRANG NGUYEN	5.00									
DIRECTOR (THRU NOV 2019)	55.00	Х						0.	237,648.	56,328.
(7)NAELA C SARRAS	40.00									
SR MANAGER, IANA SERVICES	0.					X		163,855.	0.	54,731.
(8) MICHELLE S COTTON	40.00									
PROTOCOL PARAMETERS ENGAGEMENT	0.					X		143,514.	0.	51,627.
(9) SEMAN SAID	40.00									
SOFTWARE DEVELOPER - IANA SVCS	0.					X		144,516.	0.	46,567.
(10) ANDRES PAVEZ	40.00									
CRYPTOGRAPHIC KEY MANAGER	0.					X		149,460.	0.	35,555.
(11)ALIREZA MOHAMMADI	40.00									
SOFTWARE DEVELOPER	0.					X		137,613.	0.	41,760.
(12) DAVID PRANGNELL	40.00									
DIRECTOR, TECHNICAL SERVICES	0.				Х			126,510.	0.	39,187.
(13)LISE FUHR	5.00									
DIRECTOR	0.	Х	L	L	L		L	0.	0.	0
(14) WEI WANG	5.00									
DIRECTOR	0.	Х		L				0.	0.	0 .

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Part VII Section A. Officers, Directors, Tru		y Em	pic			and F	Higi	_				
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average										imated	
	hours per week (list any	on periodicin									ount of ther	
	hours for	ours for officer and a director/trustee) the organization									ensatio	n
	related	or Ind	Ins	읓	ē.	em Hig	Fo	organization	(W-2/1099-MISC)		m the	
	organizations 대한 장 대한 장 한 장 장 W - 2/1099-MISC)						,	_	nization			
	below dotted line)	ual	ion		old	t co					related nizations	•
	lille)	trus	l H		yee	mp				Organ	iizations	,
		tee	ste			sane						
			Φ			ated						
												
												—
4h Cub total							_	1,169,749.	1,554,997.	6	02,9	50
1b Sub-total				• •				0.	0.		02,5	0.
c Total from continuation sheets to Part VII, S								1,169,749.	1,554,997.	6	02,9	
d Total (add lines 1b and 1c)							<u> </u>				02,5	50.
2 Total number of individuals (including but not reportable compensation from the organization		17		u ai	JUVE	e) WIII	J 16	ceived inore man	\$100,000 OI			
- spondale compensation nom the organization											Yes	No
2 Did the executation list only former office	مد ماند مد		4		_			lavos ar birdasa			100	
3 Did the organization list any former offic												X
employee on line 1a? If "Yes," complete Schede										3		21
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	com	per	satio	n ai	nd other compens	sation from the			
organization and related organizations gre											Х	
individual										4	Λ	
5 Did any person listed on line 1a receive or												v
for services rendered to the organization? If "Ye Section B. Independent Contractors	es, comple	ie Scr	ieau	iie J	ior	sucn	per	SUN		5		X
Complete this table for your five highest com	nensated i	ndene	nde	nt 4	con	tracto	re t	hat 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.

Compensation	(B) Description of services	(A) Name and business address						
163,299.	IT COMPLIANCE	RSM US LLP 5155 PAYSPHERE CIRCLE CHICAGO, IL 60674						
F								

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 ▶

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Part VIII	Statement	of	Revenue
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		Check if Schedule O contains a resp	onse or note to ar	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in 1g	0.				
	h	Total. Add lines 1a-1f	<u></u>	0.			
rvice	2a	IANA SERVICES FEES	Business Code 900099	7,227,880.	7,227,880.		
Program Service Revenue	b c d						
Prog R	e f	All other program service revenue					
	g	Total. Add lines 2a-2f		7,227,880.			
	4	Investment income (including dividends other similar amounts)	nd proceeds	0.			
	5	Royalties		0.			
	6a b	Gross rents 6a Less: rental expenses 6b	(ii) Personal				
	С	Rental income or (loss) 6c					
evenue	d 7a b	Net rental income or (loss)	(ii) Other	0.			
∝	d	Net gain or (loss)		0.			
Other	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0.				
	c	Net income or (loss) from fundraising even	· .	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
		Less: direct expenses 91	· .	0.			
	10a	Net income or (loss) from gaming activitie Gross sales of inventory, less returns and allowances 10		0.			
		Less: cost of goods sold		0.			
ns			Business Code				
Miscellaneous Revenue	11a b						
Rev	С		-				
Ĕ	d	All other revenue					
	<u>е</u> 12	Total. Add lines 11a-11d		7,227,880.	7,227,880.		
				.,22,,000.	.,22,,000.		<u> </u>

