# Instructions for filing Public Technical Identifiers Form 990 - Return of Organization Exempt from Income Tax for the period ended June 30, 2019

#### 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.

\*\*\*\*\*\*

E-file Status Page 1 of 1

### **Cumulative E-File History 2018**

#### **Federal**

Locator: 7852NH

Taxpayer Name: PUBLIC TECHNICAL IDENTIFIERS

Return Type: 990, 990

**Submitted Date** 5/11/2020 8:12:51 PM

Acknowledgement Date

5/11/2020 8:26:15 PM

Status Accepted

**Submission ID** 33577420201325000008

> Print Close

## Form **8453-EO**

## **Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-1879

Department of the Treasury Internal Revenue Service

For calendar year 2018, or tax year beginning \_\_\_\_\_07/01 , 2018, and ending \_\_\_\_ For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt or	ganization				Employer identification number				
PUBLIC T	ECHNICAL IDENTIFIERS				32-0512841				
Part I Ty	pe of Return and Return Information (W	hole Dollars Only)							
check the box leave line 1b, 2	for the type of return being filed with Form on line 1a, 2a, 3a, 4a, or 5a below and the a 2b, 3b, 4b, or 5b, whichever is applicable, blabelow. Do not complete more than one line in	amount on that line of ank (do not enter -0-)	of the retur	rn being filed	with this form was blank, then				
3a Form 1120 4a Form 990-	D-POL check here ► b Total revenue, b Total tax b Total tax b Tax based on ir	ny (Form 990, Part V , if any (Form 990-Ez (Form 1120-POL, line nvestment income (F rm 8868, line 3c)	Z, line 9) 22) form 990-P	F, Part VI, line	2b				
Part II De	claration of Officer								
withdr organi I must date.	I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.								
execut 990-PF	opy of this return is being filed with a state age led the electronic disclosure consent contained (as specifically identified in Part I above) to the sel-	within this return a ected state agency(ies).	llowing disc	closure by the	e IRS of this Form 990/990-EZ/				
organization's 2 true, correct, an return. I conser to the IRS and	of perjury, I declare that I am an officer of 018 electronic return and accompanying sched complete. I further declare that the amount in to allow my intermediate service provider, trator receive from the IRS (a) an acknowledgemeing the return or refund, and (c) the date of any refur	dules and statements, n Part I above is the a ansmitter, or electronic ent of receipt or reaso	and, to th amount sho c return orio	e best of my wn on the co ginator (ERO)	/ knowledge and belief, they are py of the organization's electronic to send the organization's return				
Sign Here	gnature of officer	5/4/2	20	<b>FREASURI</b> Fitle	ER				
Part III De	claration of Electronic Return Originator	(ERO) and Paid P	<b>repare</b> r (s	ee instruction	ons)				
I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.									
ERO's ERO's signal Elem's	ature vicinity is a second sec	5/11/2020	Check if also paid preparer	Check if self-employed	ERO's SSN or PTIN P00634378				
Only yours	s name (or ERNST & YOUNG U.S.		AN DIECO	CA 021	EIN 34-6565596				
Under penalties	ses, and ZIP code 4365 EXECUTIVE DRIV of perjury, I declare that I have examined the above are true, correct, and complete. Declaration of prepa	return and accompanying	ng schedules	and statemen	Phone no. 858–535–7200  Its, and, to the best of my knowledge or has any knowledge				
and belief, they a		reparer's signature	Date		DTIM				
Paid	r mile Type preparers manie	•	Crieck II						
Preparer	Firm's name			self-employed Firm's EIN ▶					
Use Only	Firm's address				Phone no.				
For Privacy Act	and Paperwork Reduction Act Notice, see back of	form.			Form <b>8453-EO</b> (2018)				

## **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

Department of the Treasury Internal Revenue Service

A F	or the	e 2018 calendar year, or tax year beginning 07/01, 2018,	and ending			06	5/30 <b>, 20</b>	19	
		C Name of organization			D Employer ider	ntifica	tion numb	er	
<b>B</b> 0	heck if a	PUBLIC TECHNICAL IDENTIFIERS			32-0512	284	1		
	Addre								
	7 7		Room/suite		E Telephone nur	mber			
	+	return 12025 WATERFRONT DR, STE 300			(310) 303	1 – 5	800		
	-	return/ City or town, state or province, country, and ZIP or foreign postal code			(310) 30.				
	termii Amen	ated			<b>G</b> Gross receipts	. \$	7	571	,450.
	returr Applic	· · · · · · · · · · · · · · · · · · ·			H(a) Is this a grou			Yes	X No
	pendi	12025 WATERFRONT DR, STE 300, LOS ANGELES, C	מי מחחמ.		subordinates	?	-	┥	$\vdash$
_	T				H(b) Are all subordi			Yes	No
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 100$ (insert no.) $4947(a)(1) = 100$ (insert no.)	or 527				list. (see inst	ructions)	
			1		H(c) Group exemp				
		of organization: X Corporation Trust Association Other	L Year of fo	rmat	ion: 2016 <b>M</b> s	State	of legal do	micile:	CA
Ľ	art I	Summary	GGTON OF	DII	DI TO MEGIN		7.7		
	1	Briefly describe the organization's mission or most significant activities: THE MI				NTC.	AL		
Governance		IDENTIFIERS ("PTI") IS TO PERFORM INTERNET ASSIGN	IED NOWBER	25	AUTHORITY				
naı		("IANA") FUNCTIONS.							
Š	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed			1	3.			
	3	Number of voting members of the governing body (Part VI, line 1a)				3			5.
ح د	4	Number of independent voting members of the governing body (Part VI, line 1b)				4			2.
itie	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)				5			0.
Activities &	6	Total number of volunteers (estimate if necessary)				6			0.
ĕ		Total unrelated business revenue from Part VIII, column (C), line 12				7a			0.
	b	Net unrelated business taxable income from Form 990-T, line 38				7b			0.
					Prior Year		Cur	rent Ye	ear
Revenue	8	Contributions and grants (Part VIII, line 1h)				0.			0.
	9	Program service revenue (Part VIII, line 2g)			7,817,67	8.	7,	571	,450.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				0.			0.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.			0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			7,817,67	8.	7.	571	,450.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0.			0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.			0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			4,867,59	8.	4.	911	,202.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)				0.			0.
ben		•							
Ĕ					2,950,08		2	660	,248.
	l .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			7,817,67				,450.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· · · · · -		7,017,07	0.		371,	0.
_ s	19	Revenue less expenses. Subtract line 18 from line 12		) o a i n	ning of Current Y	_		l of Voc	
Net Assets or Fund Balances		T + 1 - + (D + ) (B + 10)		egin	272,28		EIIG	l of Yea	
sse	20	Total assets (Part X, line 16)							,521.
Pt Pu	21	Total liabilities (Part X, line 26)			272,28	$\overline{}$		343	,521.
		Net assets or fund balances. Subtract line 21 from line 20.				0.			0.
	rt II	Signature Block				—			
Une	der per e, corre	nalties of perjury, I declare that I have examined this return, including accompanying schedul ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	les and statemer ch preparer has a	nts, a iny kr	and to the best of nowledge.	my k	nowledge	and be	∍lief, it is
					Ĭ				
Sig	n								
He		Signature of officer			Date				
116	- C								
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date		Check	if F	PTIN		
Paid		JOCELYNE MILLER Vocelyne C. Mille	<b>、</b> 5/11/202	20	self-employe		P006		8
	parer	Firm's name ▶ERNST & YOUNG U.S. LLP	•		Firm's EIN ▶ 3	4-6	56559	6	
use	Only	Firm's address ▶4365 EXECUTIVE DRIVE, STE 1600 SAN DIEGO, CA 92121					-535-7		
Ma	y the	IDO disease this action with the appropriate section of the sectio						es	No
For	Pane	work Reduction Act Notice, see the separate instructions.	<u>-</u>						(2018)

