\*\* PUBLIC DISCLOSURE COPY \*\*

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A For the 2016 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change INTERNET SOCIETY Name change Doing business as 54-1650477 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1775 WIEHLE AVENUE 703-439-2120 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 56,049,964. Amended RESTON, VA 20190-5108 H(a) Is this a group return Applicafor subordinates? F Name and address of principal officer: KATHRYN C. BROWN ∐Yes Lx∐No pending SAME AS C ABOVE H(b) Are all subordinates included? \_ Yes L 4947(a)(1) or Tax-exempt status: x 501(c)(3) 501(c) ( ) (insert no.) 527 If "No," attach a list. (see instructions) J Website: ► WWW.ISOC.ORG H(c) Group exemption number ▶ K Form of organization: x Corporation Trust Association Other > L Year of formation: 1992 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part V, line 2a) 47 Total number of volunteers (estimate if necessary) 6 3750 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 548. b Net unrelated business taxable income from Form 990-T, line 34 ...... -549. Prior Year Current Year Contributions and grants (Part VIII, line 1h) 35,049,161 35.974.383. Revenue Program service revenue (Part VIII, line 2g) 9 2.958.249 2.587.537. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 901 249. 408,335 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 35,753 20.076. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 38,451,498 39.483.245. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,052,364 2,716,523. Benefits paid to or for members (Part IX, column (A), line 4) 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ....... 16,773,291. 16,705,288 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... 0. 0 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17,059,523 18,340,215. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 37,817,175 37,830,029. 19 Revenue less expenses. Subtract line 18 from line 12 1.653,216. 634,323 Assets or Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 33,821,183 34,674,275. Total liabilities (Part X, line 26) 6 709 635 5 710 726. Vet / Net assets or fund balances. Subtract line 21 from line 20 ..... 27 111 548 28 963 549. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. **PUBLIC INSPECTION** Signature of officer COPY - RETAIN FOR Date Sign CHIEF FINANCIAL OFFICER YOUR RECORDS Here SANDRA SPECTOR. Type or print name and title PTIN Print/Type preparer's name Paid WILLIAM E, TURCO, CPA P00369217 Preparer Firm's name > RSM US LLP Firm's EIN 42-0714325 Use Only Firm's address > 9737 WASHINGTONIAN BLVD., #400 GATTHERSBURG, MD 20878-7340 Phone no. (301) 296-3600 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

Pa	rt III Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission:									
'	TO PROMOTE THE OPEN DEVELOPMENT. EVOLUTION, AND USE OF THE INTERNET									
	FOR THE BENEFIT OF ALL PEOPLE THROUGHOUT THE WORLD.									
2	Did the organization undertake any significant program services during the year which were not listed on the									
	prior Form 990 or 990-EZ?									
	If "Yes," describe these new services on Schedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes \ \textbf{X} \ \textbf{No} \ If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.									
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and									
	revenue, if any, for each program service reported.									
4a	(Code:) (Expenses \$9_331_855, including grants of \$2_030_256, ) (Revenue \$)									
	GLOBAL ENGAGEMENT:									
	REGIONAL DEVELOPMENT REPRESENTS COSTS TO ADDRESS AND ASSIST IN THE									
	REMOVAL OF FUNDAMENTAL IMPEDIMENTS TO INTERNET GROWTH AND USABILITY									
	PARTICULARLY IN DEVELOPING COUNTRIES, REGIONAL DEVELOPMENT PROGRAM									
	WORKS TO IMPROVE ACCESS TO TECHNICAL SKILLS AND KNOWLEDGE. THE									
	REGULATORY AND POLICY ENVIRONMENT FOR INFORMATION AND									
	TELECOMMUNICATIONS SERVICES, AND BROADER ECONOMIC AND MARKET FACTORS.									
	LANGUAGE DIVERSITY AND THE DIFFUSION AND RELIABILITY OF BASIC									
	INFRASTRUCTURES AND SERVICES. THE IMPACT OF THIS INITIATIVE IS VISIBLE									
	THROUGH ONGOING DEPLOYMENT OF SCALABLE INTERNET SERVICES AND CRITICAL									
	INFRASTRUCTURES IN THE DEVELOPING WORLD.									
	INFRASIROCIORES IN THE DEVELOFING WORLD.									
4b	(Code:) (Expenses \$									
	THE INTERNET ENGINEERING TASK FORCE:									
	THE INTERNET ENGINEERING TASK FORCE (IETF) IS A VOLUNTEER GROUP									
	DEDICATED TO THE PROTOCOL, ENGINEERING AND DEVELOPMENT EFFORTS FOR THE									
	GLOBAL INTERNET. THE IETF IS AN INTERNATIONAL VOLUNTEER COMMUNITY OF									
	NETWORK DESIGNERS, OPERATORS, AND RESEARCHERS, RESPONSIBLE FOR DEFINING									
	THE OPEN STANDARDS THAT SUPPORT THE INTERNET, IT HAS NO MEMBERS OR									
	DUES, ALTHOUGH REGISTRATION FEES ARE CHARGED FOR MEETING ATTENDANCE.									
	THREE MEETINGS ARE HELD PER YEAR AND ALL INFORMATION AND STANDARDS									
	PRODUCED DURING THESE MEETINGS ARE MADE FREELY AVAILABLE TO THE PUBLIC									
	FOR THE OPEN DEVELOPMENT OF THE INTERNET.									
4c	(Code:) (Expenses \$3,637,108, including grants of \$303,190, ) (Revenue \$									
	GLOBAL POLICY:									
	THE INTERNET SOCIETY BRIEFS MEMBERS AND THE GENERAL PUBLIC ON GLOBAL									
	POLICY ISSUES INCLUDING HUMAN RIGHTS, CYBERSECURITY, TRUST, IDENTITY,									
	CENSORSHIP/FREEDOM OF EXPRESSION INTERNET GOVERNANCE INTELLECTUAL									
	PROPERTY, AND ACCESS TO INFORMATION, THE INTERNET SOCIETY ALSO									
	PARTICIPATES IN REGIONAL LOCAL NATIONAL AND INTERNATIONAL FORUMS THAT									
	PROMOTE AWARENESS OF AN OPEN INTERNET, INTERNET SOCIETY PARTICIPATES									
	WITH ORGANIZATIONS SUCH AS ECOSOC, CITEL, WIPO, OECD, ITU, UNESCO, APEC									
	AND OTHERS IN ADVANCING THE DISCUSSION OF INTERNET GOVERNANCE AND									
	RELATED POLICY ISSUES, UNDER THIS PROGRAM, THE INTERNET SOCIETY									
	CONTINUES TO REPRESENT THE PRINCIPLES AND INTEREST OF THE GLOBAL									
	INTERNET.									
4d	Other program services (Describe in Schedule O.)									
_	(Expenses \$ 8,664,491, including grants of \$ 358,077,) (Revenue \$ 214,470.)									
<u>4e</u>	Total program service expenses 27,798,437.									

632002 11-11-16

# Form 990 (2016) INTERNET SOCIETY 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," complete Schedule A	1_	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		-41
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41		
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Х	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	v	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	X	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

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# Form 990 (2016) INTERNET SOCIETY Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		
	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	_	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	_	Χ
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00		0.52
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	_	X
D C	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	280		X
C	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 conservation	23		
00	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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
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		X
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		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2016)

## Form 990 (2016) INTERNET SOCIETY Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						
			70 S		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	70				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ıble gaming				
	(gambling) winnings to prize winners?	, in the		1c	х		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 47						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	x		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions						
За	Division of the second of the			За	х		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	х		
	At any time during the calendar year, did the organization have an interest in, or a signature or other						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	х		
b	If "Yes," enter the name of the foreign country: > SWITZERLAND, SINGAPORE		Mississipiesationali				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		х	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th						
	any contributions that were not tax deductible as charitable contributions?			6a		x	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions c	or gifts				
	were not tax deductible?		00000	6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	provided to the payor?	7a		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	961.	energia de la constanta de la	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired				
	to file Form 8282?	· · · · · · · · · · · · · · · · · · ·	γ······	7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	ot?	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		/0.00 to the companion of the companion	7f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g			
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
_				8			
9	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?		CATHERIA CONTRACTOR AND A	9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	-		
10	Section 501(c)(7) organizations. Enter:	40	t l				
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a					
р 11	Section 501(c)(12) organizations. Enter:	10b					
	Gross income from members or shareholders	11a	ĺ				
	Gross income from other sources (Do not net amounts due or paid to other sources against	114					
D	amounts due or received from them.)	11b					
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	_	2	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		IZa			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120					
	Is the organization licensed to issue qualified health plans in more than one state?			13a			
u	Note. See the instructions for additional information the organization must report on Schedule O.			.00			
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
-	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
	The second control of the control of		************************	14a		х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b			
				F.	000	(0040)	

Form 990 (2016) INTERNET SOCIETY Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year ..... 1a 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. b 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 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 ▶SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (or 1024 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. x Own website \_\_\_ 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 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:

Form 990 (2016)