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Part IX Statement of Functional Expenses

					organizations		

	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	0.									
2	Grants and other assistance to domestic										
_	individuals. See Part IV, line 22	0.									
3	Grants and other assistance to foreign										
•	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	0.									
4	Benefits paid to or for members	0.									
	Compensation of current officers, directors,										
·	trustees, and key employees	0.									
6	Compensation not included above to disqualified										
·	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	4,897,115.	3,611,506.	1,285,609.							
	Pension plan accruals and contributions (include										
•	section 401(k) and 403(b) employer contributions)	0.									
9	Other employee benefits	0.									
10	Payroll taxes	0.									
	Fees for services (nonemployees):										
	Management	0.									
	Legal	270,061.	181,401.	88,660.							
	Accounting	60,546.		60,546.							
	Lobbying	0.									
	Professional fundraising services. See Part IV, line 17	0.									
f	Investment management fees	0.									
	Other. (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O.)	575,018.	386,241.	188,777.							
12	Advertising and promotion	0.									
13	Office expenses	0.									
14	Information technology	0.									
15	Royalties	0.									
16	Occupancy	1,247,230.	899,453.	347,777.							
17	Travel	177,910.	150,081.	27,829.							
18	Payments of travel or entertainment expenses	_									
	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	0.									
20	Interest	0.									
21	Payments to affiliates	0.									
22	Depreciation, depletion, and amortization	0.									
	Insurance	0.									
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
_											
ر د											
d											
	All other expenses Total functional expenses. Add lines 1 through 24e	7,227,880.	5,228,682.	1,999,198.							
	Joint costs. Complete this line only if the	.,=2.,0001	-,-20,002.	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	organization reported in column (B) joint costs from a combined educational campaign and										
	fundraising solicitation. Check here if										
	following SOP 98-2 (ASC 958-720)	0.									

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Part X Balance Sheet

	u C	Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	323,521.	4	281,537.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	0.	9	0.
	-	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	323,521.	16	281,537.
	17	Accounts payable and accrued expenses	323,521.	17	281,537.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
s	22	Loans and other payables to any current or former officer, director,	•	<u> </u>	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
bili		controlled entity or family member of any of these persons	0.	22	0.
Lia	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third		24	<u> </u>
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	323,521.	26	281,537.
	20	Organizations that follow FASB ASC 958, check here ► X	3237321.	20	2017337.
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	0.	27	0.
Ва	28	Net assets with donor restrictions.	0.	28	0.
Fund Balances	20	Organizations that do not follow FASB ASC 958, check here ▶	<u> </u>	20	<u> </u>
		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds.		31	
	32	Total net assets or fund balances	0.	31	0.
Net	32 33	Total liabilities and net assets/fund balances	323,521.	32	281,537.
	33	Total liabilities allu liet assets/fullu baldlices, , , , , , , , , , , , , , , , ,	323,321.	33	Form 990 (2019)

Form **990** (2019)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			27,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,2	27,8	80.
3	Revenue less expenses. Subtract line 2 from line 1	3				0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				0.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10				0.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.			_		37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				37	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			х	
	the audit, review, or compilation of its financial statements and selection of an independent accounts		I	2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.		.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the	2		Х
	Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_		٦.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

Form **990** (2019)

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SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

PUE	BLIC	TECHNICAL IDENTIF	IERS				32-05128	841	
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	rt.) See instruction	S.	
Γhe	orga	nization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	ırches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).		
2	\bigsqcup	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)		
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
		hospital's name, city, and st							
5		An organization operated f	or the benefit of	a college or universit	y owne	d or ope	rated by a governm	ental unit described in	
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go	•			•	, , , , , ,		
7	_	An organization that norma	=	· · · · · · · · · · · · · · · · · · ·	pport fr	om a go	vernmental unit or f	rom the general public	
		described in section 170(b)		·					
8		A community trust describe	-		-				
9	_	An agricultural research org	=			-	-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the r	name, city, and state	of the college or	
		university:							
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f rent income and u n after June 30, 19	unctions - subject to on nrelated business tax 1975. See section 509	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more th s section 511 tax) fror Part III.)	ship fees, and gross an 331/3% of its n businesses	
1		An organization organized a	•	•	-			acum, aut tha numaca	
2	_	An organization organized	•		-				
		of one or more publicly su Check the box in lines 12a t	-						
_	X	.7	_	* *	• •	•	•	· · · · ·	
а		J I po ii // oupporting orge	•	•	•		• , ,		
		the supported organization	. , .	• • • •		ajority or	the directors or trust	ees of the	
h		supporting organization. Y Type II. A supporting org	•			with ito	cupported organiza	tion(c) by baying	
b		control or management of	-						
		organization(s). You must			lile Saili	e person	is that control of tha	mage the supported	
_		Type III functionally integ	-		tod in c	onnoctio	n with and function	ally intograted with	
C		_ its supported organization						any integrated with,	
d		Type III non-functionally						urted organization(s)	
u		that is not functionally into			-				
		requirement (see instruction	-		-		•	id an attentiveness	
_	X	¬ · · · ·		•				II Type III	
·		functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	ii, Type iii	
f	Ente	er the number of supported			porting	n garnzat			
g		vide the following information	-						
		me of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10		ur governing	support (see	other support (see instructions)	
P	ATTA	CHMENT 1		above (see instructions))	Yes	Ment?	instructions)	mstructions)	
•									
A)									
B)									
D)									
C)									
D)									
E)									
Γota	al							7,227,880.	

Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) **Section A. Public Support** Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). % 16a 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

(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.)

	tion A. Public Support				T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
c	organization without charge						
6	ı F						
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
•	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	•					` ` ` `
	organization, check this box and stop here .						▶ 🔼
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,					15	%
16	Public support percentage from 2018 Sche					16	<u>%</u>
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org	-					
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2018. If the orga						. \square
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization d	lia not check a	a box on line 1	4, 19a, or 19b,	cneck this box	and see instruc	ctions

Yes No

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

g by			
,	1	Х	
ıs ed			
	2		X
er	3a		Х
id ie			
• .	3b		
3)	3с		
If	4a		Х
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n	4b		
ed 3)			
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s," N n; on			
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	5b		
	5c		
o d or			
	6		X
or :y			37
?	7		X
•	8		Х
e ed			
	9a		X
h	9b		Х
fit	9c		Х
n d			
to	10a		X
	10b		

Schedule A (Form 990 or 990-EZ) 2019 Page **5**

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
_		1	Λ	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Section	on C. Type II Supporting Organizations			
	on or type in eapper ining or gain automotion		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	2		
Section	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.	,	0110).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
•	And Mark Tool America (America (America)		Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organization(s) to which the organization was responsive: If res, then in Pair Vindentity those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	•
instructions. All other Type III non-functionally integrated supporting organizes Section A - Adjusted Net Income	zations r	nust complete Section (A) Prior Year	ns A through E. (B) Current Year (optional)
1 Net short-term capital gain	1		(3)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting	g organization (see
instructions).	-		- ,

Schedule A (Form 990 or 990-EZ) 2019

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Page 7 Schedule A (Form 990 or 990-EZ) 2019

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2015						
b	Excess from 2016						
С	Excess from 2017						
d	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

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

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	95-4712218	10	Х	0.	7,227,880.
TOTAL AMOUNT OF SUPPORT				0.	7,227,880.

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization PUBLIC TECHNICAL IDENTIFIERS 32-0512841

Pa	art I	Organizations Maintaining Donor Adv			or Accounts.	
		Complete if the organization answered	"Yes" on Form 990, Par	t IV, line 6.		
			(a) Donor advised f	unds	(b) Funds and other ac	counts
1	Total n	umber at end of year				
2		gate value of contributions to (during year)				
3		gate value of grants from (during year)				
4		gate value at end of year				
5		e organization inform all donors and donor	r advisors in writing that t	he assets held	d in donor advised	
-		are the organization's property, subject to the	_		1 1	es No
6		e organization inform all grantees, donors,	•	•		
•		r charitable purposes and not for the bene				
	-	ring impermissible private benefit?				es No
Pa		Conservation Easements.				
		Complete if the organization answered	l "Yes" on Form 990. Par	t IV. line 7.		
1	Purpos	se(s) of conservation easements held by the				
		Preservation of land for public use (for example		1	n of a historically important	land area
		Protection of natural habitat	s, recreation of education)		n of a certified historic struc	
		Preservation of open space		1 10001 141101	Tor a cortinea motorio cirac	naro
2		ete lines 2a through 2d if the organization h	eld a qualified conservation	n contribution	in the form of a conservation	ın
_	-	ent on the last day of the tax year.	ela a qualifica corisei vatioi	Contribution	Held at the End of t	
_		umber of conservation easements			2a	
a		creage restricted by conservation easement			2b	
b		er of conservation easements on a certified			2c	
C C		er of conservation easements on a certified		` '	20	
d		,	,		24	
•		structure listed in the National Register			2d	
3		er of conservation easements modified, tra	insferred, released, extingu	lisnea, or terr	ninated by the organizatio	n auring the
_	•	ır ▶				
4		er of states where property subject to conse				
5		he organization have a written policy re			_	
_		ns, and enforcement of the conservation ea				es L No
6	Staff ar	nd volunteer hours devoted to monitoring, insp	ecting, handling of violations	s, and enforcing	g conservation easements du	ring the year
_	<u>-</u>					
7		t of expenses incurred in monitoring, inspec	ting, handling of violations,	and enforcing	conservation easements du	ring the year
8		each conservation easement reported on line				
		ction 170(h)(4)(B)(ii)?				es L No
9		XIII, describe how the organization reports				
		e sheet, and include, if applicable, the text		nization's finan	cial statements that describe	es the
		zation's accounting for conservation easeme			0 "	
Pa	art III	Organizations Maintaining Collections			er Similar Assets.	
		Complete if the organization answered				
1a	If the	organization elected, as permitted under Fa historical treasures, or other similar asse	ASB ASC 958, not to repo	rt in its reven	ue statement and balance	sheet works
	service	, provide in Part XIII the text of the footnote	to its financial statements	that describes	these items.	ce of public
b		organization elected, as permitted under F				eet works of
-		torical treasures, or other similar assets he				
	provide	e the following amounts relating to these ite	ms:		·	
		venue included on Form 990, Part VIII, line				
	(ii) Ass	sets included in Form 990, Part X			▶ \$	
2		organization received or held works of a				
		ng amounts required to be reported under F			3 .	
а	Reven	ue included on Form 990, Part VIII, line 1.			▶ \$	
b	Assets	included in Form 990, Part X			> \$	