Form 990 (2018) 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. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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. 5,591,689. including grants of \$ 0. ) (Revenue \$ 7,571,450. ) 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 in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$

5,591,689.

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**4e** Total program service expenses ▶

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#### Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 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 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 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 complete Schedule D, Part III 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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . . . . 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," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... 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 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 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 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... 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 . . . . . . . . . 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 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 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 . . . . . . . .

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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 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			3.7
	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			
له.	to defease any tax-exempt bonds?	24c		
	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		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		21
b	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, 6, or 22 for receivables from or payables to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.5
0.4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
33	complete Schedule N, Part II	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
٠.	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
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			
	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	4	v	
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>

Form 990 (2018) Page 5

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filide of the calendar year ending with or within the year covered by this return.  2a 0.  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a 1bit the organization have unrelated business gross income of \$1,000 or more during the year?.  3b If "Yes," has it filed a Form 990-T for the year? If "No" to line 3b, provide an explanation in Schedule O.  3b If "Yes," the service of the foreign country (such as a bank account, securities account, or other financial account)?  4a A tany time enter the name of the foreign country.  5b If "Yes," enter the name of the foreign country.  5c If "Yes," the service of the foreign country (such as a bank account, securities account, or other financial account)?  5b Us any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  6c If "Yes," to line 3c or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction solicit any contributions that were not tax deductible as charitable contributions?  6c If "Yes, to line 5c or 5b, did the organization like Form 8885-T?  6c Organization shat may receive deductible contributions under section 170(c).  8d If "Yes," indicate the number of Forms 8282 filed during the year.  9d If "Yes," indicate the number of Forms 8282 filed during the year.  9d If "Yes," indicate the number of Forms 8282 filed during the year.  9d If "Yes," indicate the number of Forms 8282 filed during the year.  9d If the organization receive a payment in excess of \$75 made partly as a contribution and partly for which it was required to file Form 8282?  9d If the organization receive a payment in excess of \$75 made partly as a contribution and partly for which it was required to file Form 8282?  9d If the organization the pay	Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0. 2b b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a 1b if wes, "has it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3b if "Yes," has it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3b if "Yes," has it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3b if "Yes," that it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3b if "Yes," that it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3b if "Yes," that the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 2b if yes, the organization as party to a prohibited tax shelter transaction at any time during the tax year? 5c 2b if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible as charitable contributions? 5b if "Yes," did the organization include with every solicitation an express statement that such contributions of the year on tax deductible? 7b organizations that may receive deductible contributions under section 170c). 3c and services provided to the payor? 5c 3b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7c 3b if "Yes," indicate the number of Forms 8282 filed during the year year and year year year year year year year year				Yes	No
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b if "Yes," has it filed a form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  3b If "Yes," has it filed a form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  3b If "Yes," the set the name of the foreign country; Implication in a foreign country (such as a bank account, securities account, or other financial account; (FBAR).  5b If "Yes," the organization in a foreign country (such as a bank account, securities account, or other financial accounts; (FBAR).  5c If "Yes," the organization in a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes to line 5a or 5b, did the organization line Form 8886-T?  5d Does the organization fore annual gross receips that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deducible as charitable contributions or gifts were not tax deducibles on the value of the goods or services provided to the paper?  5d Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the paper?  5d If "Yes," indicate the number of Forms 8282 filed during the year  6d If "Yes," indicate the number of Forms 8282 filed during the year  7d If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization received any funds, directly or indirectl	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a   3a   3a   3a   3b   If "Yes," has it flied a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   3b   1"Yes," has it flied a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   3b   4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or a financial account; or the financial account; or the financial account; or the financial account; or bit of the provide of the substitutions for fling requirements for FnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
3a bit the organization have unrelated business gross income of \$1,000 or more during the year?.  3b bit 1'Yes," has it filed a Form 990-Tit or this year?! 1'No* or bin each provide an explanation in Schedule O.  3b bit 1'Yes," here the name of the foreign country (such as a bank account, securities account, or other financial account)?.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.  5b If 'Yes,' finer the name of the foreign country. ►  5a Was the organization are yet to a prohibited tax sheller transaction at any time during the tax year?.  5b Id 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?  5b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Organizations that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5c Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5c Organization receive a payment in excess of \$75 made partly as a contribution of undersolated to the year organization and partly for goods and services provided to the payor?  5d If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  7b If If Yes,' did the organization make any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c If If Yes,' did the organization make any funds, directly or indirectly, to a personal benefit contract?  7c If If Yes,' did the o	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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b If "Yes," has it flied a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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Sae instructions for filing requirements for FrCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  3 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.  5 In Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5 a or 5b, did the organization file Form 8886-T?  6 Does the organization have annual gross receips that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with everly solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization solicit any contribution notify the donor of the value of the goods or services provided?  9 Did the organization notify the donor of the value of the goods or services provided?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization function of qualified intellectual property, did the organization flee Form 8899 as required?  10 Did the organization received a contribution of qualified intellectual property, did the organization flee Form 8899 as required?  11 Did the sponsoring organization have excess business holdings at any time during the year?  12 Sponsoring organization make any taxable distributions under section 4966?  13 Section 501(c)(7) organizations. Enter:  14 In Indiation fees and capital contributions included on Part VIII, line 12.  15 Gross receipts, included on Form 990. Part VIII, line 12.  16 Gross receipts, included on Form 990. Part VIII, line 12.  17 Did the organization in the amount of tax-excempt interest received or accrued during the year.  17 Did by Section 501(c)(2) qualified none promoters of shareholders.  18 Section 501(c)(2) qualified nonprofft hea	b				
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?.  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  b Did the sponsoring organizations Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b 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 501(c)(12) organizations. Enter:  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 in more than one state?  b If "Yes," enter the amount of reserves on hand  c Enter the amount of reserves on hand  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  b Enter the amount of reserves on hand  b If "Yes," as it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  If "Yes," each inst	d	If "Yes," indicate the number of Forms 8282 filed during the year			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  7			7e		Х
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.  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?.  9 Sponsoring organization make any taxable distributions under section 4966?  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  9a  9b  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders.  b 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.).  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  11b  12a  13a  14a Section 501(c)(29) qualified honprofit health plans in more than one state?  13a  13a  13a  13a  13a  14a  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  15 Is the organization receive any payments for indoor tanning services during the tax year?  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 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 i	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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?	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
Sponsoring organization have excess business holdings at any time during the year?	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12		sponsoring organization have excess business holdings at any time during the year?	8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	Sponsoring organizations maintaining donor advised funds.			
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders		,,			
a 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Cross recorded, included on Form coo, Fair vin, into 12, for public doe of side recondition			
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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	·			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			120		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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			ıza		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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.  c Enter the amount of reserves on hand.  13b  13c  14a  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
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			122		
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  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	а		1 Ja		
the organization is licensed to issue qualified health plans	<b>L</b>				
c Enter the amount of reserves on hand	D				
14a Did the organization receive any payments for indoor tanning services during the tax year?	^				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14a		X
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
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?	. 5		15		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
	16		16		Х
	_				