SANDRA SPECTOR, CFO - 703-439-2120

1775 WIEHLE AVENUE NO. 201 RESTON VA 20190-5108

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	the	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GONZALO CAMARILLO	15.00									
TRUSTEE/CHAIR FROM 06/2016		Х	L	х			_	0.	0.	0.
(2) BOB HINDEN	15.00									
TRUSTEE/CHAIR THRU 06/2016		Х		X		-		0.	0.	0.
(3) SEAN TURNER	7.50	-								
TRUSTEE/TREASURER		Х		X		-	-	0.	0.	0.
(4) JOHN LEVINE	15.00									
TRUSTEE/SECRETARY FROM 06/2016		X		Х		H		0.	0.	0.
(5) WALID AL-SAQAF	5.00									2
TRUSTEE	5.00	X			$\vdash$			0.	0,	0.
(6) ALICE MUNYUA	5.00									
TRUSTEE (7) NARELLE CLARK	5.00	X		-				0.	0,	0.
(7) NARELLE CLARK TRUSTEE THRU 03/2016	5.00	x						0.	0.	0
(8) JASON LIVINGOOD	5.00	Δ						0.	0.	0.
TRUSTEE THRU 03/2016	5.00	x						0.	0.	0.
(9) DESIREE MILOSHEVIC	5.00	25							0.	
TRUSTEE		x						0.	0.	0.
(10) GIHAN DIAS	5,00									
TRUSTEE		x						0.	0.	0,
(11) HIROSHI ESAKI	5.00									
TRUSTEE		х						0.	0.	0.
(12) HANS PETER DITTLER	5.00									
TRUSTEE		х		_				0.	0.	0.
(13) RICHARD BARNES	5.00									
TRUSTEE FROM 06/2016		х		_		Щ.		0.	0.	0.
(14) OLGA CAVALLI	5.00									
TRUSTEE FROM 06/2016		Х		_	_	_	_	0,	0.	0.
(15) HARISH PILLAY	5.00	-								
TRUSTEE 06/2016		Х						0.	0.	0.
(16) SCOTT BRADNER	15.00									9.046
SECRETARY THRU 03/2016		_		Х			-	0.	.0.	0.
(17) KATHRYN BROWN	40.00									NGG 1570/0
TRUSTEE/CEO		_	_	Х	_	Ц.		597,650,	0.	63,798,

632007 11-11-16

Form 990 (2016)

FORM 990 (2016) INTERNET SOC									54-16504//			age o
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	(do		Pos		า than	one	Reportable	Reportable	E:	stimate	ed
	hours per	box, unless			rson	is bot	h an	1 '	compensation	ar	mount	
	week (list any	-	Cer ai	luau	lirecto	Ji/tiustee)		from	from related		other	
	hours for	irecto					ll -	the organization	organizations (W-2/1099-MISC)	l .	npensa from th	
	related	eord	stee			sated		(W-2/1099-MISC)	(44-2/1099-141130)		ganizat	
	organizations	truste	al trus		yee	шрег		(11 27 1000 111100)		١ `	nd relat	
	below	ndividual trustee or director	nstitutional trustee	h	кеу етріоуев	Highest compensated employee	-Br			org	anizati	ions
	line)	Indiv	Instit	Officer	Key e	High	Former					
(18) SANDRA SPECTOR	40.00											
CHIEF FINANCIAL OFFICER FROM 09/2016				Х	_		_	159,587.	0.		53	305.
(19) GREGORY KAPFER	40.00											
CHIEF FINANCIAL OFFICER THRU 09/2016	-			Х	_			299,337.	0.		66	615.
(20) RAUL ECHEBERRIA	40.00											
VP, GLOBAL ENGAGEMENT		_			Х			432,023.	0.			0.
(21) C. LYNN MCNAIR	40.00											
SR. DIR, PARTNERSHIP DEVELOPMENT						Х	_	239,277.	0.		56	,951.
(22) TORAL COWIESON	40.00											
SR. DIR, INTERNET LEADERSHIP		_		-	_	X	-	221,251.	0.		71	465.
(23) JOHN EDWARD MOONEY	40.00											
SR. DIR, COMMUNITY SERVICES						X		218,076.	0.		55	,770.
(24) AYESHA HASSAN	40.00											
VP, STAKEHOLDER RELATIONS AND PARTNE						X	-	235,219.	0.		41	357.
(25) CONSTANCE BOMMALAER	40.00											centre
SR. DIR., GLOBAL INTERNET POLICY					-	X	-	229,396.	0.	_	41	026.
1b Sub-total	(200			_			<b>&gt;</b>	2,631,816.	0.		450	.287.
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c)								2,631,816.	0.		450	.287.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wl	ho r	received more than \$100	,000 of reportable		· · · · · · · · · · · · · · · · · · ·	
compensation from the organization												51
											Yes	No
3 Did the organization list any former officer,												
line 1a? If "Yes," complete Schedule J for s	auch individual	2000	0000	00000						3		х
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization			
and related organizations greater than \$150	0,000? If "Yes,	" co	mpl	ete :	Sch	edul	e Ji	for such individual	10000100 ARRESTO 00000011101120000011	4	х	

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ASSOCIATION MANAGEMENT SOLUTIONS, LLC, RUE		
LOUIS ERNOTTE 48 C, BRUSSELS, BELGIUM B	SECRETARY SERVICE	2,915,245.
MOVING BRANDS, INC., 115 E 23RD STREET,		
4TH FL, NEW YORK, NY 10010	WEB DESIGN	628,068.
VERILAN EVENT SERVICES, INC., 7327 SW		
BARNES ROAD, #215, PORTLAND, OR 97225	MEETING CONNECTIVITIY	479,252.
FD SPRDL, P.O. BOX 775, 22 SEABREEZE AVE,		
STONINGTON, ME 04681-0775	POLICY SERVICES	359,825.
ZIP SYNDICATE, INC., 1315 WALNUT STREET,		
SUITE 201 , PHILADELPHIA, PA 19107	WEB DESIGN	290,000.
2 Total number of independent contractors (including but not limite	d to those listed above) who received more than	
\$100,000 of compensation from the organization	22	

Form **990** (2016)

Form 990 (2016) INTERNET SOCIETY
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
iran		Membership dues		1,734,131.				
E G		Fundraising events						
ifts ar /		Related organizations		29,729,325.				
ail.		Government grants (contribut	9 3	185 456.				
Silo		All other contributions, gifts, gran		100,450.				
her	·	similar amounts not included above		4.325.471.				
로 다	g		E32323 1	4,525,471.				
Contributions, Gifts, Grants and Other Similar Amounts	_	h Total. Add lines 1a-1f			35 974 383.			
		TOTAL MICO NA 11		Business Code	55,774,555.			
o l	2 a	IETF CONFERENCE REVENU		541900	2,373,067.	2,373,067.		
Ş.	b			541900	209,670.	209,670.		
Program Service Revenue	0	ITO PROGRAM REVENUE		541900	4.800.	4.800.		
E S	d			341500	4,000.	4,000.		-
Re	u							
Pro	f	All other program service reve	nue					-
		Total. Add lines 2a-2f			2 587 537.			
_	3	Investment income (including			2,307,337,			
	J	, ,		100	757 261.			757,261.
	4	other similar amounts)  Income from investment of tax-exempt bond p			757,201.			737,201.
	5				257.			257.
	3	Royalties	(i) Real	(ii) Personal	257.			237.
	6.0	Gross rents	**************************************	(ii) i ersonai				
	6 a	Less: rental expenses	460,171,	-				
		Rental income or (loss)						
		Net rental income or (loss)			0.		E40	E 4 0
		Gross amount from sales of	(i) Securities	(ii) Other	0.		-548.	548.
	/ a	assets other than inventory						
		Less: cost or other basis	16,250,536,					
	D		16 106 540					
	_	and sales expenses	16,106,548,					
		Gain or (loss)			143 000			142 000
		Net gain or (loss)			143,988.			143,988.
ne	8 a		` `					
Ver		including \$						
Be		contributions reported on line						
Other Reven		Part IV, line 18		1				
ŏ		Net income or (loss) from fund						
				<b>&gt;</b>				
	9 а	Gross income from gaming ac						
	la.	Part IV, line 19						
		Less: direct expenses  Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	IU a							
		and allowances a  Less: cost of goods sold b						
				1				
	С	Net income or (loss) from sale						
	44 -	Miscellaneous Revenu	<u> </u>	Business Code	40 454			54189 - 541859
		REBATES		900099	17,151. 2,668.			17,151. 2,668.
		OTHER REVENUE		200033	2,008,			2,000.
	c d	All other revenue						
		Total. Add lines 11a-11d			19,819.			
	12	Total revenue. See instructions.			39 483 245.	2,587,537.	-548.	921,873.
	16.	Total levelide, occ mandenting.			22,403,245	4,001,001	-548	JET 013

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 316.165 316,165 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 2,400,358 2 400 358 Benefits paid to or for members .... Compensation of current officers, directors. trustees, and key employees 432,023 1,672,315 1,240,292 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 7 12,163,720 9 130 586 2,279,500 753,634. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 97,707. 346,883 1,487,833 1,043,243 9 Other employee benefits 629.849 369,522 204.348 55,979. Payroll taxes 10 819.574 572,396 200,115 47,063. Fees for services (non-employees): Management 369,545 196,100 173,445 Legal .... Accounting ..... 56,650 56,650 C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees \_\_\_\_\_ f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 6.884,220 6.082.821 701 694 99 705. Advertising and promotion 12 4,712 4.712 Office expenses 13 1,198,911 918,323 270,937 9 651. Information technology 2,041,137 1,269,473 771,664 14 Royalties 15 16 Occupancy 584,023 73 485 510,538 17 Travel 3,704,625 2,773,227 786,778 144,620. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 2,221,847 1,975,129 233,100 13,618. 20 Interest Payments to affiliates ..... 21 Depreciation, depletion, and amortization ..... 22 852,724 852,724 Insurance 23 141,494 77,310 64,184 Other expenses. Itemize expenses not covered 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.) 3,212. 213,993 117,833 92,948 DUES & SUBSCRIPTIONS EMPLOYEE TRAINING 54,584 38,216 13,214 3,154. RECRUITMENT EXPENSES 11,750 7,515 1,651 2.584. C d All other expenses Total functional expenses. Add lines 1 through 24e 37,830,029 27,798,437 8,800,665 1,230,927. 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 X if following SOP 98-2 (ASC 958-720)

54-1650477

## Form 990 (2016) Part X Balance Sheet

Pan		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
7	1	Cash · non-interest-bearing	2,113,560.	1	3,765,151.
	2	Savings and temporary cash investments	7,694,751.	2	756,939.
	3	Pledges and grants receivable, net	774,340.	3	1,531,728.
	4	Accounts receivable, net	721,235.	4	1,001,618.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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			
ς.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	852,146,	9	1,003,424.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 7,067,774.			
	b	Target   In the second control of the second	1,896,970.	10c	1,446,606.
	11	Investments - publicly traded securities	19,634,556.	11	25,038,704.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	133,625.	15	130,105.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	33,821,183,	16	34,674,275.
	17	Accounts payable and accrued expenses	4,093,699.	17	3,878,825.
	18	Grants payable		18	
	19	Deferred revenue	1,686,538,	19	1,190,516.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
တ္က	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iabi		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties	Ł	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	929,398.	25	641,385.
	26	Total liabilities. Add lines 17 through 25	6,709,635.	26	5,710,726.
		Organizations that follow SFAS 117 (ASC 958), check here 💌 🗓 and			
စ္ပ		complete lines 27 through 29, and lines 33 and 34.			
ano	27	Unrestricted net assets	25,776,971.	27	26,182,884.
Fund Balances	28	Temporarily restricted net assets	1,238,054.	28	674,694.
2	29	Permanently restricted net assets	96,523.	29	2,105,971.
교		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
Sets	30	Capital stock or trust principal, or current funds		30	
Ass	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	
-	33	Total net assets or fund balances	27,111,548.	33	28,963,549.
	34	Total liabilities and net assets/fund balances	33,821,183.	34	34,674,275.