Page 2 Schedule D (Form 990) 2019

Pa	rt Organizations Maintaini	ng Collections of	Art, Histor	rical Tre	asures, o	r Other	Similar Assets (continued)
3	Using the organization's acquisition	on, accession, and	other record	ds, check	any of th	e follow	ring that make sign	nificant use of its
	collection items (check all that app	ly):		_				
а	Public exhibition		d	Loan	or exchang			
b	Scholarly research		е	Other				
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collection	s and expla	in how t	hey furthe	r the or	ganization's exemp	t purpose in Part
	XIII.							
5	During the year, did the organization						_	
	assets to be sold to raise funds rath		tained as pai	rt of the o	organizatio	n's collec	ction?	Yes No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	•	es" on Forr	n 990, F	art IV, line	e 9, or r	eported an amou	nt on Form
1a	Is the organization an agent, truste	ee, custodian or oth	er intermed	iary for c	ontribution	s or othe	r assets not	
	included on Form 990, Part X?						[Yes No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the foll	owing tab	ole:			
							Amount	
С	Beginning balance					;		
d	Additions during the year							
e	Distributions during the year							
f	Ending balance Did the organization include an am						o o o o unt li abilitu ()	Vaa Na
	If "Yes," explain the arrangement i							Yes No
	rt V Endowment Funds.	II Fait Alli. Check i	iere ii tile ex	piariation	nas been j	Jiovided	OII FAIT AIII	· · · · · ·
ıa	Complete if the organiza	ation answered "Y	es" on Forr	n 990. F	Part IV. line	e 10.		
	, 3	(a) Current year	(b) Prior		(c) Two ye		(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains,							
·	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage			e (line 1g,	column (a)) held as	:	
а	Board designated or quasi-endown		%					
	Permanent endowment	%						
С	The research read on lines 22. 2h	. % 	4000/					
2.0	The percentages on lines 2a, 2b, a	· · · · · · · · · · · · · · · · · · ·		tion that	ara hald a	ad admir	viotored for the	
за	Are there endowment funds not in organization by:	the possession of t	ne organiza	lion mai	are neiu ai	iu auiiii	iistered for the	Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the relate							3b
4	Describe in Part XIII the intended u	J	•					
Pa	rt VI Land, Buildings, and Equ	uipment.				- 44 - 0	O F 000 D-	
	Complete if the organize		r other basis		or other basis			I) Book value
	_ 100p.i.o 0. proporty		stment)		ther)		eciation	., 500% 70000
1 a	Land							
b	Buildings					-		
C	Leasehold improvements							
d	Equipment					-		
	Other		m 000 Port	Y colum	1 (R) line 1	00.1		

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	held equity interests		
	. ,		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		"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)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
		l "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u> ▶
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.		tion of liability	(b) Book value
	ral income taxes	·· •	(4) = 1311 (4)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that reports the

JSA 9E1270 1.000 7852NH 2020

Page 4 Schedule D (Form 990) 2019

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	7,227,880.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	<u></u>
	Net unrealized gains (losses) on investments		
a	Donated services and use of facilities		
b	Donated services and use of identities 111111111111111111111111111111111111		
C	recevenes of phot year grants		
d		2e	
e	Add lines 2a through 2d	3	7,227,880.
3			· · ·
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7h		
a	investment expenses not included on Form 550, Fait Vin, line 75 T. T. T. T.		
b	Other (Describe in Part XIII.)	4c	
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,227,880.
Part			<u></u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		7 227 000
1	Total expenses and losses per audited financial statements	1	7,227,880.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	- 1	
b	Prior year adjustments	- 1	
С	Other losses	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,227,880.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	_	
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	7,227,880.
	XIII Supplemental Information.	2	line 4. Dest V. line
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	PAGE 5		
_			

Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48 (ASC 740-10) FOOTNOTE

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

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

Schedule D (Form 990) 2019

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization PUBLIC TECHNICAL IDENTIFIERS Employer identification number 32-0512841

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

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

Schedule J (Form 990) 2019

PUBLIC TECHNICAL IDENTIFIERS 32-0512841

Schedule J (Form 990) 2019

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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred benefits compensation		(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
DAVID CONRAD	(i)	0.	0.	0.	0.	0.	0.	0.	
1 ^{DIRECTOR}	(ii)	336,471.	99,353.	1,313.	37,000.	18,075.	492,212.	36,500.	
MICHELLE S COTTON	(i)	121,686.	21,486.	342.	21,496.	30,131.	195,141.	21,287.	
2PROTOCOL PARAMETERS ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
KIM DAVIES	(i)	234,090.	69,618.	573.	33,000.	30,561.	367,842.	32,250.	
DIRECTOR & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
SAMANTHA EISNER	(i)	0.	0.	0.	0.	0.	0.	0.	
4 SECRETARY	(ii)	255,344.	50,788.	1,992.	33,000.	30,594.	371,718.	32,250.	
REBECCA NASH	(i)	0.	0.	0.	0.	0.	0.	0.	
5 ^{TREASURER}	(ii)	227,404.	45,313.	843.	37,000.	30,550.	341,110.	34,329.	
TRANG NGUYEN	(i)	0.	0.	0.	0.	0.	0.	0.	
6DIRECTOR (THRU NOV 2019)	(ii)	203,755.	33,459.	434.	30,872.	25,456.	293,976.	32,192.	
ANDRES PAVEZ	(i)	124,088.	24,329.	1,043.	22,283.	13,272.	185,015.	21,534.	
7 ^{CRYPTOGRAPHIC} KEY MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.	
DAVID PRANGNELL	(i)	109,626.	16,500.	384.	18,945.	20,242.	165,697.	28,044.	
8 DIRECTOR, TECHNICAL SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.	
NAELA C SARRAS	(i)	136,644.	26,806.	405.	24,536.	30,195.	218,586.	21,411.	
9 ^{SR MANAGER, IANA SERVICES}	(ii)	0.	0.	0.	0.	0.	0.	0.	
JIA-RONG LOW	(i)	0.	0.	0.	0.	0.	0.	0.	
10 ^{DIRECTOR}	(ii)	229,262.	68,525.	741.	14,319.	13,096.	325,943.	0.	
SEMAN SAID	(i)	132,139.	11,990.	387.	21,640.	24,927.	191,083.	0.	
11 SOFTWARE DEVELOPER - IANA SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.	
ALIREZA MOHAMMADI	(i)	125,000.	12,131.	482.	20,586.	21,174.	179,373.	0.	
12 ^{SOFTWARE} DEVELOPER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2019

PUBLIC TECHNICAL IDENTIFIERS 32-0512841

Schedule J (Form 990) 2019

Part | Supplemental Information

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

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

AMOUNTS LISTED IN PART VII OF FORM 990 AND SCHEDULE J REPRESENT AMOUNTS

FOR THE 2019 CALENDAR YEAR. ALL COMPENSATION WAS PAID BY ICANN, A RELATED

ORGANIZATION AND PTI'S SOLE MEMBER.