PUBLIC TECHNICAL IDENTIFIERS 32-0512841 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?............ 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? 15a X Χ 15b 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 Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\triangleright$  CA, 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Another's website X Upon request Other (explain in Schedule O)

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

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

#### 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.

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

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

(A)	(B)				C) sition			(D)	(E)	(F)
Name and Title	Average	(do r	(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per					compensation	compensation from	amount of		
	week (list any		er and			tor/trust	<del>–</del>	from	related	other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)AKRAM ATALLAH	5.00									
DIRECTOR (THRU OCT 2018)	55.00	Х						0.	621,725.	64,538.
(2)DAVID CONRAD	5.00									
DIRECTOR	55.00	Х						0.	383,323.	54,835.
(3)KIM DAVIES	50.00									
DIRECTOR & PRESIDENT	10.00	Х		Х				0.	280,255.	62,721.
(4)LISE FUHR	5.00									
DIRECTOR	0.	Х						0.	0.	0.
(5)TRANG NGUYEN	5.00									
DIRECTOR	55.00	Х						0.	273,299.	62,653.
(6)WEI WANG	5.00									
DIRECTOR	0.	X						0.	0.	0.
(7)SAMANTHA EISNER	10.00									
SECRETARY	50.00			Х				0.	294,391.	62,750.
(8) REBECCA NASH	10.00									
TREASURER	50.00			Х				0.	265,437.	64,791.
(9)DAVID PRANGNELL	40.00									
DIRECTOR, TECHNICAL SERVICES	0.				Х			0.	190,472.	58,291.
(10)ALAN AKAHOSHI	40.00									
SR. PRODUCT MANAGER - IANA	0.					Х		0.	126,092.	37,508.
(11)MICHELLE S COTTON	40.00									
PROTOCOL PARAMETERS ENGAGEMENT	0.					X		0.	141,590.	51,392.
(12)ALBERTO DUERO	40.00									
CRYPTOGRAPHIC MGR THRU OCT2018	0.					X		0.	117,082.	35,290.
(13)ANDRES PAVEZ	40.00									
CRYPTOGRAPHIC KEY MANAGER	0.					Х		0.	143,243.	30,126.
(14)NAELA C SARRAS	40.00									
SR MANAGER, IANA SERVICES	0.					X		0.	142,419.	51,472.
										Form <b>QQ0</b> (2018)

Form **990** (2018)

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Form	n 990 (2018)										Page <b>8</b>
Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employees (co	ontinued)
	(A)	(B)			((	C)			(D)	(E)	(F)
	Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
		hours per					than o		compensation	compensation from	amount of
		week (list any					is both or/truste		from	related	other
		hours for related	2 =	all					- the	organizations	compensation from the
		organizations	r divi	stit	Officer	Key employee	ighe mple	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
		below dotted	ecto eu	l fi	er	mp	est c	еŗ	(**-2/1099-10113C)		and related
		line)	Y = 1	nal		loye	e com				organizations
			Individual trustee or director	Institutional trust		Õ	pen				
			()	ee			Highest compensated employee				
							ă				
		L									
		T									
		<del> </del>									
		<del> </del>									
		<del></del>	-								
		<del></del>									
		<del></del>									
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		ļ 									
1b	Sub-total							$\blacktriangleright$	0.	2,979,328.	636,367.
С	Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	0.	0.	0.
d	Total (add lines 1b and 1c)							$\blacktriangleright$	0.	2,979,328.	636,367.
2	Total number of individuals (including but not	limited to t	hose	liste	d al	bove	e) who	re	ceived more than	\$100,000 of	
	reportable compensation from the organization	n 🕨	0.								
											Yes No
3	Did the organization list any former offic	er, directo	r. or	tru	ıste	e.	kev e	mn	olovee or highest	t compensated	
	employee on line 1a? If "Yes," complete Schedu										3 X
4	,										
	organization and related organizations gre										4 X
_	marvada.										
5	Did any person listed on line 1a receive or										- 37
	for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	iie J	tor	such	per	son		5 X
	ction B. Independent Contractors										
1	Complete this table for your five highest com										
	compensation from the organization. Report o	ompensati	וסו ווט	ıne	ca	ieno	ıaı yea	aı e	enaing with or Witr	iiii trie organization	is idX
	year.										