Form 990 (2016)

OIII	THIERNEL BOCIET	24 1020411			10			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	******	********		X_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	39	483	245.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,830,029					
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5		153	863.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		44	922.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	28	,963	549.			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			,,,,,,	ш			
			<u></u>	Yes	No			
1	Accounting method used to prepare the Form 990: Cash x Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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 audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in School		31.71					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir							
	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 undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2016)			

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 54-1650477 INTERNET SOCIETY Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

## Schedule A (Form 990 or 990-EZ) 2016 INTERNET SOCIETY 54-1650477 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	-3/207					
	membership fees received. (Do not						
	include any "unusual grants.")	31,290,041.	42.837.987.	43 233 363.	35,049,161,	35,974,383.	188,384,935.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	20"					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	31 290 041.	42.837.987.	43,233,363,	35,049,161,	35,974,383,	188.384.935.
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						153,115,918.
6	Public support. Subtract line 5 from line 4.						35,269,017.
	ction B. Total Support						33,207,021.
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	31 290 041.	42,837,987,	43,233,363.	35,049,161.	35,974,383.	188.384.935.
8	Gross income from interest,	31,230,011.	12,001,501,	30,200,000.			
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	488 876.	610 181.	841 118.	1,268,200.	1,217,689.	4,426,064.
9	Net income from unrelated business	400,070.	010,101.	041,110.	1,200,200.	1,217,000.	4,420,004.
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	852.	29 048.	40 919.	35,569.	19 819.	126,207.
11	Total support. Add lines 7 through 10	832.	23,040.	40,515.	33,303.	15,015.	192,937,206.
	Gross receipts from related activities,	etc (see instruction	ne)			12	13,686,791.
	First five years. If the Form 990 is for			d fourth or fifth ta			13,000,771.
							▶□
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Per	rcentage		*************************	*************	·····
	Public support percentage for 2016 (I					14	18.28 %
	Public support percentage from 2015		•			15	17.13 %
	33 1/3% support test - 2016. If the o						
100	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the o						
~	and stop here. The organization qual						. 1
17a	10% -facts-and-circumstances tes						
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			· · ·			145
h	10% -facts-and-circumstances tes	_					
i.	more, and if the organization meets the						
	organization meets the "facts-and-circ						
10	Private foundation. If the organization						Charles and the second
10	rivate foundation. If the organizatio	ar aru not oncor a	JUN OIT III TO, TO	, 100, 11d, 01 17L	, chook this box e	and Soo matroction	000 777 0040

Schedule A (Form 990 or 990-EZ) 2016

# Schedule A (Form 990 or 990-EZ) 2016 INTERNET SOCIETY 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 per-						
	formed, 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 bus-						
	iness under section 513					2	
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					liza-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			,			
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organ	zation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage			W = W	
15	Public support percentage for 2016 (	line 8, column (f) d	ivided by line 13,	column (f))	**************	15	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	}			
17	Investment income percentage for 20	)16 (line 10c, colur	mn (f) divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17		PARAMETER PARENTE DE PROPERTO	18	%
19:	a 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
- 1	33 1/3% support tests - 2015. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anization qualifies	as a publicly supp	oorted organization	ı ▶ <u>□</u>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	structions	

#### 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.)

_	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.		
Sec	tion A. All Supporting Organizations		-
		7	Yes
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.	1	
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).	2	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		
	(b) and (c) below.	3a	
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.	3b	
С	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.	3c	
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.	4a	
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		

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.

despite being controlled or supervised by or in connection with its supported organizations.

- 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?
- 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 (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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b 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.)

Pa	rt IV Supporting Organizations (continued)			
	to the state of th		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		
b	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	don or Type it dupper unit organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
- 10	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	,		
500	tion D. All Type III Supporting Organizations			
Sec	tion b. All Type in Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		_
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions).			
а	The organization satisfied the Activities Test. Complete Ilne 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		Dallace
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations		
1					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.		
Sect	tion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
া	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-functional	ly integrate	ed Type III supporting org	ganization (see	
	instructions)			•	

Schedule A (Form 990 or 990-EZ) 2016

Pa	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	)	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions	5		
3	Excess distributions carryover, if any, to 2016:			
а	The state of the s			
b				
С	From 2013			
	From 2014			
	From 2015			
1.00	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
- 1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
•	line 7:			
а	Applied to underdistributions of prior years			
90.	Applied to 2016 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
_	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j		*	
•	and 4c			
8	Breakdown of line 7:			
а	TEACON 1000 1110 11			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
- 6	ENGAGE HATTE EVIV.			

Schedule A (Form 990 or 990-EZ) 2016

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 D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2012 AMOUNT: \$ 852,
2013 AMOUNT: \$ 29,048.
2014 AMOUNT: \$ 40,919.
2015 AMOUNT: \$ 35,569.
2016 AMOUNT: \$ 19,819.
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
THE INTERNET SOCIETY IS A NON PROFIT CHARITABLE AND EDUCATIONAL
ORGANIZATION FOUNDED IN 1992 TO PROVIDE LEADERSHIP IN INTERNET RELATED
STANDARDS, EDUCATION, AND POLICY. INCORPORATED IN WASHINGTON D.C., USA,
HEADQUARTERED IN VIRGINIA, USA WITH FIVE REGIONAL OFFICES GLOBALLY, IT IS
DEDICATED TO ENSURING THE OPEN DEVELOPMENT, EVOLUTION AND USE OF THE
INTERNET FOR THE BENEFIT OF PEOPLE THROUGHOUT THE WORLD.
INTERNET SOCIETY QUALIFIES AS PUBLICLY SUPPORTED BECAUSE IT MEETS THE "10%
PLUS FACTS AND CIRCUMSTANCES" UNDER THE TREAS, REG 1,170A-9(E)(3) IN THE
FOLLOWING RESPECTS:
1, 10% OF SUPPORT LIMITATION, INTERNET SOCIETY'S PUBLIC SUPPORT
FRACTION IS 13,90% WELL ABOVE THE 10% THRESHOLD.
2, ATTRACTION OF PUBLIC SUPPORT, INTERNET SOCIETY IS ORGANIZED AND
OPERATED TO ATTRACT NEW AND ADDITIONAL SUPPORT ON A CONTINUOUS BASIS, ISOC
INVOLVES BOTH INDIVIDUAL AND CORPORATE MEMBERS IN ITS ACTIVITIES. THE

632028 09-21-16

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				
INTERNET SOCIETY HAS A CORPORATE MEMBERSHIP DUES STRUCTURE, AND IS				
CONTINUOUSLY SEEKING TO EXPAND ITS BASE OF CORPORATE MEMBERS, THE INTERNET				
SOCIETY ALSO HAS BOTH INDIVIDUAL AND CORPORATE MEMBERS AROUND THE WORLD.				
IT DOES NOT CHARGE MEMBERSHIP DUES TO INDIVIDUALS SINCE MANY OF THEM ARE				
LOCATED IN DEVELOPING COUNTRIES, BUT THE INTERNET SOCIETY DOES SEEK AND				
RECEIVE CONTRIBUTIONS FROM INDIVIDUALS. THE INTERNET SOCIETY SEEKS AND				
RECEIVES GRANTS AND CONTRIBUTIONS FOR THE SUPPORT OF SPECIFIC PROGRAMS AND				
ACTIVITIES, INCLUDING ITS CONFERENCES AND MEETINGS. THE INTERNET SOCIETY				
ALSO SEEKS GRANTS FROM NONPROFIT AND FOUNDATION GRANT MAKERS TO SEEK A				
BROADER PUBLIC SUPPORT BASE AND AN EXPANSION OF OUR MISSION AND CORE				
PROGRAMS,				
3, SOURCES OF SUPPORT, THE INTERNET SOCIETY AND ITS MEMBERS ARE SUPPORTED				
BY A DIVERSE AND REPRESENTATIVE GROUP OF MEMBERS AND DONORS, INCLUDING				
MORE THAN 150 ORGANIZATIONS, INCLUDING NONPROFITS, GOVERNMENTS, ACADEMIC				
ORGANIZATIONS, AND INDIVIDUAL MEMBERS. ITS PROGRAMS AND ACTIVITIES HAVE				
BROAD PUBLIC APPEAL TO MEMBERS OF THE PUBLIC, AROUND THE GLOBE, THAT SHARE				
AN INTEREST IN THE PROMOTION OF AN OPEN, STABLE AND GLOBALLY ACCESSIBLE				
INTERNET INFRASTRUCTURE WORLDWIDE.				
4, REPRESENTATIVE GOVERNING BODY, INTERNET SOCIETY IS GOVERNED BY A				
THIRTEEN MEMBER BOARD OF TRUSTEES, IN ADDITION TO ITS PRESIDENT, WHO IS AN				
EX OFFICIO NONVOTING MEMBER, THERE ARE TWELVE TRUSTEES FROM ELEVEN				
DIFFERENT COUNTRIES INCLUDING UNITED STATES, AUSTRALIA, SERBIA, NEW				
ZEALAND, BELGIUM, JAPAN, GERMANY, SRI LANKA, KENYA, YEMEN AND SPAIN. THESE				
INDIVIDUALS ALL HAVE SIGNIFICANT BACKGROUNDS IN ISSUES INVOLVING THE				
INTERNET COMMUNITY.				