FORM 990, SCHEDULE J, PART I, LINE 7

REGARDING AT-RISK COMPENSATION:

THE OVERARCHING OBJECTIVE OF PTI'S REMUNERATION FRAMEWORK IS TO ENSURE

REMUNERATION PROVIDED IS COMPETITIVE GLOBALLY AND THAT IT PROVIDES

PERSONNEL WITH APPROPRIATE MOTIVATION FOR HIGH PERFORMANCE TOWARDS AGREED

OBJECTIVES. THIS FRAMEWORK IS DESCRIBED IN DETAIL WITHIN THE DOCUMENT

ENTITLED ICANN PERSONNEL REMUNERATION PRACTICES.

SEE ATTACHED LINKS:

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

JUL19-EN.PDF

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

JUL18-EN.PDF

Schedule J (Form 990) 2019

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PUBLIC TECHNICAL IDENTIFIERS 32-0512841

Schedule J (Form 990) 2019

Part III Supplemental Information

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

FORM 990, SCHEDULE J, PART II

THE INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS' (ICANN'S)

OVERALL COMPENSATION PHILOSOPHY IS TO TARGET COMPENSATION BETWEEN THE

50TH AND 75TH PERCENTILE OF THE RELEVANT MARKET, TO ATTRACT AND RETAIN

THE RIGHT PERSONNEL. THE DRIVING ELEMENT OF THIS PHILOSOPHY IS THAT

ICANN'S COMPENSATION IS MARKET-BASED.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

32-0512841

Department of the Treasury Internal Revenue Service

PUBLIC TECHNICAL IDENTIFIERS

Name of the organization

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

Employer identification number

FORM 990, PART III, LINE 4A PTI IS AN AFFILIATE OF ICANN. PTI WAS ESTABLISHED IN AUGUST 2016 UNDER THE LAWS OF THE STATE OF CALIFORNIA AS A NON-PROFIT PUBLIC BENEFIT CORPORATION AND ICANN IS ITS SOLE MEMBER.

ICANN IS RESPONSIBLE FOR THE PERFORMANCE OF THE IANA FUNCTIONS. THE IANA FUNCTIONS INCLUDE THE MAINTENANCE OF THE REGISTRY OF TECHNICAL INTERNET PROTOCOL PARAMETERS, THE ADMINISTRATION OF CERTAIN RESPONSIBILITIES ASSOCIATED WITH INTERNET DNS ROOT ZONE AND THE ALLOCATION OF INTERNET NUMBERING RESOURCES. THROUGH CONTRACTS AND SUBCONTRACTS, ICANN HAS DELEGATED THE PERFORMANCE OF THE IANA FUNCTIONS TO PTI EFFECTIVE OCTOBER 1, 2016. PTI'S SOLE PURPOSE IS THE PERFORMANCE OF THE IANA FUNCTIONS AS DELEGATED BY ICANN UNDER A DIRECT CONTRACT WITH PTI AS WELL AS THREE SUBCONTRACTS. THROUGH THIS SERIES OF AGREEMENTS, ICANN IS OBLIGATED TO PROVIDE PTI WITH ALL FUNDING NECESSARY FOR PTI TO PERFORM THE AGREEMENTS. PTI HAS NO OTHER FUNDING SOURCE.

SEE ADDITIONAL INFORMATION ABOUT PTI'S PROGRAMS AND ACTIVITIES ON THE PTI WEBSITE AT: HTTPS://PTI.ICANN.ORG/.

FORM 990, PART V, LINE 1A PTI'S VENDORS ARE PAID BY PTI'S SOLE MEMBER, ICANN. ICANN ISSUES FORM 1099-MISC UNDER ITS TAX ID. ICANN COMPLIES WITH BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS.

Name of the organization Employer identification number PUBLIC TECHNICAL IDENTIFIERS 32-0512841

FORM 990, PART V LINE 2A

FORM W-2

THE PROCESS FOR DETERMINING COMPENSATION, INCLUDING SURVEYS OF COMPARABLE POSITIONS AND OTHER MARKET STUDIES IS DESCRIBED IN ICANN'S REMUNERATION PRACTICES WHICH ARE ALSO APPLICABLE TO PTI. EACH YEAR THE APPOINTMENT FOR EACH OFFICER IS CONFIRMED BY THE BOARD OF DIRECTORS AT THE ANNUAL GENERAL MEETING. THE ANNUAL COMPENSATION MERIT REVIEW PROCESS FOR ORGANIZATION PERSONNEL FOR THE PERIOD OF JULY 1, 2019 THROUGH JUNE 30, 2020 WAS COMPLETED AS OF JULY 1, 2019.

FORM 990, PART VI, LINE 6 PTI HAS ONE MEMBER, ICANN.

