

## PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2024****Open to Public Inspection**

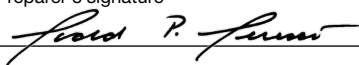
<b>A</b> For the <b>2024</b> calendar year, or tax year beginning , <b>2024</b> , and ending , <b>20</b>																																		
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table><tr><td colspan="2"><b>C</b> Name of organization <b>INTERNET SOCIETY</b></td><td><b>D</b> Employer identification number <b>54-1650477</b></td></tr><tr><td colspan="2">Doing business as</td><td></td></tr><tr><td>Number and street (or P.O. box if mail is not delivered to street address)</td><td>Room/suite</td><td><b>E</b> Telephone number</td></tr><tr><td><b>1551 EMANCIPATION HIGHWAY</b></td><td><b>1506</b></td><td><b>(703) 439-2120</b></td></tr><tr><td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td><td><b>G</b> Gross receipts \$ <b>60,698,996</b></td></tr><tr><td colspan="2"><b>F</b> Name and address of principal officer: <b>SALLY WENTWORTH</b></td><td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr><tr><td colspan="2"><b>SAME AS C ABOVE</b></td><td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td colspan="2"></td><td>If "No," attach a list. See instructions.</td></tr><tr><td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td><td><b>H(c)</b> Group exemption number</td></tr><tr><td colspan="2"><b>J</b> Website: <b>HTTPS://WWW.INTERNETSOCIETY.ORG/</b></td><td></td></tr><tr><td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td><td><b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>DC</b></td></tr></table>	<b>C</b> Name of organization <b>INTERNET SOCIETY</b>		<b>D</b> Employer identification number <b>54-1650477</b>	Doing business as			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number	<b>1551 EMANCIPATION HIGHWAY</b>	<b>1506</b>	<b>(703) 439-2120</b>	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$ <b>60,698,996</b>	<b>F</b> Name and address of principal officer: <b>SALLY WENTWORTH</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. See instructions.	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	<b>J</b> Website: <b>HTTPS://WWW.INTERNETSOCIETY.ORG/</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>DC</b>
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**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE THE OPEN DEVELOPMENT, EVOLUTION, AND USE OF THE INTERNET FOR THE BENEFIT OF ALL PEOPLE THROUGHOUT THE WORLD.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b>	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>59</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>21,866</b>
		<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
<b>b</b>		Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>40,234,561</b>	Current Year <b>42,888,971</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>3,307,150</b>	<b>3,270,147</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,113,948</b>	<b>1,807,184</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,184</b>	<b>11,860</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>44,657,843</b>	<b>47,978,162</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>3,270,716</b>	<b>5,361,734</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>21,416,508</b>	<b>18,864,918</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>139,513</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>19,492,488</b>	<b>19,409,936</b>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>44,179,712</b>	<b>43,636,588</b>
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>478,131</b>	<b>4,341,574</b>
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>60,950,086</b>	End of Year <b>68,271,886</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>4,959,549</b>	<b>4,400,101</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>55,990,537</b>	<b>63,871,785</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date			
	<b>SAE-YOUNG PARK, SVP &amp; CFO, FINANCE</b>					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>TODD TERESCO</b>			<b>11/16/25</b>		<b>P00247720</b>
	Firm's name <b>BDO USA</b>		Firm's EIN <b>13-5381590</b>			
	Firm's address <b>8401 GREENSBORO DR STE 800, MCLEAN, VA 22102-3599</b>		Phone no. <b>(703) 893-0600</b>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2024)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

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

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

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 9,751,612 including grants of \$ 3,761,317 ) (Revenue \$ )

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

**4b** (Code: ) (Expenses \$ 9,187,471 including grants of \$ 150,000 ) (Revenue \$ 2,734,837 )

TECHNOLOGY AND STANDARDS DEVELOPMENT: REPRESENTS IETF ADMINISTRATION LLC'S WORK INCLUDING IETF MEETINGS TO SUPPORT IETF, THE INTERNET ARCHITECTURE BOARD (IAB), AND THE INTERNET RESEARCH TASK FORCE (IRTF), THE STANDARDS SETTING AND RESEARCH ARMS OF THE INTERNET COMMUNITY.

**4c** (Code: ) (Expenses \$ 6,262,947 including grants of \$ 1,337,650 ) (Revenue \$ )

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

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 5,873,807 including grants of \$ 112,767 ) (Revenue \$ 535,310 )

**4e** Total program service expenses 31,075,837

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b> ✓	
<b>3</b> 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 . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b> ✓	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	✓
<b>6</b> 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 . . . . .	<b>6</b>	✓
<b>7</b> 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 . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> 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 . . . . .	<b>9</b>	✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> ✓	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</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 . . . . .	<b>11b</b> ✓	
<b>c</b> 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 . . . . .	<b>11c</b>	✓
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> ✓	
<b>f</b> 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 . . . . .	<b>11f</b> ✓	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	✓
<b>b</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 . . . . .	<b>12b</b> ✓	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> ✓	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b> ✓	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b> ✓	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b> ✓	
<b>17</b> 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. See instructions . . . . .	<b>17</b>	✓
<b>18</b> 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 . . . . .	<b>18</b>	✓
<b>19</b> 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 . . . . .	<b>19</b>	✓
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> 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 . . . . .	<b>21</b> ✓	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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 . . . . .	<b>22</b> ✓	
<b>23</b> 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 . . . . .	<b>23</b> ✓	
<b>24a</b> 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 Schedule K. If "No," go to line 25a . . . . .	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	✓
<b>b</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 . . . . .	<b>25b</b>	✓
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	✓
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	✓
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	✓
<b>33</b> 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 . . . . .	<b>33</b> ✓	
<b>34</b> 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 . . . . .	<b>34</b> ✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b> ✓	
<b>b</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 . . . . .	<b>35b</b> ✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	✓
<b>37</b> 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 . . . . .	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> ✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 75	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> ✓	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	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	<b>2a</b>	59
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country <u>SZ, UK</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