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

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Part VIII	Statement	of	Revenue
-----------	-----------	----	---------

		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part V	'III		
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> 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	0.	0.			
	h	Total. Add lines 1a-1f		0.			
'n			Business Code				
Program Service Revenue	2a b	IANA SERVICES FEES	900099	7,571,450.	7,571,450.		
نِ	C						
ē							
S)	d						
<u>a</u>	е						
õ	f	All other program service revenue		E 5E1 450			
	g	Total. Add lines 2a-2f		7,571,450.			
	3	Investment income (including divider					
		and other similar amounts)		0.			
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties	<u> ▶</u>	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
		· · · · · · · · · · · · · · · · · · ·					
	C	Rental income or (loss)		0.			
	_ d	Net rental income or (loss)	(ii) Other	0.			
	7a	Gross amount from sales of	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0.			
_	8a	Gross income from fundraising					
Other Revenue	Ja	events (not including \$					
š		•					
æ		of contributions reported on line 1c).	0.				
þer		See Part IV, line 18 a					
ŏ	b	Less: direct expenses b					
	С	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	0.				
	b	Less: direct expenses b	0.				
	С	Net income or (loss) from gaming activities.	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code	0.			
	<b>.</b>						
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	0.			
	12	Total revenue. See instructions.		7,571,450.	7,571,450.		

## Part IX Statement of Functional Expenses

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

	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	<b>(D)</b> 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	4,911,202.	3,817,875.	1,093,327.				
	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	0.						
9	Other employee benefits	0.						
10	Payroll taxes	0.						
11	Fees for services (non-employees):							
а	Management	0.						
	Legal	445,523.	350,289.	95,234.				
С	Accounting	281,791.		281,791.				
d	Lobbying	0.						
е	Professional fundraising services. See Part IV, line 17.	0.						
f	Investment management fees	0.						
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)	509,324.	400,453.	108,871.				
12	Advertising and promotion	0.						
13	Office expenses	0.						
14	Information technology	0.						
15	Royalties	0.	600 000	210 454				
16	Occupancy	946,253.	627,799.	318,454.				
17	Travel	477,357.	395,273.	82,084.				
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.						
23		0.						
24								
	above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
_								
a								
b								
q								
d								
	All other expenses Total functional expenses. Add lines 1 through 24e	7,571,450.	5,591,689.	1,979,761.				
	Joint costs. Complete this line only if the	., ,	-,,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	organization reported in column (B) joint costs							
	from a combined educational campaign and fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)	0.						

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#### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this I	Part X		
		·	(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		3	0.
	4	Accounts receivable, net	272,283.	4	323,521.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
			0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net		7	0.
SS	8	Inventories for sale or use		8	0.
٩	9	Prepaid expenses and deferred charges		9	0.
	_	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities		11	0.
	12	Investments - other securities. See Part IV, line 11		12	0.
	13	Investments - program-related. See Part IV, line 11			0.
	14	Intangible assets			0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	323,521.
	17	Accounts payable and accrued expenses		17	323,521.
	18	Grants payable		18	0.
	19	Deferred revenue		19	0.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
jabi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties		23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	272,283.	26	323,521.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	0.	27	0.
Bal	28	l emporarily restricted net assets	0.	28	0.
pu	29	Permanently restricted net assets	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	0.	33	0.
_	34	Total liabilities and net assets/fund balances	272,283.	34	323,521.
					Form <b>990</b> (2018)

Page **12** Form 990 (2018)

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				71,4		
1							
2	P Total expenses (must equal Part IX, column (A), line 25)						
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 33, 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 in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10				0.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>			
			ſ		Yes	No	
1	Accounting method used to prepare the Form 990: CashX Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a				
	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	oversi	ght				
	of the audit, review, or compilation of its financial statements and selection of an independent according	counta	nt?	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	explain	n in				
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in				
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b			

#### **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.

► 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

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

Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must c	omplet	e this pa	art.) See instructions					
		anization 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	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).					
2		A school described in secti	on 170(b)(1)(A)(ii)	n 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative	hospital service o	ospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiz	ation operated in	ion operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
		hospital's name, city, and st	ate:									
5		An organization operated to	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in				
		section 170(b)(1)(A)(iv). (C	complete Part II.)									
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).					
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public				
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)								
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)							
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix) (	operated	I in conjunction with a	land-grant college				
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	the college or				
		university:										
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt facent income and un	unctions - subject to on the state of the control o	certain e able inco	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3 %of its				
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).					
12	Х	An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	arry out the purposes				
		of one or more publicly su										
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.				
а	L	$\stackrel{ ext{X}}{}$ <b>Type I.</b> A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving				
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the				
		_ supporting organization. \	-									
b		$oxedsymbol{oxed}$ <b>Type II.</b> A supporting org	-									
		control or management of			the sam	e persor	ns that control or man	age the supported				
		organization(s). <b>You must</b>										
С		Type III functionally integ						ly integrated with,				
		its supported organization		-								
d	L	☐ Type III non-functionally										
		that is not functionally inte	-		-		•	an attentiveness				
_		requirement (see instruct)  Check this box if the organical controls.		-				I. T				
е	L							і, туре ііі				
f	En	functionally integrated, or ter the number of supported	• •		porting t	nganizai	IOH.					
a		ovide the following information										
_ 9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of				
	``	3	( )	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see				
Z	TTZ	ACHMENT 1		above (see instructions))	Yes	ment?	instructions)	instructions)				
(A)												
(B)												
(C)												
(C)												
(D)												
(D)												
(E)												
\ <del>-</del> ,												
Tota	al							D EB1 4E1				
								7,571,450.				