Schedule A (Form 990 or 990-EZ) 2016 INTERNET SOCIETY	54-1650477	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	lines 1 and 2; Part IV, Secti ; Part V, Section B, line 1e; I	ion C,
5. AVAILABILITY OF PUBLIC FACILITIES OR SERVICES; PUBLIC PARTICIPATION IN		
PROGRAMS OR POLICIES, INTERNET SOCIETY CONDUCTS A VARIETY OF PROGRAMS AND		
ACTIVITIES THAT ARE DESIGNED TO ENSURE AN OPEN AND ACCESSIBLE INTERNET.		
THESE PROGRAMS ARE WIDELY ACCESSIBLE TO THE INTERESTED SEGMENTS OF THE		
PUBLIC AND INCLUDE PUBLICLY AVAILABLE BRIEFINGS AND FORUMS IN SUCH AREAS		
AS INCREASING ACCESS TO THE INTERNET IN DEVELOPING COUNTRIES, MENTORING		
NEW INTERNET LEADERS WORLDWIDE, PROMOTION OF AN OPEN, SECURE AND STABLE		
INTERNET INFRASTRUCTURE, REMOVAL OF IMPEDIMENTS TO INTERNET GROWTH, AND		
END-TO-END ACCESS FOR INTERNET USERS. THE PRODUCTS OF INTERNET SOCIETY'S		
EFFORTS ARE FREELY MADE AVAILABLE THROUGH CONFERENCES, SEMINARS,		
PUBLICATIONS AND THROUGH INTERNET SOCIETY'S WEBSITE;		
WWW.INTERNETSOCIETY.ORG.		
-		
THE INTERNET SOCIETY ACTS NOT ONLY AS A GLOBAL CLEARINGHOUSE FOR INTERNET		
INFORMATION AND EDUCATION, BUT ALSO AS A FACILITATOR AND COORDINATOR OF		
INTERNET - RELATED INITIATIVES AROUND THE WORLD. FOR MORE THAN 20 YEARS,		
INTERNET SOCIETY HAS RUN INTERNATIONAL NETWORK TRAINING AND DEVELOPMENT		
PROGRAMS FOR DEVELOPING COUNTRIES AND THESE HAVE PLAYED A VITAL ROLE IN		
SETTING UP THE INTERNET CONNECTIONS AND NETWORKS IN VIRTUALLY EVERY		
COUNTRY CONNECTING TO THE INTERNET DURING THIS TIME. THROUGH ITS		
WORKSHOPS, EVENTS, DEVELOPING-COUNTRY TRAINING WORKSHOPS, TUTORIALS,		
PUBLIC POLICY BRIEFINGS, AND REGIONAL BUREAUS AND LOCAL CHAPTERS, THE		
INTERNET SOCIETY SERVES THE EDUCATIONAL AND PUBLIC POLICY NEEDS OF THE		
GROWING GLOBAL INTERNET COMMUNITY. THE INTERNET SOCIETY'S GOAL IS TO	5	
ENHANCE THE AVAILABILITY AND UTILITY OF THE INTERNET ON THE WIDEST		
POSSIBLE SCALE.		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No, 1545-0047

2016

Employer identification number

	INTERNET SOCIETY	54-1650477
Organization type (chec		
Filers of:	Section:	
Form 990 or 990-EZ	x 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supportion of the 33 1/3% supportion of the 34 1/3% supportion described in section 501(c)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a puttor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount of the section	a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductor of cruelty to children or animals. Complete Parts I, II, and III.	
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled atter here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because itable, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>
but it must answer "No"	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	Allen Destroit Constitution (Constitution Constitution Constitution Constitution Constitution Constitution Cons
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 29,736,825.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$36,665.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$9,934.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$193,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INTERNET SOCIETY

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$19,350.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$8,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,419.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
11		\$1,025,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	3	\$12,708.	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INTERNET SOCIETY

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$15,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 19,800.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17,		\$50,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Vame (	of organization		

Employer identification number

INTERNET	SOCIETY

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	I space is needed.	(48V)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000_	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$6,668.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$10,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person x Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INTERNET SOCIETY

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$15,500.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$120,000_	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$110,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$185,500.	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INTERNET	SOCIETY

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$24,984.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$25,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$30,995.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$12,500.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$25,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$10,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$32,415.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$15,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$25,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$5,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	.>	\$37,838.	Person x Payroll Noncash (Complete Part II for noncash contributions.)

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

LNTERNET	SOCIETY	54-	1650477
Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	\$1	\$132,320.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$ 327,500.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$10,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INTERNET SOCIETY

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$5,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	Name, address, and Zir + 4	\$ 25,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$	Person x Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,417.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-18	2-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

INTERNET	SOCIETY	54-	1650477
Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>		\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>56</u>		\$16,498.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$6,500.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$5,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$102,500.	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INTERNET	SOCIETY	25	4-1650477
Part I	Contributors (See instructions). Use duplicate copies of Part I if additional		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$14,500	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$12,500	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$100,002	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$5,417	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$47,496	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INTERNET SOCIETY

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$15,500.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
72		\$ 12,500.	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

INTERNET	SOCIETY	54~	16504//
Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$100,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$10,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$7,680.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

INTERNET	SOCIETY	54-	1650477	
Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
79		\$10,000.	Person x Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
80		\$	Person x Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>81</u>		\$10,000.	Person x Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
82		\$	Person x Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
83		\$\$	Person x Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
84		\$5,000.	Person x Payroll Noncash (Complete Part II for	

Employer identification number

INTERNET SOCIETY

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>85</u> -		\$15,897.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$6,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$5,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$10,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

INTERNET SOCIETY 54-1650477

Part i					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
91		\$12,500.	Person x Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
92		\$ 10,000.	Person x Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
93		\$25,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
94		\$15,000.	Person x Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
95		\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
96		\$1,029,432.	Person x Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

INTERNET SOCIETY

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
97		\$\$	Person x Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
98		\$18,004,	Person x Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
99		\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
100		\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
101		\$5,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
102		\$ 18,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)	

Employer identification number

INTERNET	COCTEMY
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Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$10,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$10,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$8,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$ 25,000.	Person x Payroll

Name of organization

Employer identification number

INTERNET	SOCIETY		54-1650477
Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$14_,4	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$185,4	Person x Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$5_0	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$5,0	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$55,0	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$41_0	Person x Payroll Noncash (Complete Part II for

623452 10-18-16

noncash contributions.)

NTERNET	SOCIETY	5.4 -	1650477
Part I	Contributors (See instructions). Use duplicate copies of Part I if additional additional contributors (See instructions).	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$\$.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$6,250.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

INTERNET SOCIETY

art II	Noncash Property (See instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	<u> </u>
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u></u>		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF) (

Name of org	anization		Employer identification number			
INTERNET	SOCIETY		54-1650477			
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	columns (a) through (e) and the follous, charitable, etc., contributions of \$1,000 o	I in section 501(c)(7), (8), or (10) that total more than \$1,000 for			
(a) No. from	Use duplicate copies of Part III if addition		(al) Proceedings of hour wife is hold			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		-				
1		(e) Transfer of git	ft			
	Transferee's name, address, a	nd ZID + 4	Relationship of transferor to transferee			
1	Transferee's fiame, address, a	IIII ZIF + 4	netationship of transferor to transferee			
		<u> </u>				
	3-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
1 41.41						
		<del></del>				
1	<del></del>					
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
			4)			
	·					
(a) No. from	(In) Province of sittle	(-)     4 4	(d) December of house its in hold			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	( <u>-</u>					
1		(e) Transfer of gi	ft			
	Transferee's name, address, a	nd 7ID + 4	Relationship of transferor to transferee			
1	Transieree's flame, address, a	IIU ZIF T T	relationship of transferor to transferee			
		<del></del>				
	<del></del>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
T CAT CT						
	34	:				
_	<del></del>	-				
		(e) Transfer of gi	ft			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
	(tj					
	<del>-</del>					

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

**Employer identification number** Name of the organization INTERNET SOCIETY Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... 1 Aggregate value of contributions to (during year) 2 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 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. 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 easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. 1a 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. b 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2016