### Section A. Governing Body and Management

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	<b>13</b>
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . .	<b>1b</b>	<b>13</b>
<b>2</b> 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? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b> 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? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .	<b>9</b>	<input checked="" type="checkbox"/>

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

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

### Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, HI, (CONTINUED ON SCHEDULE O)

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
SAE PARK, 1551 EMANCIPATION HIGHWAY #1506, FREDERICKSBURG, VA 22401, (703) 439-2120

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW SULLIVAN PRESIDENT AND CHIEF EXECUTIVE OFFICER (THRU 08/24)	40.0 5.3			✓				546,137	182,046	43,678
(2) SALLY WENTWORTH PRESIDENT AND CHIEF EXECUTIVE OFFICER (AS OF 09/24)	40.0 5.3			✓				399,090	36,281	95,958
(3) ILONA LEVINE SENIOR VICE PRESIDENT AND GENERAL COUNSEL	40.0 5.3			✓				208,522	117,293	89,279
(4) SAE-YOUNG PARK SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER	40.0 5.3			✓				196,309	110,424	93,921
(5) DAWIT BEKELE REGIONAL VICE PRESIDENT - AFRICA	40.0 0.0					✓		323,715	0	42,186
(6) JOSEPH HALL DISTINGUISHED TECHNOLOGIST, STRONG INTERNET	40.0 0.0					✓		277,612	0	76,292
(7) SEBASTIAN BELLAGAMBA VICE PRESIDENT, EXTERNAL AND COMMUNITY ENGAGEMENT	40.0 0.0					✓		341,598	0	0
(8) ERICA ELLISON SENIOR VICE PRESIDENT, PEOPLE & CULTURE	40.0 0.0					✓		247,809	0	59,934
(9) KATIE BENGGAARD SENIOR VICE PRESIDENT, STRATEGY	40.0 0.0					✓		236,773	0	68,344
(10) BARRY LEIBA TRUSTEE	6.0 1.0	✓						0	0	0
(11) BRIAN HABERMAN TRUSTEE	6.0 1.0	✓						0	0	0
(12) CALEB OGUNDELE TRUSTEE	6.0 1.0	✓						0	0	0
(13) CHARLES MOK TRUSTEE	6.0 1.0	✓						0	0	0
(14) JON PETERSON TRUSTEE (THRU 06/24)	6.0 1.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KATHLEEN MORIARTY TRUSTEE (AS OF 06/24)	6.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(16) LAURA THOMSON TRUSTEE/TREASURER	6.0 1.3	<input checked="" type="checkbox"/>						0	0	0
(17) LUIS MARTINEZ TRUSTEE (THRU 06/24)	6.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(18) MAUREEN HILYARD TRUSTEE (AS OF 06/24)	6.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(19) OLUFUNKE BARUWA TRUSTEE	6.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(20) RAMANOU BIAOU TRUSTEE	6.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(21) ROBERT PEPPER TRUSTEE (THRU 06/24)	6.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(22) RUSSELL HOUSLEY TRUSTEE (AS OF 06/24)	6.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(23) SAGARIKA WICKRAMASEKERA TRUSTEE	6.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(24) TED HARDIE TRUSTEE/BOARD CHAIR	16.0 4.0	<input checked="" type="checkbox"/>						0	0	0
(25) VICTOR KUARSINGH TRUSTEE/SECRETARY	6.0 1.0	<input checked="" type="checkbox"/>						0	0	0
<b>1b Subtotal</b>								2,777,565	446,044	569,592
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								2,777,565	446,044	569,592

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **80**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ASSOCIATION MANAGEMENT SOLUTIONS LLC, 5177 BRANDIN COURT, FREMONT, CA 94538	ASSOCIATION MANAGEMENT SERVICES	4,952,416
LINESPEED EVENTS, LLC, 10 OLD LYME ROAD, PITTSFORD, NY 14534	NETWORK OPERATIONS CENTER LEAD SERVICES	655,609
PAINLESS SECURITY LLC, 4 HIGH STREET, NORTH ANDOVER, MA 01845	SOFTWARE TOOLS DEVELOPMENT	423,039
BRUNSWICK GROUP LLC, 1114 AVENUE OF AMERICAS 24 FLOOR, NEW YORK, NY 10036	COMMUNICATIONS ADVICE AND STRATEGIC SUPPORT	370,000
FIRM ADVICE, 20485 QUAILS NEST WAY, LEONARDTOWN, MD 20650	BUSINESS CONSULTING SERVICES	299,108