Schedule A (Form 990 or 990-EZ) 2018 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2016 Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (d) 2017 (e) 2018 (f) Total Gifts, contributions, grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied 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 person each (other governmental unit publicly or 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) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 Gross income from interest, dividends,

	Silliliai Soulces						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2018 (lin	ne 6, column (f	) divided by line	11, column (f)).		14	%
15	Public support percentage from 2017	Schedule A, Pa	art II, line 14			15	%
16a	331/3% support test - 2018. If the org	ganization did r	not check the bo	ox on line 13, ar	nd line 14 is 33	1/3 % or more, c	heck this
	box and stop here. The organization qu	ualifies as a pub	olicly supported	organization			▶ □
b	331/3% support test - 2017. If the org						
	this box and <b>stop here</b> . The organization	on qualifies as a	a publicly suppo	rted organizatio	n		▶ ∟
17a	10%-facts-and-circumstances test - 2	•	•		·		
	10% or more, and if the organization					-	•
	Part VI how the organization meets the			=	=		
	organization						
b	10%-facts-and-circumstances test - 2		=				
	15 is 10% or more, and if the orga	anization meets	s the "facts-and	d-circumstances	" test, check tl	his box and <b>st</b>	op here.

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payments received on securities loans, rents, royalties, and income from

Schedule A (Form 990 or 990-EZ) 2018 Page 3

#### Part III

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

Sec	tion A. Public Support			, ı	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(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						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ıa	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						
8	Add lines 7a and 7b						
·	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6			. ,	. ,	( )	
	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						
c	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						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	and 12.)	or the organi-	tion's first assa	nd third fourth	or fifth toy	year as a sostion	501(2)(2)
14	<u> </u>	Ū	·		•		` ` ` ` _
Sec	organization, check this box and stop here. tion C. Computation of Public Supp			<u> </u>			
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	
	tion D. Computation of Investment					10	/0
17	Investment income percentage for 2018 (lir			13 column (f))		17	%
18	Investment income percentage from 2017 S					18	
	331/3% support tests - 2018. If the org						
ıJd	17 is not more than 331/3%, check thi						
<b>L</b>	331/3% support tests - 2017. If the orga		_				
D	line 18 is not more than 331/3%, check				•		
20	<b>Private foundation.</b> If the organization of		-	•			
				, ,	,		

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Schedule A (Form 990 or 990-EZ) 2018

Vas No

Schedule A (Form 990 or 990-EZ) 2018 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, to determine whether the organization had excess business holdings.)

g by		V	
IS	1	X	
ed	2		X
			- 21
er	3a		Х
d			
ie	3b		
3)			
,	3с		
If	4a		X
n on			
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s," N n; on			
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o d or			
	6		X
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e d			
	9a		X
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fit	9c		X
n d			
to	10a		X
U	10b		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **5** 

Part	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		Х
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
Sect	ion 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 <b>Part VI</b> 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		X	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sect	ion C. Type II Supporting Organizations			
3001	1911 Of Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
'	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			
2 1		3		
	ion E. Type III Functionally Integrated Supporting Organizations	_ 4 41	\	
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 b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctions)	
·	The diganization supported a governmental onliny. Bosonibo in Park Whow you supported a government charg (see	motrac	Yes	
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 <b>Part VI identify those supported organizations and explain</b> 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		
h				
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 <b>Part VI</b> 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	5 1 1 1 0 1			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	-		•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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	ited Type III supporting	g organization (see
instructions).			· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2018

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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 <b>Part VI</b> ). 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 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2018							
а	From 2013							
b	From 2014							
С	From 2015							
d	From 2016							
е	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in <b>Part VI</b> . See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
<u>а</u>	Excess from 2014							
b	Excess from 2015							
<u> </u>	Excess from 2016							
d	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2018

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Excess from 2018

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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 (	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 FOOR ASSIGNED NAMES AND NUMBERS	95-4712218	10	Х	0.	7,571,450.
TOTAL AMOUNT OF SUPPORT				0.	7,571,450.

Schedule A (Form 990 or 990-EZ) 2018

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#### SCHEDULE D (Form 990)

Department of the Treasury

#### 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

Internal Revenue Service Name of the organization Employer identification number PUBLIC TECHNICAL IDENTIFIERS 32-0512841 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
  - public service, provide the following amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: ▶ \$

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

Assets included in Form 990, Part X......

Schedule D (Form 990) 2018

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collections o	f Art, Histo	rical Tre	asures.	or Other	Similar Assets (c	continued)
3	Using the organization's acquisition							
	collection items (check all that app			,	,		9	
а	Public exhibition	-57-	d [	Loan o	r exchai	nge progra	ms	
b	Scholarly research		e	Other				
C	Preservation for future gene	rations						
4	Provide a description of the organ		s and expl	ain how t	hev furt	her the or	ganization's exemp	t purpose in Part
-	XIII.						gaa.ioo	. pa.peee a
5	During the year, did the organization	on solicit or receive	donations of	of art. histo	orical tre	asures, or	other similar	
	assets to be sold to raise funds rath							Yes No
Pa	rt IV Escrow and Custodial A				<u> </u>			
	Complete if the organiza		es" on For	m 990. P	art IV. I	ine 9. or r	eported an amoui	nt on Form
	990, Part X, line 21.				,	,		
1 a	Is the organization an agent, truste	e, custodian or oth	ner intermed	diary for co	ontributi	ons 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 fo	llowing tab	ole:			
	, ,		•	Ü			Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an am	ount on Form 990.	Part X, line	21, for e	scrow o	r custodial	account liability?	Yes No
b	If "Yes," explain the arrangement i	n Part XIII. Check I	here if the e	xplanation	has bee	n provided	on Part XIII	
	rt V Endowment Funds.							
	Complete if the organiza	ation answered "Y	es" on For	m 990, P	art IV, I	ine 10.		
	·	(a) Current year	(b) Prio	r year	(c) Two	years back	(d) Three years back	(e) Four years back
1 a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains,							
·	and losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
·	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage	of the current year	end halanc	e (line 1a	column	(a)) held as		
- a	Board designated or quasi-endown		%	o (iii.o 1g,	oolalliii	(4)) 11014 40	•	
b	Permanent endowment >	%						
С	Temporarily restricted endowment	<u>▶</u> %	)					
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.					
3a	Are there endowment funds not in	the possession of	the organiza	ation that	are held	and admir	nistered for the	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the relate	ed organizations list	ed as requir	ed on Sch	edule R?	·		3b
4	Describe in Part XIII the intended u							
Pa	rt VI Land, Buildings, and Equ Complete if the organization	uipment.	/aall an Ea	000 F	7a = 4 1\ /	lina 44a (	Coo Form 000 Do	ut V. line 40
	Description of property	ation answered	res on Fo or other basis	(b) Cost o				IT A, IINE TU.  I) Book value
	2000 Iption of property		estment)		ther)		eciation	, Dook value
1 a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
_е	Other							
	II. Add lines 1a through 1e. (Column		rm 990. Part	X. column	n (B). line	10c.)	<b>•</b>	