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-	dule D (Form 990) 2016 INTERNET SO		** I P	THE STATE OF THE S		-1650477		age 2
122 1333	rt III   Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant us	e of its collect	tion iten	ns
	(check all that apply):		<u> </u>					
а	Public exhibition	d	r	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					e in Part XIII.		
5	During the year, did the organization solicit o					(	· ·	-1
_	to be sold to raise funds rather than to be ma							No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	•	ete if the organizatio	n answered "Yes" o	n Form 990, I	Part IV, line 9,	or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets no	t included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII							
		•	-			Amo	unt	-
С	Beginning balance				1c			-
	Additions during the year							
	Distributions during the year							-
	Ending balance							
	Did the organization include an amount on F					Yes		No
	If "Yes," explain the arrangement in Part XIII.		•				[	
Par								
	*	(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	ars back (e) F	our years	s back
1a	Beginning of year balance	96,523.	86,223,	74,733,	. 25	5,608,		
	Contributions	3,009,448.	10,300.	11,490.		9.125.	25	.608.
	Net investment earnings, gains, and losses	35,379.			1			
	Grants or scholarships							
	Other expenditures for facilities							
_	and programs							
f	Administrative expenses							
	End of year balance	3.141.350.	96.523.	86_223	7,	4,733.	25	.608.
2	Provide the estimated percentage of the curr				1	4,755.1	20	.000.
	Board designated or quasi-endowment	32.18	%	ij) noid do.				
	Permanent endowment 67.04	%	—·"					
	Temporarily restricted endowment							
C								
0-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ntion that are hold a	nd administered for	the organizat	tion		
Ja		ssion of the organiza	ation that are neid a	na administered for	tile Organizat	lion	Yes	No
	by:					0.0		
	(i) unrelated organizations						3.5	X
	(ii) related organizations	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3a(	10.0	X
	If "Yes" on line 3a(ii), are the related organization					<u>3k</u>		1
Do:	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.					
Par			Dow IV line 11e C	Con Form 000 Dort	V line 10			
	Complete if the organization answere				-	1 (0.5	! !	-
	Description of property	(a) Cost or o	' '		Accumulated epreciation	(a) B	ook valı	ue
	Land	basis (investr	nem) Dasis	(Onlei)	epreciation			
	Land	5000						
	Buildings						1,7462747	
	Leasehold improvements		2	618,914.	2,042,7		2000	,156.
	Equipment			394,541.	213,4		7337	,086,
	Other		TOD IN NAME OF T	054,319.	3 364 9	55.	3000	364.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	UC.)			1 446	606.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 INTERNET SOCIETY			54-1650477	Page 3
Part VII Investments - Other Securities.	on Form 000 Port IV line	a 11h Can Form 000 Dark V line 1		
Complete if the organization answered "Yes" ( (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos		et value
(1) Financial derivatives	(b) Doon value	(e) montou et taladiem ees	it of one of your mant	7. 74.40
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year marke	et value
(1)				
(2)		-		
(3)				
(4)		+		
(5)		+		
(6)		*		
(7) (8)		+		
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			100	
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 1	5.	
(a) [	Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		81		
(8)				
(9)	WEW.		**	
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	75.)			
Complete if the organization answered "Yes"	on Form 000 Port IV line	a 11a ar 11f San Farm 000 Part V	line 05	
(a) Description of Robillar	on Form 990, Fart IV, line	(b) Book value	, IIII 25.	
(1) Federal income taxes		(b) Book value		
		146,464.		
WENT IN CONTROL TO SERVICE AND		490 886.		
(3) DEFERRED CONSTRUCTION ALLOWANCE (4) SECURITY DEPOSIT		4,035.		
(5)		4,033,		
(6)				
(7)				
(8)				

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

Schedule D (Form 990) 2016

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14061024 703287 7758228

(9)

641,385.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	97,857,628.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	6 31			
а	Net unrealized gains (losses) on investments		153,863.		
b	Donated services and use of facilities		869,073.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		57,351,447.		
е	Add lines 2a through 2d			2e	58,374,383.
3	Subtract line 2e from line 1	*********		3	39,483,245.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Vario I			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				12
c	Add lines 4a and 4b			4c	0.
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			8eturn	39,483,245.
Га		TING WILL	i Experises per	neturii.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	_			
1	Total expenses and losses per audited financial statements	*********	****************	1	92,883,099.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0.	868 868		
a	Donated services and use of facilities	2a	869,073.	k	
b	Prior year adjustments				
C	Other (Describe in Part VIII.)		E4 102 00T		
d	Other (Describe in Part XIII.)		54 183 997.	00	FF 053 070
e	Add lines 2a through 2d			2e	55,053,070.
3	Subtract line 2e from line 1	*********		3	37,830,029.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Ĭ. Ĭ			
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				_
4672	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	37,830,029.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			4; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional inforr	nation.		
_					
PART	V, LINE 4:				
THE	CURRENT PERMANENTLY AND QUASI-RESTRICTED NET ASSET BALANCES SU	PPORT			
THE	FUTURE OF LETF THROUGH THE OPEN INTERNET ENDOWMENT.				
_					
PART	X, LINE 2:				
ISOC	AND PIR ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER	PHE			
PROV	ISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN A	DDITION,			
ISOC	AND PIR QUALIFY FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAVE	/E BEEN			
~ ~	ATTITUTE OF A PRODUCTION OF THE PRODUCT OF THE PROD				
CLAS	SIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS. INCOM	IE WHICH			
TO 37	OM DELAMED MO EVENDA DIIDDOGEG LEGG ADDITOLE DEDITOMICALONG (ININ	रा.∆कच्च			
TR N	OT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS (UNRI	PDWIED			
BUGT	NESS INCOME, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME!	PAXES			
TOOT	MIDD INCOME, TO CONCRET TO PENERAL AND STATE CORPORATE INCOME.				
TSOC	HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEN	MBER 31			
	The state of the s				

Schedule D (Form 990) 2016

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## Statement of Activities Outside the United States

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

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990. Employer identification number

INTERNET SOCIETY 54-1650477 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes x No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers, Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region SOUTH ASIA 299,246. EAST ASIA AND THE 981,669. PACIFIC PROGRAM GLOBAL ENGAGEMENT MIDDLE EAST AND 432.180. GLOBAL ENGAGEMENT NORTH AFRICA PROGRAM EUROPE (INCLUDING 1,450,318. ICELAND & GREENLAND) PROGRAM GLOBAL ENGAGEMENT 111,210. NORTH AMERICA PROGRAM GLOBAL ENGAGEMENT CENTRAL AMERICA AND 389,065. THE CARIBBEAN PROGRAM GLOBAL ENGAGEMENT 1,107,618. SOUTH AMERICA PROGRAM GLOBAL ENGAGEMENT SUB-SAHARAN AFRICA 1,845,921. PROGRAM GLOBAL ENGAGEMENT 3 a Sub-total 25 6,617,227. b Total from continuation sheets to Part I 16 802 047. c Totals (add lines 3a and 3b) 23 419 274.

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

Schedule F (Form 990) 2016

Schedule F (Form 990)  Part I Continuatio	INTERNET SOC		n. (Schedule F (Form 990), Part I, line 3	54-16504	77 Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM	GLOBAL ENGAGEMENT	222,123.
SOUTH ASIA	0	0	PROGRAM	STAKEHOLDER RELATIONS	87,373.
EAST ASIA AND THE	0	0	PROGRAM	STAKEHOLDER RELATIONS	286,624.
MIDDLE EAST AND	0	0	PROGRAM	STAKEHOLDER RELATIONS	126,187.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	-3	PROGRAM	STAKEHOLDER RELATIONS	423,459.
NORTH AMERICA	0	0	PROGRAM	STAKEHOLDER RELATIONS	32,471.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM	STAKEHOLDER RELATIONS	113,598.
SOUTH AMERICA	0	0	PROGRAM	STAKEHOLDER RELATIONS	323,399.
SUB-SAHARAN AFRICA	0	0	PROGRAM	STAKEHOLDER RELATIONS	538,966.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM	STAKEHOLDER RELATIONS	64,855.
Totals					

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
( )	offices	employees or	(by type) (i.e., fundraising,	is a program service,	expenditures
	in the region	agents in region	program services, grants to recipients located in the region)	describe specific type of service(s) in region	for region
_					
SOUTH ASIA	0	0	PROGRAM	STRATEGIC COMMUNICATIONS	133,216,
EAST ASIA AND THE					
PACIFIC	0	0	PROGRAM	STRATEGIC COMMUNICATIONS	437,010.
MIDDLE EAST AND					
NORTH AFRICA		0	PROGRAM	STRATEGIC COMMUNICATIONS	192,394.
EUROPE (INCLUDING					
[CELAND & GREENLAND)	0	5	PROGRAM	STRATEGIC COMMUNICATIONS	645,639.
WORTH AMERICA		1	PROGRAM	STRATEGIC COMMUNICATIONS	49,508.
WALL THEME					,
CENTRAL AMERICA AND	0	0	PROGRAM	STRATEGIC COMMUNICATIONS	173,200.
SOUTH AMERICA		0	PROGRAM	STRATEGIC COMMUNICATIONS	493,079.
SUB-SAHARAN AFRICA		0	PROGRAM	STRATEGIC COMMUNICATIONS	821,750.
RUSSIA AND					
NEIGHBORING STATES	0	0	PROGRAM	STRATEGIC COMMUNICATIONS	98,883,
				II.	Dig danum secens
SOUTH ASIA	0	00	PROGRAM	GLOBAL POLICY	136,636.

Part I Continuatio	n of Activitie	s per Regio	1. (Schedule F (Form 990), Part I, line 3	)			
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) Is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
			п				
EAST ASIA AND THE							
PACIFIC	0	0	PROGRAM	GLOBAL POLICY	448,231.		
MIDDLE EAST AND							
NORTH AFRICA	0	0	PROGRAM	GLOBAL POLICY	197,334,		
EUROPE (INCLUDING							
ICELAND & GREENLAND)	0	6	PROGRAM	GLOBAL POLICY	662,217.		
NORTH AMERICA	0	0	PROGRAM	GLOBAL POLICY	50,779.		
CENTRAL AMERICA AND							
THE CARIBBEAN	0	0	PROGRAM	GLOBAL POLICY	177,647.		
SOUTH AMERICA	0	0	PROGRAM	GLOBAL POLICY	505,740.		
SUB-SAHARAN AFRICA	0	0	PROGRAM	GLOBAL POLICY	842,850.		
RUSSIA AND					CHINAS CHES		
NEIGHBORING STATES	0	0	PROGRAM	GLOBAL POLICY	101,421.		
					450.004		
SOUTH ASIA	0	0	PROGRAM	LETF	450,001.		
EAST ASIA AND THE			DECCEAN	Tame	1 117 400		
PACIFIC		0	PROGRAM	IETF	1,117,480.		
Totals							
THE PARTY OF THE P							

(-) De!	(b) Number of	(c) Number of	(a) Activities conducted in veries	(a) If potivity listed in (-1)	(f) Total
(a) Region	offices in the region	employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	expenditures for region
				_ = - =	
MIDDLE EAST AND					
NORTH AFRICA	0	0	PROGRAM	IETF	58,815
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	PROGRAM	IETF	1,638,605
NORTH AMERICA	0	0	PROGRAM	IETF	172,341
			<u>#1</u>		
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM	IETF	23,252
SOUTH AMERICA	0	0	PROGRAM	IETF	506,080
SUB-SAHARAN AFRICA	0	0	PROGRAM	IETF	53,344
RUSSIA AND					
NEIGHBORING STATES	0	0	PROGRAM	TETF	54,711
SOUTH ASIA	0	0	PROGRAM	INTERNET TECHNOLOGY	214,305
EAST ASIA AND THE					520 400
PACIFIC	0	11_	PROGRAM	INTERNET TECHNOLOGY	532,180
MIDDLE EAST AND					20.000
NORTH AFRICA	- 0	0	PROGRAM	INTERNET TECHNOLOGY	28,009

GRANTS TO RECIPIENTS

LOCATED IN REGION

Totals

SUB-SAHARAN AFRICA

5.000.