FORM 990, PART VI, LINE 7A & 7B

PTI'S MEMBER, ICANN, SHALL HAVE THE RIGHT TO VOTE, AS SET FORTH IN THE PTI'S BYLAWS, ON THE ELECTION OF DIRECTORS, ON THE SALE, TRANSFER OR DISPOSITION OF THE CORPORATION'S ASSETS (OTHER THAN IN THE ORDINARY COURSE OF THE CORPORATION'S BUSINESS), ON ANY MERGER AND ITS PRINCIPAL TERMS AND ANY AMENDMENT TO THOSE TERMS, ON ANY ELECTION TO DISSOLVE THE

CORPORATION AND ON ANY AMENDMENT OR REPEAL OF THESE BYLAWS.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

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

- 1. PTI ENGAGES AN OUTSIDE TAX PREPARER TO ASSIST IN THE PREPARATION OF ITS FORM 990.
- 2. PTI'S TREASURER AND ICANN'S OFFICE OF THE GENERAL COUNSEL REVIEW THE FORM 990, AND THE TREASURER SIGNS OFF FOR APPROVAL.
- 3. THE FORM 990 IS PROVIDED TO THE PTI BOARD MEMBERS.

FORM 990, PART VI, LINE 12C CONFLICTS OF INTEREST POLICY

PTI HAS WRITTEN CONFLICTS OF INTEREST POLICIES, WHICH APPLY TO ALL BOARD MEMBERS AND STAFF MEMBERS. THE PTI SECRETARY MONITORS THE POLICIES IN COORDINATION WITH THE CHAIR OF THE PTI BOARD. A CONFLICTS OF INTEREST DISCLOSURE STATEMENT IS COMPLETED UPON INITIAL ENGAGEMENT OR ELECTION, AS WELL AS ANNUALLY AND SIGNED BY EACH BOARD MEMBER, OFFICER AND KEY EMPLOYEE. THE STAFF MEMBER DISCLOSURE STATEMENTS ARE REVIEWED BY ICANN'S HEAD OF HUMAN RESOURCES AND DISCUSSED IF ANY ISSUES ARISE. THE BOARD LEVEL DISCLOSURE STATEMENTS ARE REVIEWED BY THE PTI SECRETARY, CHAIR OF THE PTI BOARD, AND THE ICANN GENERAL COUNSEL'S OFFICE.

THE BOARD MEMBER, OFFICER AND KEY EMPLOYEE CONFLICTS OF INTEREST POLICY

CAN BE FOUND AT: HTTPS://PTI.ICANN.ORG/CONFLICTS-OF-INTEREST-POLICY

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

Name of the organization

PUBLIC TECHNICAL IDENTIFIERS

Employer identification number

32-0512841

REQUIREMENT AND NATURE OF PERIODIC REVIEWS.

FORM 990, PART VI, LINES 13 & 14

PTI HAS ADOPTED ICANN'S WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND

DESTRUCTION POLICY WHEREBY ICANN MAINTAINS AN INTERNAL DOCUMENT RETENTION

AND DESTRUCTION POLICY AND HISTORICALLY HAS FOLLOWED BEST INDUSTRY

PRACTICES AND APPLICABLE LAWS FOR RETENTION AND DESTRUCTION. ICANN ALSO

MAINTAINS AN INTERNAL WHISTLEBLOWER (OR "ANONYMOUS HOTLINE") POLICY, THAT

ALSO FOLLOWS INDUSTRY BEST PRACTICES.

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

PROCESS FOR DETERMINING COMPENSATION

DURING THE REPORTABLE TIME PERIOD OF CALENDAR YEAR 2019, PTI'S

COMPENSATION WAS REPORTED BY PTI AND PAID BY ITS SOLE MEMBER, ICANN.

PTI IS SUPPORTED BY THE ICANN COMPANY POLICIES AND THEREFORE EMPLOYS THE PROCESS USED BY ICANN TO REVIEW AND DETERMINE COMPENSATION.

ICANN FOLLOWS PRINCIPLES OF ACCOUNTABILITY AND TRANSPARENCY AND DESCRIBES

ITS REMUNERATION PLANS AND PRACTICES, WHICH ARE CONTINUALLY UPDATED. THE

VERSION OF ICANN'S REMUNERATION PRACTICES APPLICABLE DURING FY2019 AND

FY2020 ARE POSTED AT:

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

PUBLIC TECHNICAL IDENTIFIERS

Employer identification number

32-0512841

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

FORM 990, PART VI, LINE 18

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

LOCATED AT:

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

F

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

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

SHOULD BE SUBMITTED TO ICANN'S VICE PRESIDENT, FINANCE BY EMAIL TO

CONTROLLER@ICANN.ORG, OR BY PHONE AT +1.310.301.5800.

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

HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/PTI-IRS-FAVORABLE-DETERMINATIO
N-LETTER-28JAN19-EN.PDF

FORM 990, PART VI, LINE 19

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

IN ACCORDANCE WITH ITS CORPORATE BYLAWS (SEE

HTTP://PTI.ICANN.ORG/BYLAWS), PTI IS COMMITTED TO ACCOUNTABILITY AND
TRANSPARENCY PRINCIPLES. THIS INCLUDES PROVIDING EXTENSIVE ACCESS TO THE
PUBLIC THROUGH THE PTI WEBSITE OF ITS GOVERNING DOCUMENTS, CONFLICTS OF

INTEREST POLICY, AND FINANCIAL STATEMENTS.