Page 3 Schedule D (Form 990) 2018

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	). Part IV. line 11b. See Form 990. Pa	rt 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 va	
(1) Financia	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) marel a marel Forms 000 Poorl V and (D) line (O)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.  Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990, Pa	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	alue
(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. Complete if the organization answered		, Part IV, line 11d. See Form 990, Pa	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) I	ine 15 )	•	
Part X	Other Liabilities.			
T GITC A	Complete if the organization answered line 25.	I "Yes" on Form 990	), Part IV, line 11e or 11f. See Form 9	90, Part X,
1.	(a) Description of liability	(b) Book valu	ie	
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to th	e organization's financial statements that reports	s the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2018 Page **4** 

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	7,571,450.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,571,450.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	7,571,450.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	7,571,450.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,571,450.
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	7,571,450.
	XIII Supplemental Information.		
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

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Schedule D (Form 990) 2018

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#### 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 CALIFORNIA 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 FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE BASIC FINANCIAL STATEMENTS TAKEN AS A WHOLE.

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

Schedule D (Form 990) 2018

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number PUBLIC TECHNICAL IDENTIFIERS 32-0512841 Part I Questions Regarding Compensation

			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form						
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel  Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	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 réimbursement or provision of all of the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b					
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line						
	1a?						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	2					
3	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							
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		4a		Х			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
С	Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the revenues of:						
а	The organization?	5a		X			
b	Any related organization?	5b		Х			
	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		X			
b	Any related organization?	6b		X			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed						
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
	in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2018

PUBLIC TECHNICAL IDENTIFIERS 32-0512841

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
ALAN AKAHOSHI	(i)	0.	0.	0.	0.	0.	0.	0.	
1 SR. PRODUCT MANAGER - IANA	(ii)	115,863.	10,229.	0.	18,961.	18,547.	163,600.		
AKRAM ATALLAH	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR (THRU OCT 2018)	(ii)	542,122.	79,603.	0.	36,500.	28,038.	686,263.		
DAVID CONRAD	(i)	0.	0.	0.	0.	0.	0.	0.	
<b>3</b> DIRECTOR	(ii)	295,016.	88,307.	0.	36,500.	18,335.	438,158.		
MICHELLE S COTTON	(i)	0.	0.	0.	0.	0.	0.	0.	
4PROTOCOL PARAMETERS ENGAGEMENT	(ii)	119,242.	22,348.	0.	21,287.	30,105.	192,982.		
KIM DAVIES	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR & PRESIDENT	(ii)	227,250.	53,005.	0.	32,250.	30,471.	342,976.	0.	
ALBERTO DUERO	(i)	0.	0.	0.	0.	0.	0.	0.	
6 CRYPTOGRAPHIC MGR THRU OCT2018	(ii)	104,849.	12,233.	0.	17,602.	17,688.	152,372.		
SAMANTHA EISNER	(i)	0.	0.	0.	0.	0.	0.	0.	
7 <sup>SECRETARY</sup>	(ii)	245,502.	48,889.	0.	32,250.	30,500.	357,141.		
REBECCA NASH	(i)	0.	0.	0.	0.	0.	0.	0.	
8 TREASURER	(ii)	221,311.	44,126.	0.	34,329.	30,462.	330,228.		
TRANG NGUYEN	(i)	0.	0.	0.	0.	0.	0.	0.	
9 <sup>DIRECTOR</sup>	(ii)	220,870.	52,429.	0.	32,192.	30,461.	335,952.		
ANDRES PAVEZ	(i)	0.	0.	0.	0.	0.	0.	0.	
10 CRYPTOGRAPHIC KEY MANAGER	(ii)	119,498.	23,745.	0.	21,534.	8,592.	173,369.		
DAVID PRANGNELL	(i)	0.	0.	0.	0.	0.	0.	0.	
11 DIRECTOR, TECHNICAL SERVICES	(ii)	158,978.	31,494.	0.	28,044.	30,247.	248,763.		
NAELA C SARRAS	(i)	0.	0.	0.	0.	0.	0.	0.	
12 <sup>SR MANAGER, IANA SERVICES</sup>	(ii)	118,739.	23,680.	0.	21,411.	30,061.	193,891.		
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)							adula 1/Earm 000\ 2018	

Schedule J (Form 990) 2018

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PUBLIC TECHNICAL IDENTIFIERS 32-0512841

Schedule J (Form 990) 2018

#### 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 2018 CALENDAR YEAR. ALL COMPENSATION WAS PAID BY ICANN, A RELATED

ORGANIZATION AND PTI'S SOLE MEMBER.

FORM 990, SCHEDULE J, PART II

ICANN'S OVERALL COMPENSATION PHILOSOPHY IS TO TARGET COMPENSATION BETWEEN

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

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

THAT ICANN'S COMPENSATION IS MARKET-BASED.

Schedule J (Form 990) 2018

JSA 8E1505 1.000

#### SCHEDULE O (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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 32-0512841

PUBLIC TECHNICAL IDENTIFIERS

FORM 990, PART III, LINE 4A

PTI IS AN AFFILIATE OF THE INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS ("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 INTERNET ASSIGNED NUMBERS AUTHORITY ("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

Name of the organization

PUBLIC TECHNICAL IDENTIFIERS

Employer identification number

32-0512841

1099-MISC UNDER ITS TAX ID. ICANN COMPLIES WITH BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS.

FORM 990, PART V, LINE 2A

FORM W-2

DURING THE REPORTABLE TIME PERIOD OF CALENDAR YEAR 2018, PTI HAD NO EMPLOYEES. ICANN EMPLOYEES PERFORMING PTI ACTIVITIES WERE PAID BY ICANN, ITS SOLE MEMBER, AND ICANN ISSUED THEIR FORM W-2. COMPENSATION WAS REPORTED UNDER PTI AS PAID BY A RELATED ORGANIZATION (ICANN). PTI REIMBURSES ICANN FOR ALL EMPLOYEE COMPENSATION RELATED TO PTI ACTIVITIES. AS OF JANUARY 1, 2019, EMPLOYEES WORKING ON PTI BECAME PTI EMPLOYEES AND WERE PAID BY PTI.