(a) Region	(b) Number of	(c) Number of	(Schedule F (Form 990), Part I, line 3) (d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) Hogion	offices in the region	employees or agents in	(by type) (i.e., fundraising, program services, grants to	is a program service, describe specific type	expenditures for region
		region	recipients located in the region)	of service(s) in region	
CENTRAL AMERICA AND			GRANTS TO RECIPIENTS		
THE CARIBBEAN	0	0	LOCATED IN REGION		73,545
			GRANTS TO RECIPIENTS		
SOUTH ASIA	0	0	LOCATED IN REGION		134,702
EAST ASIA AND THE			GRANTS TO RECIPIENTS		
PACIFIC	. 0	0	LOCATED IN REGION		194,999
EUROPE (INCLUDING		_	GRANTS TO RECIPIENTS		
ICELAND & GREENLAND)	0	0	LOCATED IN REGION		382,896
MIDDLE EAST AND			GRANTS TO RECIPIENTS		
NORTH AFRICA	0	0	LOCATED IN REGION		48,846
			GRANTS TO RECIPIENTS		
NORTH AMERICA	0	0	LOCATED IN REGION		224,406
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		61,948
REIGHBORING SINIES		· ·	DOCATED IN REGION		01,540
			GRANTS TO RECIPIENTS		
SOUTH AMERICA	0	0	LOCATED IN REGION		381,750
			GRANTS TO RECIPIENTS		
SUB-SAHARAN AFRICA	0	0	LOCATED IN REGION		381,618
EAST ASIA AND THE			GRANTS TO RECIPIENTS		
PACIFIC PACIFIC	0	0	LOCATED IN REGION		20,000
Totals					

(a) Region	(I-) Niumahawaé				
	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING			GRANTS TO RECIPIENTS		
(CELAND & GREENLAND)	0	0	LOCATED IN REGION		54,861,
EUROPE (INCLUDING			GRANTS TO RECIPIENTS		
CELAND & GREENLAND)	0		LOCATED IN REGION		21,000.
EUROPE (INCLUDING			GRANTS TO RECIPIENTS		
CELAND & GREENLAND)	0		LOCATED IN REGION		256,598.
			GRANTS TO RECIPIENTS		
SOUTH ASIA	0		LOCATED IN REGION		5,000.
			=		

Page 2

INTERNET SOCIETY

Schedule F (Form 990) 2016

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	SPONSORSHIP	5,582.	EFT OR WIRE	0		
			SPONSORSHIP		EFT OR WIRE	0.		
	8	: ASIA AND THE FIC	SPONSORSHIP	5.140.	5,140,EFT OR WIRE	0.		
		IA AND THE	SPONSORSHIP	11.000	EFT OR WIRE	0		
		IA AND THE	SPONSORSHIP	000 7	BFT OR WIRE	0		
		IA AND THE	SPONSORSHIP	38 000	BFT OR WIRE	0		
		EAST ASIA AND THE PACIFIC	SPONSORSHIP	18,000	EFT OR WIRE	0.		
		IA AND THE	SPONSORSHIP	000	9.000 BFT OR WIRE	0		
2 Enter total number of	recipient organizations	Enter total number of recipient organizations listed above that are recognised BS or for which the grantee or counsel has provided a sertion 501	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax-ex	xempt by		6
3 Enter total number of other organizations or entities	other organizations	or entities	المرازي وطمامهماني اعتنوا				Sched	Schedule F (Form 990) 2016

(b) IRS code section and EIN (if applicable)  (continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)  (d) Purpose of Grants and Other Assistance to Organization of organization and EIN (if applicable)  (a) Purpose of Grants and Other Assistance of Grants and EIN (if applicable)  (b) IRS code section and EIN (if applicable)  (c) Region grant assistance
EUROPE (INCLUDING ICELAND & GREENLAND) SPONSORSHIP
EUROPE (INCLUDING ICELAND & GREENLAND) SPONSORSHIP
EUROPE (INCLUDING ICELAND & SPONSORSHIP, GREENLAND) THE NET
EUROPE (INCLUDING SPONSORSHIP, GREENLAND) THE NET
EUROPE (INCLUDING ICELAND & GREENLAND) SPONSORSHIP
EUROPE (INCLUDING ICELAND & GREENLAND) SPONSORSHIP

Schedule F (Form 990)	INTERNET	INTERNET SOCIETY			54-1650477	77		Page 2
Part II Continuation of	of Grants and Other	Continuation of Grants and Other Assistance to Organizations	tions or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	Schedule F (Form 9	90), Part II, line 1		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	,(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CLUDING	SPONSORSHIP, BEYOND	6		C		
			INE NET	006	MIKE.			
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	SPONSORSHIP	10,000.	EFT OR WIRE	0		
		EUROPE (INCLUDING						
		CREENLAND)	SPONSORSHIP	225,800,	225 800 EFT OR WIRE	0.		
		ETROPE (TNCT.IDING						
		ICELAND &						
		GREENLAND)	SPONSORSHIP	10,248.	EFT OR WIRE	0		
		EUROPE (INCLUDING						
		ICELAND &	GEONSORSHIP	44 685	RET OR WIRE	c		
3					100			
		EUROPE (INCLUDING						
		GREENLAND)	SPONSORSHIP	65,000	EFT OR WIRE	0	c	
		ONTOHITONT / GOOGHA	Г					
		ICELAND &						
		GREENLAND)	SPONSORSHIP	73,190	EFT OR WIRE	.0		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND >	SPONSORSHIP	5,695.	EFT OR WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND )	SPONSORSHIP	5,504	5 504 EFT OR WIRE	0.		

Schedule F (Form 990)	INTERNET	INTERNET SOCIETY			54-1650477	7.7		Page 2
Part II Continuation of	of Grants and Other	Continuation of Grants and Other Assistance to Organizations	ations or Entities Outside the United States, (Schedule F (Form 990), Part II, line 1)	United States.	Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						Ý 1
		GREENLAND)	BEYOND THE NET	10,000	10,000 EFT OR WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	SPONSORSHIP	75,000	EFT OR WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	SPONSORSHIP, BEYOND	000 6	9 000 BFT OR WIRE	0		
		MIDDLE EAST AND NORTH AFRICA		23,330,1	330, EFT OR WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	BEYOND THE NET	15,500.	EFT OR WIRE	0		
		NORTH AMERICA	SHI	10,000,1	10,000,EFT OR WIRE	*0		
		RUSSIA AND NEIGHBORING STATES	SPONSORSHIP, BEYOND THE NET	16,500,	EFT OR WIRE	*0		
		RUSSIA AND NEIGHBORING STATES	SPONSORSHIP, BEYOND THE NET	15,000,	15,000,EFT OR WIRE	.0	-	
		RUSSIA AND	24					
		STATES	SPONSORSHIP	19 992.	19,992, EFT OR WIRE	.0		

Page 2	(i) Method of valuation (book, FMV, appraisal, other)									
	(h) Description of non-cash assistance									
177 90), Part II, line 1	(g) Amount of non-cash assistance	*0	.0	*0	*0	0.	*0	0.	.0	a.
54-1650477 Schedule F (Form 990)	(f) Manner of cash disbursement	17,102,EFT OR WIRE	49,500,EFT OR WIRE	17,000,EFT OR WIRE	EFT OR WIRE	EFT OR WIRE	30,000,EFT OR WIRE	EFT OR WIRE	730, EFT OR WIRE	18,500, EFT OR WIRE
United States.	(e) Amount of cash grant	17,102,	49,500	17,000.	39,600	10,000	3000.8	18,000	8,730	18,500,
54-1650477 ations or Entities Outside the United States. (Schedule F (Form 990), Part II. line 1)	(d) Purpose of grant	SPONSORSHIP	SPONSORSHIP	SPONSORSHIP	SPONSORSHIP	SPONSORSHIP	SPONSORSHIP	SPONSORSHIP	BEYOND THE NET	SPONSORSHIP, BEYOND THE NET
(Form 990) INTERNET SOCIETY Continuation of Grants and Other Assistance to Organizations	(c) Region	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH ASIA	SOUTH ASIA
INTERNET	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990) Part II Continuation o	1 (a) Name of organization									

Continuation o	Continuation of Grants and Other Assistance to Organizations or	Assistance to Organiz	ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1	United States,	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SPONSORSHIP, BEYOND THE NET	19, 115,	EFT OR WIRE	0		
		SOUTH ASIA	SPONSORSHIP	40,000,	89	0		
		SOUTH ASIA	SPONSORSHIP	9 537	RFT OR WIRE	0		
		SOUTH ASTA	SPONSORSHIP	250	EFT OR WIRE	o		
		SUB-SAHARAN AFRICA	SPONSORSHIP	000	RFT OR	0		
		SUB-SAHARAN AFRICA	SPONSORSHIP	150	EFT OR	0		
	74 73	SUB-SAHARAN AFRICA	SPONSORSHIP, BEYOND	9 500	9 500 RFT OR WIRE	0		
		SUB-SAHARAN AFRICA	BEYOND THE NET	10,500.	EFT OR WIRE	*0		
	×4 S	SUB-SAHARAN AFRICA	SPONSORSHIP, BEYOND	6.337	337.EFT OR WIRE	O		