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **25**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	0			
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	632,500			
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	0			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	37,000,000			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	20,000			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,236,471			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 20,532			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		42,888,971			
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b>	IETF CONFERENCE REVENUE	541900	2,734,837	2,734,837	0	0	
<b>b</b>	NDSS CONFERENCE REVENUE	541900	524,110	524,110	0	0	
<b>c</b>	PARTNERSHIP ON ENCRYPTION PROJECT	541900	11,200	11,200	0	0	
<b>d</b>			0	0	0	0	
<b>e</b>			0	0	0	0	
<b>f</b>	All other program service revenue . . . . .		0	0	0	0	
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		3,270,147				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,406,405	0	0	1,406,405
	<b>4</b>	Income from investment of tax-exempt bond proceeds		0	0	0	0
	<b>5</b>	Royalties . . . . .		0	0	0	0
	<b>6a</b>	Gross rents . . . . .	(i) Real (ii) Personal	0	0		
	<b>b</b>	Less: rental expenses		0	0		
	<b>c</b>	Rental income or (loss)		0	0		
	<b>d</b>	Net rental income or (loss) . . . . .		0	0	0	0
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	13,121,613	0		
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		12,720,834	0		
	<b>c</b>	Gain or (loss) . . . . .		400,779	0		
	<b>d</b>	Net gain or (loss) . . . . .		400,779	0	0	400,779
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .		0			
	<b>b</b>	Less: direct expenses . . . . .		0			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0		0	0
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .		0			
	<b>b</b>	Less: direct expenses . . . . .		0			
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		0	0	0	0
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		0			
	<b>b</b>	Less: cost of goods sold . . . . .		0			
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0	0	0	0	
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>	OTHER REVENUE	900099	11,860	0	0	11,860
	<b>b</b>			0	0	0	0
	<b>c</b>			0	0	0	0
	<b>d</b>	All other revenue . . . . .		0	0	0	0
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		11,860			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		47,978,162	3,270,147	0	1,819,044	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,325,487	1,325,487		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	34,998	34,998		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	4,001,249	4,001,249		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,588,026	324,701	1,263,325	0
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	13,620,707	9,302,484	4,318,223	0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,417,192	1,020,336	396,856	0
<b>9</b> Other employee benefits . . . . .	934,365	668,384	265,981	0
<b>10</b> Payroll taxes . . . . .	1,304,628	880,338	424,290	0
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	937,786	238,644	699,142	0
<b>c</b> Accounting . . . . .	291,215	0	291,215	0
<b>d</b> Lobbying . . . . .	43,595	43,595		
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b> Investment management fees . . . . .	160,891	0	160,891	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	8,416,809	5,760,322	2,564,327	92,160
<b>12</b> Advertising and promotion . . . . .	583,365	389,305	194,060	0
<b>13</b> Office expenses . . . . .	250,649	119,511	131,138	0
<b>14</b> Information technology . . . . .	1,433,402	974,631	439,691	19,080
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	291,115	196,439	94,676	0
<b>17</b> Travel . . . . .	1,579,647	1,116,725	451,274	11,648
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	4,123,724	3,876,449	247,275	0
<b>20</b> Interest . . . . .	0	0	0	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	589,788	538,995	34,168	16,625
<b>23</b> Insurance . . . . .	263,305	37,066	226,239	0
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> BUSINESS TAXES INCLUDING VAT . . . . .	77,081	52,013	25,068	0
<b>b</b> DUES AND SUBSCRIPTIONS . . . . .	164,495	154,157	10,338	0
<b>c</b> EMPLOYEE TRAINING . . . . .	203,069	20,008	183,061	0
<b>d</b> . . . . .	0	0	0	0
<b>e</b> All other expenses . . . . .	0	0	0	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	43,636,588	31,075,837	12,421,238	139,513
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0	0	0	0

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	7,402,833	<b>1</b>	8,846,384
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	1,351,172	<b>3</b>	1,250,739
	<b>4</b> Accounts receivable, net . . . . .	78,828	<b>4</b>	109,138
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,137,845	<b>9</b>	2,244,276
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,560,505		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2,433,457		
		988,842	<b>10c</b>	1,127,048
	<b>11</b> Investments—publicly traded securities . . . . .	34,587,261	<b>11</b>	40,764,148
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	12,758,657	<b>12</b>	13,325,225
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,644,648	<b>15</b>	604,928
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	60,950,086	<b>16</b>	68,271,886
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,311,835	<b>17</b>	3,309,558
	<b>18</b> Grants payable . . . . .		<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	1,175,702	<b>19</b>	916,340
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	472,012	<b>25</b>	174,203
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	4,959,549	<b>26</b>	4,400,101
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	46,408,942	<b>27</b>	55,061,296
	<b>28</b> Net assets with donor restrictions . . . . .	9,581,595	<b>28</b>	8,810,489
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	0
	<b>32</b> Total net assets or fund balances . . . . .	55,990,537	<b>32</b>	63,871,785
	<b>33</b> Total liabilities and net assets/fund balances . . . . .	60,950,086	<b>33</b>	68,271,886

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	47,978,162
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	43,636,588
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	4,341,574
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	55,990,537
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	3,397,054
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	142,620
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	63,871,785

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .		✓
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .		

Name of the organization  
INTERNET SOCIETY

Employer identification number  
54-1650477

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10

☐ An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	52,843,712	41,038,289	40,209,360	40,234,561	42,888,971	217,214,893
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	52,843,712	41,038,289	40,209,360	40,234,561	42,888,971	217,214,893
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						182,443,981
<b>6 Public support.</b> Subtract line 5 from line 4						34,770,912

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	52,843,712	41,038,289	40,209,360	40,234,561	42,888,971	217,214,893
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,444,008	1,001,704	1,206,289	1,196,480	1,406,405	6,254,886
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	58,751	0	57,991	2,184	11,860	130,786
<b>11 Total support.</b> Add lines 7 through 10						223,600,565
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	10,751,847
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	15.55 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	14.12 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33<sup>1</sup>/<sub>3</sub>% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 17 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐
- b 33<sup>1</sup>/<sub>3</sub>% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 18 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 . . . . .			
<b>b</b> From 2020 . . . . .			
<b>c</b> From 2021 . . . . .			
<b>d</b> From 2022 . . . . .			
<b>e</b> From 2023 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 . . .			
<b>b</b> Excess from 2021 . . .			
<b>c</b> Excess from 2022 . . .			
<b>d</b> Excess from 2023 . . .			
<b>e</b> Excess from 2024 . . .			