THE PROCESS FOR DETERMINING COMPENSATION, INCLUDING SURVEYS OF COMPARABLE POSITIONS AND OTHER MARKET STUDIES IS DESCRIBED IN THESE REMUNERATION PRACTICES REPORTS. OFFICER COMPENSATION IS DISCLOSED AS WELL. SALARIES OF ALL OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS FOLLOWING RECOMMENDATIONS FROM THE BOARD COMPENSATION COMMITTEE, WHICH ARE INFORMED BY RECOMMENDATIONS AND COMPARABLE DATA PROVIDED BY INDEPENDENT COMPENSATION EXPERTS. CONFIDENTIAL MINUTES OF THESE MEETINGS ARE MAINTAINED BY THE BOARD SECRETARY AS PART OF THE CORPORATE SECRETARIAT FUNCTION. EACH YEAR THE APPOINTMENT FOR EACH OFFICER IS CONFIRMED BY THE BOARD OF DIRECTORS AT THE ANNUAL GENERAL MEETING. THE ANNUAL COMPENSATION MERIT REVIEW PROCESS FOR ORGANIZATION PERSONNEL FOR THE PERIOD OF JULY 1, 2018 THROUGH JUNE 30, 2019 WAS LAST COMPLETED AS OF JULY 1, 2018.

Name of the organization

PUBLIC TECHNICAL IDENTIFIERS

Employer identification number

32-0512841

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 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 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 AND THE CHAIR OF THE PTI BOARD.

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

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 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

FORM 990, PART VI, LINES 13 & 14

DURING THE REPORTABLE TIME PERIOD OF CALENDAR YEAR 2018, PTI'S PRESIDENT,
OTHER OFFICERS AND KEY EMPLOYEES WERE PAID BY ITS SOLE MEMBER, ICANN, AND
THE COMPENSATION IS REPORTED AS PAID BY A RELATED ORGANIZATION. PLEASE
SEE BELOW FOR 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 FY2018 AND

FY2019 ARE POSTED AT:

HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY18-01 JUL17-EN.PDF

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

THE PROCESS FOR DETERMINING COMPENSATION, INCLUDING SURVEYS OF COMPARABLE POSITIONS AND OTHER MARKET STUDIES IS DESCRIBED IN THESE REMUNERATION PRACTICES REPORTS. OFFICER COMPENSATION IS DISCLOSED AS WELL. SALARIES OF ALL ICANN OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS FOLLOWING RECOMMENDATIONS FROM THE BOARD COMPENSATION COMMITTEE, WHICH ARE INFORMED BY RECOMMENDATIONS AND COMPARABLE DATA PROVIDED BY INDEPENDENT COMPENSATION EXPERTS. CONFIDENTIAL MINUTES OF THESE MEETINGS ARE MAINTAINED BY THE BOARD SECRETARY AS PART OF THE CORPORATE SECRETARIAT FUNCTION. EACH YEAR THE APPOINTMENT FOR EACH OFFICER IS

Name of the organization

PUBLIC TECHNICAL IDENTIFIERS

Employer identification number

32-0512841

CONFIRMED BY THE BOARD OF DIRECTORS AT THE ANNUAL GENERAL MEETING. THE ANNUAL COMPENSATION MERIT REVIEW PROCESS FOR ORGANIZATION PERSONNEL FOR THE PERIOD OF JULY 1, 2018 THROUGH JUNE 30, 2019 WAS COMPLETED AS OF JULY 1, 2018.

FORM 990, PART VI, LINE 18

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-FY18-09MAY19-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 +1.310.301.3864.

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

HTTPS://WWW.ICANN.ORG/RESOURCES/FILES/1222283-2019-01-28-EN

FORM 990, PART VI, LINE 19

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

IN ACCORDANCE WITH ITS CORPORATE BYLAWS (SEE

HTTPS://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-IDENTIFIERS-PTI)

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

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

PTI DIRECTORS ARE NOT COMPENSATED FOR THEIR SERVICE AS DIRECTORS. FOUR
PTI DIRECTORS WHO, DURING THE REPORTING PERIOD WERE ALSO EMPLOYEES OF

ICANN, AKRAM ATALLAH, DAVID CONRAD, KIM DAVIES AND TRANG NGUYEN 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.

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

DAVID PRANGNELL, KEY EMPLOYEE AND ALL OF THE DISCLOSED TOP FIVE HIGHEST COMPENSATED EMPLOYEES DURING THE REPORTING PERIOD WERE ICANN EMPLOYEES SECONDED TO PTI. PTI DID NOT DIRECTLY EMPLOY ANY PERSON. ALL PERSONS

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Name of the organization

PUBLIC TECHNICAL IDENTIFIERS

Employer identification number
32-0512841

RECEIVING COMPENSATION FOR PROVIDING DIRECT SERVICES TO PTI WERE

EMPLOYEES OF ICANN THAT WERE SECONDED TO PTI AND WERE PAID THROUGH THE

RELATED ORGANIZATION.

FORM 990, PART VII, SECTION B

COMPENSATION FOR SERVICES PROVIDED BY INDEPENDENT CONTRACTORS TO PTI ARE

PAID BY PTI'S SOLE MEMBER, ICANN. THERE WERE NO INDEPENDENT CONTRACTORS

WHO RECEIVED MORE THAN \$100,000 IN COMPENSATION DURING THE CURRENT

PERIOD.