(HTTPS://PTI.ICANN.ORG/)

(HTTPS://PTI.ICANN.ORG/FINANCIAL-INFORMATION-FOR-PUBLIC-TECHNICAL-IDENTIFI

ERS-PTI)

FORM 990, PART VII, SECTION A OFFICER/DIRECTOR SERVICE DATES

IN PART VII, A DATE FOLLOWING AN OFFICER'S OR DIRECTOR'S NAME INDICATES

THE DATE ON WHICH THE OFFICER'S OR DIRECTOR'S SERVICES ENDED. IF NO DATE

IS INDICATED, THAT OFFICER OR DIRECTOR WAS ACTIVE AS OF JUNE 30, 2020.

ONE PTI DIRECTOR, KIM DAVIES IS EMPLOYEE OF PTI AND COMPENSATED FOR HIS SERVICE AS DIRECTOR. THREE PTI DIRECTORS WHO, DURING THE REPORTING PERIOD WERE ALSO EMPLOYEES OF ICANN, DAVID CONRAD, TRANG NGUYEN AND JIA-RONG LOW WERE NOT COMPENSATED FOR THEIR ROLES AS PTI DIRECTORS, BUT THEY WERE COMPENSATED AS ICANN EMPLOYEES. ACCORDINGLY, THEIR COMPENSATION WAS REPORTED AS PAID BY ICANN, A RELATED ORGANIZATION.

REBECCA NASH AND SAMANTHA EISNER ARE NOT COMPENSATED BY PTI FOR THEIR ROLES AS PTI OFFICERS. THEY ARE EMPLOYEES OF ICANN SO THEIR COMPENSATION IS REPORTED AS PAID BY ICANN, A RELATED ORGANIZATION.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

PUBLIC TECHNICAL IDENTIFIERS

Employer identification number
32-0512841

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)
						Yes	No
(1) INTERNET CO FOR ASSIGNED NAMES & NUMBERS 95-4712218 12025 WATERFRONT DR, STE 300 LOS ANGELES, CA 90094	INTERNET ID.	CA	501(C)(3)	10	N/A		Х
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,
ai t iii	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	1 .	n) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing partner?		General or managing partner?		General or managing		General or managing		General or managing		(k) Percentage ownership
		country)		000000000000000000000000000000000000000			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	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(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)								

Schedule R (Form 990) 2019

Page 3 Schedule R (Form 990) 2019

	(· ···································	9
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	1	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
		1a		X
		1b		X
c		1c		X
		1d		X
		1e		X
Ū	Zound on loan guarantoos by rolated organization(b)			
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s).	1h		X
	1 dionado di additi il din folation (d),	1i		X
	2.00 lange of accord man folding of game and hope in the first of the	1j		X
,	Lease of facilities, equipment, of other assets to related organization(s),			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
ı		11	Х	
		1m		Х
		1n	Х	
	0 (//	10	X	
Ü	onaling of paid employees with related organization(s)			
n	Reimbursement paid to related organization(s) for expenses	1р	Х	
		1g		X
ч	Neimbursement paid by related organization(s) for expenses	- 4		
	Other transfer of each or property to related erganization(c)	1r		Х
ı	(-)	1s	_	X
	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 thres			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	INTERNET CO FOR ASSIGNED NAMES AND NUMBERS	L	7,227,880.	FMV
(2)	INTERNET CO FOR ASSIGNED NAMES AND NUMBERS	N	1,247,230.	FMV
(3)	INTERNET CO FOR ASSIGNED NAMES AND NUMBERS	0	4,897,115.	FMV
(4)	INTERNET CO FOR ASSIGNED NAMES AND NUMBERS	Р	1,083,535.	FMV
(5)				
(6)				

Schedule R (Form 990) 2019

JSA

9E1309 1.000 7852NH 2020

32-0512841 Schedule R (Form 990) 2019

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

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	Are all sec 501(organiz	partners ction (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		managing partner?		managing partner?		managing partner?		(k) Percentage ownership
(1)			sections 512-514)	Yes	No			Yes	No		Yes	No							
(1)																			
(2)																			
(3)																			
(4)																			
(5)																			
(6)																			
(7)																			
(8)																			
(9)																			
(10)																			
(11)																			
(12)																			
(13)																			
(14)																			
(15)																			
(16)																			

Schedule R (Form 990) 2019

Page 4

JSA

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7852NH 2020 PAGE 41 Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

(December 2018)

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

year beginning 07/01	, 20 19 , and ending $^{06/30}$	
,	, , 9	

. , **20** <u>2</u>0

Department of the Treasury Internal Revenue Service

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

Employer identification number PUBLIC TECHNICAL IDENTIFIERS 32-0512841

Applicable Taxpayer

For tax

Check box if this form is being filed by a taxpayer with which another taxpayer has been aggregated under section 59A(e)(3). If the above box is checked, attach a statement listing the names and EINs of all separate taxpayers taken into account in the determination of "1 person" under section 59A(e)(3).