## 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.)

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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 17A	<p>THE INTERNET SOCIETY ("ISOC") IS A NONPROFIT CHARITABLE AND EDUCATIONAL ORGANIZATION FOUNDED IN 1992. INCORPORATED IN WASHINGTON D.C., USA, HEADQUARTERED IN VIRGINIA, USA WITH SEVEN REGIONAL OFFICES GLOBALLY. ITS MISSION IS TO SUPPORT AND PROMOTE THE DEVELOPMENT OF THE INTERNET AS A GLOBAL TECHNICAL INFRASTRUCTURE, A RESOURCE TO ENRICH PEOPLE'S LIVES, AND A FORCE FOR GOOD IN SOCIETY. ISOC QUALIFIES AS PUBLICLY SUPPORTED UNDER THE "FACTS AND CIRCUMSTANCES" TEST OF TREAS. REG.1.170A-9(F)(3), BASED ON THE FOLLOWING FACTS AND CIRCUMSTANCES:</p> <p>1. ISOC'S PUBLIC SUPPORT PERCENTAGE FOR 2024 WAS 15.55% WHICH IS ABOVE THE 10% THRESHOLD.</p> <p>2. ISOC IS ORGANIZED AND OPERATES TO ATTRACT NEW AND ADDITIONAL SUPPORT ON A CONTINUOUS BASIS. SINCE ITS FORMATION, ISOC HAS BEEN FUNDED THROUGH BROAD SOURCES OF SUPPORT (AS OPPOSED TO MEMBERS OF A SINGLE FAMILY OR ONLY A FEW DONORS). IT HAS AN EXTENSIVE MEMBERSHIP BASE (77 ORGANIZATIONAL MEMBERS, OVER 110,000 INDIVIDUAL MEMBERS, AND 110 CHAPTERS) FROM AROUND THE WORLD, AND IT IS CONTINUALLY WORKING TO EXPAND ITS MEMBERSHIP, INCLUDING ORGANIZATIONAL MEMBERS WHO PAY DUES TO PROVIDE BASIC SUPPORT FOR THE MISSION OF ISOC. IT ALSO SOLICITS AND RECEIVES CONTRIBUTIONS FROM INDIVIDUAL DONORS, AS WELL AS GRANTS FROM OTHER NONPROFIT ORGANIZATIONS AND FOR-PROFIT COMPANIES. ISOC IS ACTIVELY SEEKING TO INCREASE ITS DONOR BASE BY EXPANDING ITS CHARITABLE SOLICITATION PROGRAMS AND PURSUING ADDITIONAL CHARITABLE GRANTS.</p> <p>3. ISOC'S SOURCES OF SUPPORT COME FROM ITS MEMBERS, ITS SUPPORTING ORGANIZATIONS, AND DONATIONS AND GRANTS FROM INDIVIDUALS, CORPORATIONS AND GOVERNMENTAL ORGANIZATIONS. ISOC'S MEMBERS INCLUDE 77 ORGANIZATIONS, INCLUDING NONPROFITS, GOVERNMENTS, AND ACADEMIC ORGANIZATIONS. ISOC'S ORGANIZATIONAL MEMBERS PAY DUES TO SUPPORT THE WORK OF ISOC IN CARRYING OUT ITS MISSION. ISOC ALSO HAS MORE THAN 110,000 INDIVIDUAL MEMBERS. ISOC DOES NOT CHARGE MEMBERSHIP DUES TO ITS INDIVIDUAL MEMBERS SINCE MANY OF THEM ARE LOCATED IN DEVELOPING COUNTRIES AND IT DOES NOT WANT THE PAYMENT OF DUES TO BE A BARRIER TO INVOLVING AS BROAD A CONSTITUENCY AS POSSIBLE IN ITS PROGRAMS AND ACTIVITIES IN FURTHERANCE OF ITS MISSION. ISOC HAS A "DONATE" BUTTON ON ITS WEBSITE THAT MAKES IT CONVENIENT FOR INDIVIDUAL MEMBERS WHO CAN AFFORD TO DO SO TO MAKE CONTRIBUTIONS IN SUPPORT OF ISOC'S MISSION. ISOC IS CONTINUALLY WORKING TO EXPAND ITS BASE OF MEMBERS AND TO SEEK ADDITIONAL GRANT FUNDING.</p> <p>4. ISOC HAS A REPRESENTATIVE GOVERNING BODY. ISOC'S 13 MEMBER BOARD OF TRUSTEES REPRESENTS THE BROAD INTERESTS OF THE PUBLIC RATHER THAN THE INTERESTS OF A LIMITED NUMBER OF DONORS TO THE ORGANIZATION. THE TRUSTEES ARE ELECTED BY ISOC'S ORGANIZATIONAL MEMBERS AND CHAPTERS AND APPOINTED BY THE INTERNET ENGINEERING TASK FORCE (A LARGE, OPEN, INTERNATIONAL COMMUNITY OF NETWORK DESIGNERS, OPERATORS, VENDORS, AND RESEARCHERS CONCERNED WITH THE EVOLUTION OF THE INTERNET ARCHITECTURE AND THE SMOOTH OPERATION OF THE INTERNET). TRUSTEES ARE ELECTED FOR THEIR EXPERIENCE AND EXPERTISE IN ISSUES INVOLVING THE INTERNET, AND THEY ALL HAVE SIGNIFICANT BACKGROUNDS IN ISSUES INVOLVING THE WORLDWIDE INTERNET COMMUNITY. ISOC'S 13 TRUSTEES COME FROM DIFFERENT COUNTRIES AND IN 2023 THEY WERE FROM THE UNITED STATES, HONG KONG, MEXICO, NIGERIA, PAKISTAN, PORTUGAL, SENEGAL, AND SRI LANKA. ISOC'S BROAD INTERNATIONAL REPRESENTATION ON ITS BOARD IS REFLECTIVE OF THE WORLDWIDE REACH OF THE INTERNET, AND ISOC'S TRUSTEES BRING WITH THEM BROAD AND DIVERSE VIEWPOINTS THAT CONTRIBUTE TO THE PUBLIC INTEREST SERVED BY THE ISOC'S ACTIVITIES. THEY ALL SHARE A COMMON COMMITMENT TO ISOC'S MISSION TO INCREASE ACCESS TO THE INTERNET IN AREAS WHERE SUCH ACCESS IS LACKING AND TO MAKE THE INTERNET A FORCE FOR GOOD IN THE WORLD.</p> <p>5. ISOC ENGAGES IN A VARIETY OF PROGRAMS AND ACTIVITIES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON A CONTINUING BASIS. ITS PROGRAMS AND ACTIVITIES HAVE BROAD APPEAL TO MEMBERS OF THE PUBLIC, AROUND THE GLOBE, THAT SHARE AN INTEREST IN THE PROMOTION OF AN OPEN, STABLE, AND GLOBALLY ACCESSIBLE INTERNET INFRASTRUCTURE WORLDWIDE. THIS SHARED INTEREST IN ISOC'S PROGRAMS AND ACTIVITIES IS REFLECTED IN THE FACT THAT ISOC HAS MORE THAN 110,000 INDIVIDUAL MEMBERS. ISOC HAS MORE THAN 110 ACTIVE CHAPTERS ACROSS SIX CONTINENTS, BRINGING MEMBERS TOGETHER TO RUN PROGRAMS AND ACTIVITIES DEDICATED TO MAKING A DIFFERENCE LOCALLY, INFORMING POLICY, AND EDUCATING THE PUBLIC ABOUT INTERNET-RELATED ISSUES.</p>