1)	(h) Description (i) Method of of non-cash valuation (book, FMV, appraisal, other)									
or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	of (g) Amount of non-cash assistance	0		0.0						
ites. (Schedule F (Fo	nt (f) Manner of ant cash disbursement	SOO. EPT OR WIRE		500, BET OR WIRE	6,500,EFT OR WIRE 12,000,EFT OR WIRE	500 EFT OR WIRE 500 EFT OR WIRE	500, EFT OR WIRE 500, EFT OR WIRE	6,500.EFT OR WIRE 2,000.EFT OR WIRE 6,500.EFT OR WIRE 6,340.EFT OR WIRE	500, EFT OR WIRE 500, EFT OR WIRE 540, EFT OR WIRE 500, EFT OR WIRE	6,500.EFT OR WIRE 2,000.EFT OR WIRE 6,500.EFT OR WIRE 6,340.EFT OR WIRE 6,500.EFT OR WIRE 6,500.EFT OR WIRE
side the United Stat	(e) Amount of cash grant	20.500.		3,9	6,51	12,000,			7	
izations or Entities Outs	(d) Purpose of grant	mery eryn eryn eryn eryn eryn eryn eryn e	DEIGND INE NET	BEYOND THE NET	BEYOND THE NET BEYOND THE NET	BEYOND THE NET BEYOND THE NET	BEYOND THE NET BEYOND THE NET BEYOND THE NET SPONSORSHIP, BEYOND	BEYOND THE NET BEYOND THE NET BEYOND THE NET SPONSORSHIP, BEYOU THE NET	BEYOND THE NET BEYOND THE NET BEYOND THE NET THE NET THE NET SPONSORSHIP	BEYOND THE NET BEYOND THE NET BEYOND THE NET THE NET THE NET SPONSORSHIP SPONSORSHIP
r Assistance to Organi	(c) Region	SUB-SAHARAN AFRICA		SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA AFRICA SUB-SAHARAN	SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN	SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA
Continuation of Grants and Other Assistance to Organizations	tion (b) IRS code section and EIN (if applicable)									
Part II Continuation	(a) Name of organization									

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
F-1	EAST ASIA AND THE PACIFIC	1	20,000	20,000,EFT OR WIRE	*0		
	CENTRAL AMERICA AND THE CARIBBEAN	8	25,000	25.000 BFT OR WIRE	0		
	EAST ASIA AND THE PACIFIC		12,500.	12,500,EFT OR WIRE	0		
	SOUTH ASIA	1	5,500	500, RFT OR WIRE	*0		
	EUROPE (INCLUDING ICELAND & GREENLAND)	<b>-</b> -1	15,000.	EFT OR WIRE	0		
	SOUTH AMERICA	1	18,500	18,500,EFT OR WIRE	*0		
			•				
			-			Sched	Schedule F (Form 990) 2016

"Yes." the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2016

# SCHEDULE (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Attach to Form 990.

Open to Public OMB No. 1545-0047 Inspection Employer identification number

**ջ** (h) Purpose of grant 54-1650477 or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SPONSORSHIP SPONSORSHIP SPONSORSHIP SPONSORSHIP SPONSORSHIP FUNDING 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) o 0 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 500 5,619 25,000 25,000 15,000 12,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 15 (c) IRC section (if applicable) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 13-1656647 27-0597430 77-0480427 13-1921358 95-4712218 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? INTERNET SOCIETY 1 (a) Name and address of organization 1501 PAGE MILL ROAD MAILSTOP 1105 12025 WATERFRONT DRIVE SUITE 300 MACHINERY - 2 PENN PLAZA, SUITE - NEW YORK, NY 10087-0777 PO BOX 115 NEW YORK, NY 10113 SUITE 201 CA 90094-2536 ASSOCIATION FOR COMPUTING or government 1850 M ST. NW, 11TH FL ANITA BROG INSTITUTE WASHINGTON, DC 20036 1775 WIEHLE AVENUE, PALO ALTO, CA 94304 NEW YORK, NY 10113 FREEDOM HOUSE INC RESTON, VA 20190 LOS ANGELES ACCESS NOW IETF TRUST Part I Part II ICANN က 701 Q

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

THE RESERVE OF	2022	5	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNET EDUCATION FOUNDATION						II	
MASHINGTON, DC 2005	31-1577362	501(C)(3)	15,000	0			SPONSORSHIP
INTERNET SOCIETY CHAPTER OF GREATER NYC - PO BOX 1599 MADISON SQ, STATION - NEW YORK, NY 10159-1599	11-3461318	501(C)(3)	16,500,	0,			BEYOND THE NET & SPONSORSHIP
SFBAYISOC PO BOX 50741 PALO ALTO. CA 94303	90-0860941	501(C)(3)	30,000.	0.			BEYOND THE NET & SPONSORSHIP
		501(C)(3)	16,500.	.0			BEYOND THE NET & SPONSORSHIP
	13-2924889	501(0)(3)	100 000.	.0			SPONSORSHIP
							Schedule I (Form 990)

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

71

632102 11-01-16

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

**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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

INTERNET SOCIETY

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

**Employer identification number** 

54-1650477

Pa	rt 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			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	x Independent compensation consultant x Compensation survey or study			
	Form 990 of other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		x
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9		

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

Schedule J (Form 990) 2016

Page 2

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(a)-(l)(a)	In column (5) reported as deferred on prior Form 990
(1) KATHRYN BROWN	Ξ	444,465.	151,200.	1,985.	39,750.	24 048	661,448.	151,200.
TRUSTEE/CEO	⊞	0	0	0	0	0	0	0
SPECTOR	Ξ	154,839	4,056.	692.	26,268.	27,037.	212,892.	0.
CHIEF FINANCIAL OFFICER FROM 09/2016 (ii)	(III)	0	0	0.	0.	0	0.	0.
(3) GREGORY KAPFER	Ξ	247,560.	23,644.	28,133,	39,750.	26,865.	365,952.	.0
EF FINANCIAL OFFICER THRU 09/2016	(II)		0	0	0	0	0	.0
(4) RAUL ECHEBERRIA	Ξ	386,023.	46,000.	0	0	0	432,023.	.0
GLOBAL ENGAGEMENT	(II)	0	0	• 0	0	0	.0	.0
C. LYNN MCNAIR	Θ	147,915.	17,562.	73,800.	36,617.	20,334.	296,228.	.0
DIR, PARTNERSHIP DEVELOPMENT	(iii)	0.	0	0.	.0	.0	.0	0.
AL COWIESON	Ξ	203,073,	17,727.	451.	35,148.	36,317.	292,716.	.0
EADERSHIP	(iii)	0.	0	0.	.0	.0	.0	0
JOHN EDWARD MOONEY	(i)	197,605.	16,651.	3,820.	32,969.	22,801.	273,846.	.0
DIR, COMMUNITY SERVICES	(II)	0	0.	.0	0	0	.0	.0
AYESHA HASSAN	Θ	211,777.	19,322.	4,120,	32,385.	8,972.	276,576.	0.
LATIONS AND PARTNE	(ii)	0.	0	.0	0	0	.0	.0
CONSTANCE BOMMALAER	Θ	210,805.	14,471.	4,120,	32,239.	8,787.	270,422.	.0
T POLICY	(II)	0.	0.	0	0.	0	.0	.0
	Θ							
	Œ							
	Θ							
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							Schedu	Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

SCHEDULE J. PART II, COMPENSATION AND BENEFITS :

PART II COMPENSATION AND BENEFITS

THE CEO'S PERFORMANCE AND AWARD ARE DETERMINED BY THE BOARD OF TRUSTEES

ACCORDING TO GOALS ESTABLISHED BY THE BOARD,

Schedule J (Form 990) 2016

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

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

2016
Open to Public Inspection

Name of the organization Employer identification number INTERNET SOCIETY 54-1650477 FORM 990 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION: TO PROMOTE THE OPEN DEVELOPMENT, EVOLUTION, AND USE OF THE INTERNET FOR THE BENEFIT OF ALL PEOPLE THROUGHOUT THE WORLD FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE PROGRAM ALSO FUNDS INTERNET SOCIETY'S REGIONAL BUREAUS, WHICH ARE A FOCAL POINT FOR REGIONAL ACTIVITIES INCLUDING POLICY, EDUCATION, CHAPTER ACTIVITIES, BUREAUS HELP TO FOCUS INTERNET SOCIETY'S STRATEGIC INITIATIVES WITH REGIONAL CONTEXTS, WHILE SIMULTANEOUSLY INFORMING THE INTERNET SOCIETY'S GLOBAL AWARENESS OF DIFFERING REGIONAL NEEDS AND PRIORITIES. THE BUREAUS ARE INTEGRAL HUBS IN THE INTERNET SOCIETY'S WORK BY HELPING BUILD CAPACITY WHERE IT IS NEEDED, MOBILIZING LOCAL SUPPORT FOR GLOBAL EFFORTS. AND DEVELOPING ADVANCES IN POLICY AND EDUCATION, BUREAUS ARE INSTRUMENTAL IN BUILDING AWARENESS OF THE INTERNET SOCIETY'S COMMITMENT TO REGIONAL COMMUNITIES, AND UNDERSTANDING AND ADDRESSING LOCAL ISSUES IMPORTANT TO INTERNET DEVELOPMENT THIS PROGRAM ALSO ENGAGES IN OUTREACH TO CHAPTERS TO ENABLE THEM TO CONNECT WITH ONE ANOTHER TO SUPPORT AND PROMOTE THE INTERNET SOCIETY'S MISSION, AND TO PROVIDE INSIGHT ABOUT IMPORTANT LOCAL/REGIONAL ISSUES AFFECTING THE INTERNET, THE INTERNET SOCIETY ALSO PROVIDES UNIQUE OPPORTUNITIES FOR INDIVIDUAL MEMBERS WITHOUT A CHAPTER AFFILIATION TO WORK COLLABORATIVELY WITH THE INTERNET SOCIETY GLOBALLY TO FURTHER THE INTERNET SOCIETY'S MISSION AND STRATEGIC GOALS, INTERNET SOCIETY'S REGIONAL DEVELOPMENT PROGRAM ALSO PREPARES A NEW LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