		(a)	(b)	(c)
		First Preceding Tax Year	Second Preceding Tax Year	Third Preceding Tax Year
1 a	Gross receipts of the applicable taxpayer. See instructions	7,571,450	7,817,678	5,452,479
b	Gross receipts from partnerships			
С	Gross receipts of all other persons treated as 1 person as the "applicable			
	taxpayer" pursuant to section 59A(e)(3)			343,106,716
d	Gross receipts. Combine lines 1a through 1c	387,970,540	292,202,690	348,559,195
е	Gross receipts of first, second, and third preceding tax years. Combine columns of			
	1d			1,028,732,425
f	3-year average annual gross receipts (Divide line 1e by 3.0)		<u>1f</u>	342,910,808
g	Is line 1f \$500 million or more?			
	Yes. Continue to line 2.			
	No. STOP here and attach this form to your tax return.			
2 a	Aggregate base erosion tax benefit (from Schedule A, line 14)			
b	Aggregate amount of deductions allowable under Chapter 1 of the Internal Revenue C	1 1	<u>2b</u>	
С	Other allowable deductions not included in line 2b above			
d	Base erosion tax benefits resulting from reductions in insurance premiu			
	reported on Schedule A, line 8, column a-2			
е	Base erosion tax benefits resulting from reductions in gross receipts reported			
	Schedule A, line 10, column a-2			
f	Add lines 2c through 2e		2f	
g	Total deductions for amounts paid or accrued for services to which the excep			
	under section 59A(d)(5) applies (from Schedule A, line 5b)			
h	Qualified derivative payments excepted by section 59A(h)			
i	Total deductions allowed under sections 172, 245A, and 250 for the tax year			
j	Combine lines 2g through 2i			
k	Total Deductions. Subtract line 2j from the sum of line 2b and line 2f			
ı	Base Erosion Percentage for purposes of section 59A(c)(4)(A). Divide line 2a by line			%
m	Is the taxpayer's base erosion percentage on line 2I 3% or higher (2% or higher for dealer)?	or a bank or s	ecurities	
	Yes. Continue to Part II. No. STOP after completing Part I and Schedule A and attach this form to your to	y roturn		
	1 No. 310F after completing Fart Fand Schedule A and attach this form to your to	ax return.		

For Paperwork Reduction Act Notice, see separate instructions.

Form **8991** (12-2018)

OMB No. 1545-0123

Form 8991 (12-2018) Page **2**

Par	Modified Taxable Income (MTI)		
3 a	Taxable income after net operating loss and special deductions	3a	
b	Base erosion tax benefits for the tax year with respect to base erosion payments	3b	
С	Base erosion percentage of the net operating loss deduction allowed under section 172 for the tax year.		
	See instructions	3с	
d		3d	
Par	t III Regular Tax Liability Adjusted for Purposes of Computing Base Erosion Minimum Tax Amo	unt	
4 a	Regular tax liability	4a	
b	Allowable credits, as adjusted (from Schedule B, line 7)	4b	
С	— • • • • • • • • • • • • • • • • • • •		
	line 4b from line 4a	4c	
Par	t IV Computation of Base Erosion Minimum Tax Amount		
5 a	Modified Taxable Income (from line 3d)	5a	
b	Tax rate applicable for current tax year	5b	%
С	Base Erosion Minimum Tax. Multiply line 5a by line 5b	5c	
d	Regular tax liability adjusted for purposes of computing Base Erosion Minimum Tax Amount (from		
	line 4c)	5d	
е	Base Erosion Minimum Tax Amount. Subtract line 5d from line 5c. If zero or less, enter "-0-"	5e	

Form **8991** (12-2018)

Form 8991 (12-2018)

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

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

Form **8991** (12-2018)

(Check all applicable boxes in

Form 8991 (12-2018)

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

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

Form **8991** (12-2018)

Form 8991 (12-2018) Page **5**

Schedule B Credits Reducing Regular Tax Liability in Computing Base Erosion Minimum Tax Amount (BEMTA)						
Part I Credits Allowed Against Regular Tax (see instructions)						
1	Total credits allowed in current year. Enter the amount from Form 1120, Schedule J, Part I, line 6; or the					
	applicable line of your return					
2	Credits for increasing research activities from line 1c of all Parts III of Form 3800 2					
3	Total allowed credit for increasing research activities for current year. Enter the amount of research					
	credit reported in Form 3800, Part II, line 38. See instructions	3				
4	Enter smaller of Schedule B, Part II, line 11 or Part III, line 16	4				
5	Limitation of applicable section 38 credits. Multiply line 4 by 80% (0.80)	5				
6	Adjustments to allowed credits. Add lines 3 and 5	6				
7	7 Credits allowed against regular tax in computing BEMTA. Subtract line 6 from line 1. Enter here and					
	on Form 8991, line 4b					
Pa	art II Applicable section 38 credits					
	(Only complete Parts II and III if you have allowed applicable section 38 credits.)					
8	Low income housing credit from lines 1d and 4d of all Parts III of Form 3800					
9	Renewable electricity production credit but only to extent of the renewable					
	electricity under section 45(a) from lines 1f and 4e of all Parts III of Form 3800 9					
10	Investment credit but only to extent of energy credit property under section 48					
	from line 4a of all Parts III of Form 3800					
11	Total allowed applicable section 38 credits for current year. Enter the amount of applicable credits					
	reported in Form 3800, Part II, line 38. See instructions	11				
Pa	BEMTA determined without adjustment for applicable section 38 credits					
12	Base erosion minimum tax (Form 8991, line 5c)	12				
13	Regular tax liability (Form 8991, line 4a)	13				
14						
15	Regular tax adjusted for credits that offset BEMTA. Subtract line 14 from line 13	15				
16	Base erosion minimum tax determined without adjustment for applicable section 38 credits. Subtract					
	line 15 from line 12; if zero or less, enter -0	16				

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