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) OTHER INCOME	58,751	0	57,991	2,184	11,860	130,786
	Total	58,751	0	57,991	2,184	11,860	130,786

**Schedule B  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Attach to Form 990, 990-EZ, or 990-PF.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization  
**INTERNET SOCIETY**

**Employer identification number**  
**54-1650477**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- ☒ 501(c)( **3** ) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

**INTERNET SOCIETY**

Employer identification number

**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>29,000,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>7,000,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,575,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,000,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,000,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>450,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**INTERNET SOCIETY**

Employer identification number

**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	----- ----- -----	\$ <u>406,667</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>	----- ----- -----	\$ <u>295,010</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>	----- ----- -----	\$ <u>267,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>	----- ----- -----	\$ <u>148,333</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>	----- ----- -----	\$ <u>105,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>	----- ----- -----	\$ <u>95,139</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**INTERNET SOCIETY**

Employer identification number

**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	----- ----- -----	\$ <u>80,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>14</u>	----- ----- -----	\$ <u>69,250</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>15</u>	----- ----- -----	\$ <u>59,396</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>16</u>	----- ----- -----	\$ <u>57,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>17</u>	----- ----- -----	\$ <u>50,483</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>18</u>	----- ----- -----	\$ <u>50,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Employer identification number

**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	----- ----- -----	\$ <u>50,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>20</u>	----- ----- -----	\$ <u>50,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>21</u>	----- ----- -----	\$ <u>36,854</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>22</u>	----- ----- -----	\$ <u>35,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>23</u>	----- ----- -----	\$ <u>33,333</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>24</u>	----- ----- -----	\$ <u>32,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>	<div></div> <div></div> <div></div>	\$ <u>31,875</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>26</u>	<div></div> <div></div> <div></div>	\$ <u>30,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>27</u>	<div></div> <div></div> <div></div>	\$ <u>29,180</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>28</u>	<div></div> <div></div> <div></div>	\$ <u>26,858</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>29</u>	<div></div> <div></div> <div></div>	\$ <u>25,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>30</u>	<div></div> <div></div> <div></div>	\$ <u>25,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>	----- ----- -----	\$ <u>25,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>32</u>	----- ----- -----	\$ <u>25,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>33</u>	----- ----- -----	\$ <u>22,917</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>34</u>	----- ----- -----	\$ <u>22,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>35</u>	----- ----- -----	\$ <u>20,532</u>	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>36</u>	----- ----- -----	\$ <u>20,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**INTERNET SOCIETY**

Employer identification number

**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u>	----- ----- -----	\$ <u>20,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>38</u>	----- ----- -----	\$ <u>20,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>39</u>	----- ----- -----	\$ <u>18,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>40</u>	----- ----- -----	\$ <u>16,667</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>41</u>	----- ----- -----	\$ <u>16,667</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>42</u>	----- ----- -----	\$ <u>15,649</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 15,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 15,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 15,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 15,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 14,167	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 13,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>	----- ----- -----	\$ <u>13,333</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>50</u>	----- ----- -----	\$ <u>13,333</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>51</u>	----- ----- -----	\$ <u>12,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>52</u>	----- ----- -----	\$ <u>12,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>53</u>	----- ----- -----	\$ <u>12,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>54</u>	----- ----- -----	\$ <u>12,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 12,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 11,750	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>61</u>	----- ----- -----	\$ <u>10,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>62</u>	----- ----- -----	\$ <u>10,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>63</u>	----- ----- -----	\$ <u>10,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>64</u>	----- ----- -----	\$ <u>8,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>65</u>	----- ----- -----	\$ <u>8,333</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>66</u>	----- ----- -----	\$ <u>8,167</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Employer identification number

**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>67</u>	----- ----- -----	\$ <u>7,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>68</u>	----- ----- -----	\$ <u>7,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>69</u>	----- ----- -----	\$ <u>7,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>70</u>	----- ----- -----	\$ <u>6,750</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>71</u>	----- ----- -----	\$ <u>6,667</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>72</u>	----- ----- -----	\$ <u>6,562</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>73</u>	----- ----- -----	\$ <u>6,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>74</u>	----- ----- -----	\$ <u>6,250</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>75</u>	----- ----- -----	\$ <u>6,250</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>76</u>	----- ----- -----	\$ <u>6,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>77</u>	----- ----- -----	\$ <u>5,417</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>78</u>	----- ----- -----	\$ <u>5,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>79</u>	----- ----- -----	\$ <u>5,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>80</u>	----- ----- -----	\$ <u>5,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>81</u>	----- ----- -----	\$ <u>5,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>82</u>	----- ----- -----	\$ <u>5,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>83</u>	----- ----- -----	\$ <u>5,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>84</u>	----- ----- -----	\$ <u>5,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Employer identification number

**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Employer identification number

**54-1650477****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

54-1650477

## Part II

[illegible]

Name of organization

**INTERNET SOCIETY**

Employer identification number

**54-1650477****Part III**

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

Use duplicate copies of Part III if additional space is needed.