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632212 08-25-16

632212 08-25-16

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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
INTERNET SOCIETY	54-1650477
SOCIETY'S POLICY AND GLOBAL ENGAGEMENT PROGRAMS, STRATEGIC	
COMMUNICATIONS ALSO MAINTAINS THE INTERNET SOCIETY'S WEBSITE WHICH IS	
AN ACTIVE REPOSITORY OF INFORMATION ON CURRENT ACTIVITIES, EDUCATIONAL	
MATERIALS, EVENTS LISTINGS, NEWS AND INTERNET COMMUNITY RESOURCES.	=
COMMUNICATIONS ALSO PROVIDE LOGISTICAL SUPPORT FOR VARIOUS INTERNET	
SOCIETY SEMINARS AND CONFERENCES INCLUDING REGIONAL INET CONFERENCES,	
IETF EVENTS AND INTERNET SOCIETY CHAPTER MEETINGS,	
EXPENSES \$ 3,271,459. INCLUDING GRANTS OF \$ 21,000. REVENUE \$ 0.	
STAKEHOLDER RELATIONS:	
STAKEHOLDER RELATIONS WORKS TO BUILD STRONGER COMMUNICATIONS TO ASSIST	
MEMBERS OUTREACH TO NEW STAKEHOLDERS AROUND THE WORD, STAKEHOLDER	
RELATIONS WORKS TO IDENTIFY NEW FORUMS FOR INTERNET SOCIETY EXPERTS TO	
REACH NEW AUDIENCES WITH OUR MESSAGE, THE PROGRAM ALSO STRIVES TO	
DEVELOP A MORE STRATEGIC APPROACH TO SPEAKING OPPORTUNITIES AND	
INTERNET SOCIETY PARTICIPATION IN EVENTS AND MEETINGS. LEVERAGING OUR	
PRESENCE AT MEETINGS AND CONFERENCES TO FURTHER INTERNET SOCIETY	
OBJECTIVES AND MISSION,	
INTERNALLY, STAKEHOLDER RELATIONS WORKS CLOSELY WITH THE REGIONAL	
BUREAU DIRECTORS TO MAXIMIZE OPPORTUNITIES TO REACH POTENTIAL NEW	
MEMBERS AND STAKEHOLDERS THROUGHOUT THE GLOBE. THE PROGRAM ALSO	
COMBINES EFFORT WITH PARTNERSHIP DEVELOPMENT TO REACH OUT TO POTENTIAL	
NEW ORGANIZATIONAL MEMBERS.	
EXPENSES \$ 2,206,757. INCLUDING GRANTS OF \$ 74,860. REVENUE \$ 0.	
FORM 990 PART VI SECTION A, LINE 6:	
THE INTERNET SOCIETY BY-LAWS PROVIDE FOR THE RECOGNITION OF ORGANIZATIONAL	

AS PART OF THE CONTRACT PROCESS, AN INDEPENDENT COMPENSATION CONSULTANT WAS

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

TOTAL EXPENSES

67,816.

Schedule O (Form 990 or 990-EZ) (2016)  Name of the organization		Employer identification number
INTERNET SOCIETY		54-1650477
EVENT CONSULTING:		
PROGRAM SERVICE EXPENSES	2,082,074.	
MANAGEMENT AND GENERAL EXPENSES	54,652.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,136,726.	
GRANT/ENDOWMENT CONSULTING:		
PROGRAM SERVICE EXPENSES	38,089.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	99,705.	
TOTAL EXPENSES	137,794.	
ř		
H/R CONSULTING:	1	
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	78,955.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	78,955.	
LEADERSHIP CONSULTING:		
PROGRAM SERVICE EXPENSES	188,500.	
MANAGEMENT AND GENERAL EXPENSES	252,505.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	441,005.	
PHOTOGRAPHY SERVICE:		
PROGRAM SERVICE EXPENSES	51,530.	
MANAGEMENT AND GENERAL EXPENSES	0,	
FUNDRAISING EXPENSES 632212 08-25-16		Schedule O (Form 990 or 990-EZ) (2010

	Employer identification number 54-1650477
	1 34-1030477
51,530,	
1,473,597.	
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316,594.	
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316,594.	
149,922.	
2,340,	
0.	
152 262	
132,202.	
1,444,241.	
0.	
1,444,241.	
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	1,473,597. 230,065.  0,  1,703,662.  316,594.  0,  0,  316,594.  149,922.  2,340.  0,  152,262.  1,444,241.  0,  0,  1,444,241.

Schedule O (Form 990 or 990-EZ) (2016)		Page 2
Name of the organization  INTERNET SOCIETY		Employer identification number 54-1650477
MANAGEMENT AND GENERAL EXPENSES	64,277.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	64,277.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,884,220,	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
FOREIGN CURRENCY GAIN	44,922.	
1		
		-
		<del>_</del>

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2016

OMB No. 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

54-1650477

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

(f) Direct controlling entity			related tax-exempt
(e) End-of-year assets			e it had one or more
(d) Total income			art IV, line 34 becaus
(c) Legal domicile (state or foreign country)			swered "Yes" on Form 990, P
<b>(b)</b> Primary activity			tions. Complete if the organization ans
(a) Name, address, and EIN (if applicable) of disregarded entity			Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt
			ءُ ا

organizations during the tax year. Part

(a)	(q)	(0)	(p)	(e)	(J)	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 5 12(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?
				501(c)(3))		Yes No
PUBLIC INTEREST REGISTRY - 33-1025119						
1775 WIEHLE AVE., 100						
RESTON, VA 20190	OPERATOR OF DOMAIN NAMES	PENNSYLVANIA	501(C)(3)	LINE 12A, I	INTERNET SOCIETY	×
INTERNET SOCIETY ASIA LIMITED	PROVIDES SUPPORT &					
9 TEMASEK BLVD, SUNTEC TOWER TWO #09-01	VISIBILITY IN THE					
SINGAPORE, 038989, SINGAPORE	ASIA-PACIFIC REGION	SINGAPORE			INTERNET SOCIETY	×

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

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 INTERNET SOCIETY

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. Part III

Page 2

(j) (k) General or Percentage	ownersnip									
(j) General or	partner?	Tes No								
(i) Code V-UBI	20 of Schedule K-1 (Form 1065)	(cool IIIIo I) I V								
92	allocations?	2								
	end-or-year assets									
(f) Share of total	ешсоше		,							
(e) Predominant income	excluded from tax under sections 512-514)									
(d) Direct controlling	enury									
(c) Legal domicile	(state or foreign	couliny)								
(b) Primary activity										
(a) Name, address, and EIN	oi related organization									

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. Part IV

(a)	(q)	(၁)	(p)	(e)	<b>(£)</b>	(6)	<del>(</del> )	(E)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?
		country)		or trusty		assets		Yes No
ENSET - 47-2514918			PUBLIC					
1775 WIEHLE AVE., SUITE 225	NON-PROFIT SOCIAL		INTEREST					
RESTON, VA 20190	WELFARE	PA	REGISTRY	C CORP				×
								_
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Schedule R (Form 990) 2016

Page 3

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

Note: Complete line 1 if any entity is listed in Barts II III or IV of this schoolule				× ×	· ·
During the tax year, did the organization engage in any of the following transaction	ns with one or more re	roc. transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?	63	2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty			1a ×	
b Giff, grant, or capital contribution to related organization(s)				L	×
c Gift, grant, or capital contribution from related organization(s)			1	1c ×	
d Loans or loan guarantees to or for related organization(s)			Ţ	19	×
			7	1e	×
f Dividends from related organization(s)		***************************************		11	×
g Sale of assets to related organization(s)			1	19	×
h Purchase of assets from related organization(s)		***************************************		1h	X
i Exchange of assets with related organization(s)				1i	×
j Lease of facilities, equipment, or other assets to related organization(s)				1j x	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
Performance of services or membership or fundraising solicitations for	related organization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organic	elated organization(s)		11	- Et	×
Sharing of facilities, equipment, mailing lists, or other assets with relate	tion(s)		<u> </u>	1-	×
o Sharing of paid employees with related organization(s)	***************************************		1	10	X
p Reimbursement paid to related organization(s) for expenses			T	10	×
q Reimbursement paid by related organization(s) for expenses			10	19	×
r Other transfer of cash or property to related organization(s)				+	×
s Other transfer of cash or property from related organization(s)	***************************************	***************************************		15	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete ti	nis line, including covered	relationships and transaction thresholds.	21 al	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	pə/	
(1) PUBLIC INTEREST REGISTRY	ບ	29 729 325	FMV		
(2) PUBLIC INTEREST REGISTRY	ט	423,918.	FMV		
(3) ENSET	ď	49 683	CASH VAULE		
(4)					
(9)					
9					
632163 09-06-16	96		Schedule R (Form 990) 2016	Form 990)	2016

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

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

inat was not a related organization. See manucions regarding exclusion for certain investment partners inps.	and choirs regarding excit	Sion for certain inv	confident partitionings.						
(a) Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Are all Ar	0)	(g) Share of	(n) Dispropor- tionate	(I) Code V-UBI	(J) General or managing	(k) Percentage
or entity		(state or toreign country)	excluded from tax under sections 512-514) Yes No	total income	end-of-year assets	Yes No	res No (Form 1065) Yes No	Yes No	ownership
23									
							Schedule	B (Forr	Schedule R (Form 990) 2016

Schedule R	(Form 990) 2016 INTERNET SOCIETY	54-1650477	Page 5
Part VII	Supplemental Information.		
	Provide additional information for responses to questions on Schedule R. See instructions.		
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# Form **8868** (Rev. January 2017)

Department of the Treasury

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.lrs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 54-1650477 INTERNET SOCIETY File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1775 WIEHLE AVENUE, NO. 201 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 20190-5108 RESTON, VA 0 | 1 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Return **Application Application** Code Is For Code Is For 07 Form 990-T (corporation) Form 990 or Form 990-EZ 01 02 Form 1041-A 08 Form 990-BL Form 4720 (other than individual) 09 Form 4720 (individual) 03 10 04 Form 5227 Form 990-PF 05 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 12 Form 990-T (trust other than above) 06 SANDRA SPECTOR, CFO The books are in the care of ► 1775 WIEHLE AVENUE, NO. 201 - RESTON, VA 20190-5108 Telephone No. ► 703-439-2120 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2017 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2016 or tax year beginning \_ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 8868 (Rev. 1-2017)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.