### **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization PUBLIC TECHNICAL IDENTIFIERS

Employer identification number 32-0512841

Part I	identification of Disregarded Entities. Complete if the organization	answered res on	Form 990, Part i	v, iine 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</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)						

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

(a) Name, address, and EIN of related organization	<b>(b)</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	g) 512(b)(13) rolled tity?
						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) 2018

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Schedule R (Form 990) 2018 Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
<u>(7)</u>												

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

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

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Schedule R (Form 990) 2018

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		Х
	, , , , , , , , , , , , , , , , , , , ,			
f	Dividends from related organization(s)	1f		X
a	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s).	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
,	20000 01 100minos, oquipmoni, 01 0min 00000 to 100000 0190minos(0), 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)			Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)		Х	
U	Sharing of paid employees with related organization(s)			
_	Reimbursement paid to related organization(s) for expenses	1р	x	
	Reimbursement paid by related organization(s) for expenses	1g		Х
Ч	Relinbursement paid by related organization(s) for expenses	19		
_	Other transfer of each or preparity to related expenientian(a)	1r		Х
r	Other transfer of cash or property to related organization(s)	-		X
<del></del> 2	Other transfer of cash or property from related organization(s).  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 three	_		
_	the diswer to dry of the above is res, see the instructions for information of who must complete this line, including covered relationships and transaction time.	2. 101G		

	(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	7,571,450.	FMV
(2)	INTERNET CO FOR ASSIGNED NAMES AND NUMBERS	N	946,253.	FMV
(3)	INTERNET CO FOR ASSIGNED NAMES AND NUMBERS	0	4,911,202.	FMV
(4)	INTERNET CO FOR ASSIGNED NAMES AND NUMBERS	Р	1,713,995.	FMV
(5)				
(6)				

Schedule R (Form 990) 2018

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32-0512841 Schedule R (Form 990) 2018

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man	(j) eral or aging tner?	(k) Percentage ownership
			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) 2018

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JSA

Schedule R (Form 990) 2018 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**

, 20	18	, and ending	06/30	. 20	19

For tax year beginning <u>07/01</u> ▶ Go to www.irs.gov/Form8991 for instructions and the latest information. OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

➤ See instructions. Employer identification number

PUBLIC TECHNICAL IDENTIFIERS 32-0512841 **Applicable Taxpayer** 

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

		(a)	(b)	(c)
		First Preceding Tax Year	Second Preceding Tax Year	Third Preceding Tax Year
1 a	Gross receipts of the applicable taxpayer. See instructions	7,817,678	5,452,479	0
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)	4,385,012	343,106,716	253,020,323
d	Gross receipts. Combine lines 1a through 1c 29			
е	Gross receipts of first, second, and third preceding tax years. Combine columns (a),			
	1d			893,782,208
f	3-year average annual gross receipts (Divide line 1e by 3.0)			297,927,403
g	Is line 1f \$500 million or more?			
	Yes. Continue to line 2.			
	x No. STOP here and attach this form to your tax return.			
2 a	Aggregate base erosion tax benefit (from Schedule A, line 14)		2a	
b	Aggregate amount of deductions allowable under Chapter 1 of the Internal Revenue Coc			
C	Other allowable deductions not included in line 2b above			
d	Base erosion tax benefits resulting from reductions in insurance premium			
ŭ	reported on Schedule A, line 8, column a-2			
е	Base erosion tax benefits resulting from reductions in gross receipts reported o			
C	Schedule A, line 10, column a-2			
f			2f	
	Add lines 2c through 2e			
g	· · · · · · · · · · · · · · · · · · ·			
	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		<u>2</u> j	
k	<b>Total Deductions.</b> 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 2			9/
m	Is the taxpayer's base erosion percentage on line 21 3% or higher (2% or higher for dealer)?	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 tax	return.		
or Pa	perwork Reduction Act Notice, see separate instructions.		Forr	n <b>8991</b> (12-2018)

For Paperwork Reduction Act Notice, see separate instructions.

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

Pa	rt II Modified Taxable Income (MTI)		
3 a	Taxable income after net operating loss and special deductions	3a	
b	Base erosion tax benefits for the tax year with respect to base erosion payments.	3b	
С	Base erosion percentage of the net operating loss deduction allowed under section 172 for the tax year.		
	See instructions	3с	
d		3d	
Pa	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	Regular tax liability adjusted for purposes of computing Base Erosion Minimum Tax Amount. Subtract		
	line 4b from line 4a	4c	
Pa	rt 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) Page **3** 

Base Erosion Payments and Base Erosion Tax Benefits (see instructions) Schedule A (Check all applicable boxes in columns (c), (d), and (e) below) (a-1) (a-2) (b-1) (b-2) (c) (d) (e) Person Related Aggregate Base Base Erosion Base Erosion Any 25% **Any Person** Aggregate Base Erosion **Erosion Tax** Payment for Tax Benefit Owner of **Under Sections** Related Within Payment for Benefit for Purposes of for Purposes the Taxpayer 267(b) or the Meaning of Type of Base Erosion Payments Purposes of Purposes of Modified of Modified 707(b)(1) to the Section 482 Base Erosion Base Erosion Taxable Taxable Taxpayer or any to the Taxpayer Percentage Percentage Income Income 25% Owner of the Taxpayer Reserved for future use Reserved for future use Purchase or creations of property rights for intangibles (patents, trademarks, etc.) 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 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 

Form 8991 (12-2018) Page  $oldsymbol{4}$ 

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

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Scl	nedule B Credits Reducing Regular Tax Liability in Computing Base Erosion Minimum Tax Amoun	it (BE	EMTA)
Pa	Credits Allowed Against Regular Tax (see instructions)		
1	Total credits allowed in current year. Enter the amount from Form 1120, Schedule J, Part I, line 6; or the		
	applicable line of your return	1	
2	Credits for increasing research activities from line 1c of all Parts III of Form 3800		
3	Total allowed credit for increasing research activities for current year. Enter the amount of research		
	credit reported in Form 3800, Part II, line 38. See instructions	3	
4	Enter smaller of Schedule B, Part II, line 11 or Part III, line 16	4	
5	Limitation of applicable section 38 credits. Multiply line 4 by 80% (0.80)	5	
6	Adjustments to allowed credits. Add lines 3 and 5	6	
7	Credits allowed against regular tax in computing BEMTA. Subtract line 6 from line 1. Enter here and		
	on Form 8991, line 4b	7	
P	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	
P	BEMTA determined without adjustment for applicable section 38 credits		
12	Base erosion minimum tax (Form 8991, line 5c)	12	
13	Regular tax liability (Form 8991, line 4a).	13	
14	Subtract Schedule B, Part I, line 3 from line 1	14	
15	Regular tax adjusted for credits that offset BEMTA. Subtract line 14 from line 13	15	
16	Base erosion minimum tax determined without adjustment for applicable section 38 credits. Subtract		
	line 15 from line 12: if zero or less. enter -0-	16	

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Form	8991.	Page	1.	Part.	Τ.	Seperate	Taxpavers	aggregated
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Name	EIN
Internet Corporation for Assigned Names and Numbers	95-4712218
Public Technical Identifiers	32-0512841