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

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
-------------------------	-------------------------

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

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
-------------------------	-------------------------

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

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
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SCHEDULE C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

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

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

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

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

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

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

Name of organization

INTERNET SOCIETY

Employer identification number (EIN)

54-1650477

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

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	15,019	15,019												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	28,576	29,998												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	43,595	45,017												
<b>d</b>	Other exempt purpose expenditures	43,549,401	185,189,528												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	43,592,996	185,234,545												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000												
<table border="1"> <thead> <tr> <th>IF the amount on line 1e, column (a) or (b) is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	35,132	86,869	64,367	45,017	231,385
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	0	56,499	31,613	15,019	103,131

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities?			
<b>j</b>	Total. Add lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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

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**SCHEDULE C, PART II-A, A**
**GROUP MEMBER INFORMATION**

Name	CONNECTED GIVING FOUNDATION
Address	1551 EMANCIPATION HIGHWAY #1506, FREDERICKSBURG, VA 22401
EIN	84-3558614
Election Under Section 501(h)	YES
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0
1b Total lobbying expenditures to influence a legislative body (direct lobbying)	0
1c Total lobbying expenditures	0
1d Other exempt purpose expenditures	1,243,287
1e Total exempt purpose expenditures	1,243,287
1f Lobbying nontaxable amount	199,329
1g Grassroots nontaxable amount	49,832
1h Total grassroots less nontaxable amount	0
1i Total expenditures less nontaxable amount	0

Name	PUBLIC INTEREST REGISTRY
Address	11911 FREEDOM DRIVE, RESTON, VA 20190
EIN	33-1025119
Election Under Section 501(h)	YES
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0
1b Total lobbying expenditures to influence a legislative body (direct lobbying)	1,422
1c Total lobbying expenditures	1,422
1d Other exempt purpose expenditures	106,528,548
1e Total exempt purpose expenditures	106,529,970
1f Lobbying nontaxable amount	1,000,000
1g Grassroots nontaxable amount	250,000
1h Total grassroots less nontaxable amount	0
1i Total expenditures less nontaxable amount	0

Name	INTERNET SOCIETY FOUNDATION
Address	1551 EMANCIPATION HIGHWAY #1506, FREDERICKSBURG, VA 22401
EIN	82-3285688
Election Under Section 501(h)	YES
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0
1b Total lobbying expenditures to influence a legislative body (direct lobbying)	0
1c Total lobbying expenditures	0
1d Other exempt purpose expenditures	33,868,292
1e Total exempt purpose expenditures	33,868,292
1f Lobbying nontaxable amount	1,000,000
1g Grassroots nontaxable amount	250,000
1h Total grassroots less nontaxable amount	0
1i Total expenditures less nontaxable amount	0

SCHEDULE D  
(Form 990)

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

INTERNET SOCIETY

Employer identification number

54-1650477

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	
4 Number of states where property subject to conservation easement is located . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	\$
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 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.	

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 . . . . .	\$
2 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 FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1 . . . . .	\$
b Assets included in Form 990, Part X . . . . .	\$

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

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

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	5,962,246	4,758,577	4,767,779	2,530,509	2,475,730
<b>b</b> Contributions	1,621,303	479,174	533,819	1,819,792	0
<b>c</b> Net investment earnings, gains, and losses	616,043	724,495	(543,021)	417,478	54,912
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					133
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	8,199,592	5,962,246	4,758,577	4,767,779	2,530,509

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

**a** Board designated or quasi-endowment 99.00 %

**b** Permanent endowment 1.00 %

**c** Term endowment 0.00 %

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

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

**(i)** Unrelated organizations?

**(ii)** Related organizations?

	Yes	No
<b>3a(i)</b>		✓
<b>3a(ii)</b>		✓
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		627,147	582,351	44,796
<b>d</b> Equipment		264,001	264,001	0
<b>e</b> Other		2,669,357	1,587,105	1,082,252
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,127,048

**Part VII Investments—Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) U.S. GOVT & AGENCY BONDS	7,522,720	END OF YEAR MARKET VALUE
(B) CORPORATE BONDS	4,307,562	END OF YEAR MARKET VALUE
(C) MONEY MARKET	1,226,200	END OF YEAR MARKET VALUE
(D) PRIVATE EQUITY FUND	268,743	END OF YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	13,325,225	

**Part VIII Investments—Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	127,448
(3) DUE TO RELATED PARTY	46,755
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	174,203

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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

[SEE STATEMENT](#)

# Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE CURRENT QUASI AND PERMANENT ENDOWMENT BALANCES SUPPORT THE FUTURE OF IETF THROUGH THE OPEN INTERNET ENDOWMENT.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	IN ACCORDANCE WITH FASB ASC 740, INCOME TAXES, THE ORGANIZATION RECOGNIZES TAX LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL NOT BE SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THEY HAVE TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. NO INCOME TAX EXPENSE OR PENALTIES RELATED TO INCOME TAXES ON UNCERTAIN TAX POSITIONS WERE RECOGNIZED FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023.

**SCHEDULE F  
(Form 990)**

(Rev. January 2025)

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

INTERNET SOCIETY

Employer identification number

54-1650477

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING		753,594
(2) SOUTH AMERICA			GRANTMAKING		548,578
(3) SOUTH ASIA			GRANTMAKING		232,125
(4) CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		221,490
(5) EAST ASIA AND THE PACIFIC			GRANTMAKING		185,666
(6) NORTH AMERICA (CANADA & MEXICO ONLY)			GRANTMAKING		172,387
(7) RUSSIA AND NEIGHBORING STATES			GRANTMAKING		163,740
(8) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		149,119
(9) SUB-SAHARAN AFRICA			GRANTMAKING		1,574,550
(10) CENTRAL AMERICA AND THE CARIBBEAN		1	PROGRAM SERVICES	EMPOWERING PEOPLE TO TAKE ACTION	294,286
(11) EAST ASIA AND THE PACIFIC		5	PROGRAM SERVICES	EMPOWERING PEOPLE TO TAKE ACTION	290,992
(12) EUROPE (INCLUDING ICELAND AND GREENLAND)	3	26	PROGRAM SERVICES	EMPOWERING PEOPLE TO TAKE ACTION	834,537
(13) MIDDLE EAST AND NORTH AFRICA		3	PROGRAM SERVICES	EMPOWERING PEOPLE TO TAKE ACTION	268,419
(14) NORTH AMERICA (CANADA & MEXICO ONLY)		6	PROGRAM SERVICES	EMPOWERING PEOPLE TO TAKE ACTION	253,175
(15) RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	EMPOWERING PEOPLE TO TAKE ACTION	119,806
(16) SOUTH AMERICA	1	7	PROGRAM SERVICES	EMPOWERING PEOPLE TO TAKE ACTION	363,462
(17) SEE PART I SUPPLEMENTAL INFORMATION					
<b>3a Subtotal</b>	<b>4</b>	<b>48</b>			<b>6,425,926</b>
<b>b Total from continuation sheets to Part I</b>	<b>0</b>	<b>9</b>			<b>12,836,115</b>
<b>c Totals (add lines 3a and 3b)</b>	<b>4</b>	<b>57</b>			<b>19,262,041</b>

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			EUROPE (INCLUDING ICELAND AND GREENLAND)	EMPOWR PPL	250,000	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	EMPOWR PPL	149,742	WIRE			
<b>(3)</b>			SOUTH AMERICA	EMPOWR PPL	138,000	WIRE			
<b>(4)</b>			SOUTH AMERICA	EMPOWR PPL	63,500	WIRE			
<b>(5)</b>			SOUTH AMERICA	GROW INT	54,000	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	EMPOWR PPL	96,000	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	EMPOWR PPL	92,000	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	EMPOWR PPL	56,421	WIRE			
<b>(9)</b>			SUB-SAHARAN AFRICA	GROW INT	23,620	WIRE			
<b>(10)</b>			NORTH AMERICA (CANADA & MEXICO ONLY)	EMPOWR PPL	48,498	WIRE			
<b>(11)</b>			NORTH AMERICA (CANADA & MEXICO ONLY)	GROW INT	32,044	WIRE			
<b>(12)</b>			SOUTH ASIA	EMPOWR PPL	72,250	WIRE			
<b>(13)</b>			RUSSIA AND NEIGHBORING STATES	EMPOWR PPL	68,430	WIRE			
<b>(14)</b>			MIDDLE EAST AND NORTH AFRICA	EMPOWR PPL	18,370	WIRE			
<b>(15)</b>			MIDDLE EAST AND NORTH AFRICA	GROW INT	49,000	WIRE			
<b>(16)</b>			(SEE STATEMENT)						

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

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

0

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) EMPOWERING PEOPLE TO TAKE ACTION	CENTRAL AMERICA AND THE CARIBBEAN	3	1,553	WIRE			
(2) EMPOWERING PEOPLE TO TAKE ACTION	EAST ASIA AND THE PACIFIC	10	25,887	WIRE			
(3) EMPOWERING PEOPLE TO TAKE ACTION	EUROPE (INCLUDING ICELAND AND GREENLAND)	4	6,021	WIRE			
(4) EMPOWERING PEOPLE TO TAKE ACTION	NORTH AMERICA (CANADA & MEXICO ONLY)	2	2,140	WIRE			
(5) EMPOWERING PEOPLE TO TAKE ACTION	SOUTH AMERICA	2	4,317	WIRE			
(6) EMPOWERING PEOPLE TO TAKE ACTION	SOUTH ASIA	1	425	WIRE			
(7) EMPOWERING PEOPLE TO TAKE ACTION	SUB-SAHARAN AFRICA	7	8,047	WIRE			
(8) GROWING THE INTERNET	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	17,000	WIRE			
(9) GROWING THE INTERNET	NORTH AMERICA (CANADA & MEXICO ONLY)	1	4,000	WIRE			
(10) STRENGTHENING THE INTERNET	EAST ASIA AND THE PACIFIC	6	6,700	WIRE			
(11) STRENGTHENING THE INTERNET	EUROPE (INCLUDING ICELAND AND GREENLAND)	2	1,870	WIRE			
(12) STRENGTHENING THE INTERNET	SOUTH ASIA	1	1,500	WIRE			
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

Part V

Supplemental Information

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	GRANT PROPOSALS ARE REVIEWED AND APPROVED IN COMPLIANCE WITH ISOC DELEGATION POLICY AND BOARD APPROVED BUDGET. ONCE APPROVED, AN AGREEMENT IS ESTABLISHED WITH A CLEAR UNDERSTANDING OF THE GRANTEE'S REQUIREMENTS, INCLUDING COMPLIANCE WITH GRANT MONITORING ACTIVITIES UPON REQUEST. THE AGREEMENT IS SIGNED BY THE APPROPRIATE PARTIES AND THE AGREED UPON INITIAL AMOUNT IS FUNDED. THE GRANT IS CONSIDERED COMPLETE WHEN GRANTEE FULFILLS THE ESTABLISHED REQUIREMENTS AND SUBMITS A REPORT. PAYMENT MADE ACCORDING TO GRANT.

**Part I****Activities per Region** (continued)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(17) SOUTH ASIA		2	PROGRAM SERVICES	EMPOWERING PEOPLE TO TAKE ACTION	253,824
(18) SUB-SAHARAN AFRICA		7	PROGRAM SERVICES	EMPOWERING PEOPLE TO TAKE ACTION	897,183
(19) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	STRENGTHENING THE INTERNET	283,024
(20) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STRENGTHENING THE INTERNET	279,855
(21) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	STRENGTHENING THE INTERNET	802,598
(22) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STRENGTHENING THE INTERNET	258,146
(23) NORTH AMERICA (CANADA & MEXICO ONLY)			PROGRAM SERVICES	STRENGTHENING THE INTERNET	243,486
(24) RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	STRENGTHENING THE INTERNET	115,221
(25) SOUTH AMERICA			PROGRAM SERVICES	STRENGTHENING THE INTERNET	349,551
(26) SOUTH ASIA			PROGRAM SERVICES	STRENGTHENING THE INTERNET	244,110
(27) SUB-SAHARAN AFRICA			PROGRAM SERVICES	STRENGTHENING THE INTERNET	862,846
(28) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	GROWING THE INTERNET	241,966
(29) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GROWING THE INTERNET	239,257
(30) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	GROWING THE INTERNET	686,166
(31) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	GROWING THE INTERNET	220,697
(32) NORTH AMERICA (CANADA & MEXICO ONLY)			PROGRAM SERVICES	GROWING THE INTERNET	208,164
(33) RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	GROWING THE INTERNET	98,506
(34) SOUTH AMERICA			PROGRAM SERVICES	GROWING THE INTERNET	298,843
(35) SOUTH ASIA			PROGRAM SERVICES	GROWING THE INTERNET	208,697
(36) SUB-SAHARAN AFRICA			PROGRAM SERVICES	GROWING THE INTERNET	737,675
(37) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	TECHNOLOGY AND STANDARDS DEVELOPMENT	9,184
(38) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	TECHNOLOGY AND STANDARDS DEVELOPMENT	1,908,064
(39) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	TECHNOLOGY AND STANDARDS DEVELOPMENT	2,468,314
(40) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	TECHNOLOGY AND STANDARDS DEVELOPMENT	64,291
(41) NORTH AMERICA (CANADA & MEXICO ONLY)			PROGRAM SERVICES	TECHNOLOGY AND STANDARDS DEVELOPMENT	546,473
(42) RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	TECHNOLOGY AND STANDARDS DEVELOPMENT	27,553
(43) SOUTH AMERICA			PROGRAM SERVICES	TECHNOLOGY AND STANDARDS DEVELOPMENT	82,660
(44) SOUTH ASIA			PROGRAM SERVICES	TECHNOLOGY AND STANDARDS	135,470

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
				DEVELOPMENT	
(45) SUB-SAHARAN AFRICA			PROGRAM SERVICES	TECHNOLOGY AND STANDARDS DEVELOPMENT	64,291

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

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		SUB-SAHARAN AFRICA	EMPOWR PPL	23,451	WIRE			
(17)		SUB-SAHARAN AFRICA	GROW INT	39,476	WIRE			
(18)		SOUTH ASIA	GROW INT	62,750	WIRE			
(19)		SUB-SAHARAN AFRICA	EMPOWR PPL	61,024	WIRE			
(20)		CENTRAL AMERICA AND THE CARIBBEAN	EMPOWR PPL	55,700	WIRE			
(21)		SUB-SAHARAN AFRICA	EMPOWR PPL	53,488	WIRE			
(22)		EAST ASIA AND THE PACIFIC	GROW INT	52,645	WIRE			
(23)		SUB-SAHARAN AFRICA	GROW INT	50,000	WIRE			
(24)		SUB-SAHARAN AFRICA	GROW INT	49,958	WIRE			
(25)		MIDDLE EAST AND NORTH AFRICA	GROW INT	49,802	WIRE			
(26)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GROW INT	49,705	WIRE			
(27)		RUSSIA AND NEIGHBORING STATES	GROW INT	49,600	WIRE			
(28)		CENTRAL AMERICA AND THE CARIBBEAN	EMPOWR PPL	48,490	WIRE			
(29)		SOUTH AMERICA	EMPOWR PPL	48,485	WIRE			
(30)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EMPOWR PPL	47,118	WIRE			
(31)		SOUTH AMERICA	EMPOWR PPL	45,000	WIRE			
(32)		SUB-SAHARAN AFRICA	GROW INT	44,939	WIRE			
(33)		SUB-SAHARAN AFRICA	EMPOWR PPL	43,610	WIRE			
(34)		SUB-SAHARAN AFRICA	EMPOWR PPL	42,742	WIRE			
(35)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EMPOWR PPL	43,366	WIRE			
(36)		SUB-SAHARAN AFRICA	EMPOWR PPL	43,000	WIRE			
(37)		CENTRAL AMERICA AND THE CARIBBEAN	EMPOWR PPL	40,632	WIRE			
(38)		SUB-SAHARAN AFRICA	EMPOWR PPL	40,000	WIRE			
(39)		SUB-SAHARAN AFRICA	GROW INT	40,000	WIRE			
(40)		SUB-SAHARAN AFRICA	GROW INT	37,457	WIRE			
(41)		NORTH AMERICA (CANADA & MEXICO ONLY)	EMPOWR PPL	33,504	WIRE			
(42)		CENTRAL AMERICA AND THE CARIBBEAN	EMPOWR PPL	32,990	WIRE			
(43)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EMPOWR PPL	32,500	WIRE			
(44)		SUB-SAHARAN AFRICA	EMPOWR PPL	28,992	WIRE			
(45)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GROW INT	29,756	WIRE			
(46)		SUB-SAHARAN AFRICA	EMPOWR PPL	28,496	WIRE			
(47)		NORTH AMERICA (CANADA & MEXICO ONLY)	EMPOWR PPL	28,500	WIRE			
(48)		SUB-SAHARAN AFRICA	GROW INT	24,380	WIRE			
(49)		EAST ASIA AND THE PACIFIC	EMPOWR PPL	28,000	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(50)		SOUTH ASIA	GROW INT	23,000	WIRE			
(51)		SOUTH AMERICA	EMPOWER PPL	21,300	WIRE			
(52)		SUB-SAHARAN AFRICA	GROW INT	22,391	WIRE			
(53)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GROW INT	22,177	WIRE			
(54)		SUB-SAHARAN AFRICA	GROW INT	21,000	WIRE			
(55)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EMPOWER PPL	20,201	WIRE			
(56)		SUB-SAHARAN AFRICA	EMPOWER PPL	20,000	WIRE			
(57)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GROW INT	20,000	WIRE			
(58)		SUB-SAHARAN AFRICA	EMPOWER PPL	20,000	WIRE			
(59)		SUB-SAHARAN AFRICA	GROW INT	19,985	WIRE			
(60)		SUB-SAHARAN AFRICA	EMPOWER PPL	18,500	WIRE			
(61)		SUB-SAHARAN AFRICA	GROW INT	19,207	WIRE			
(62)		SUB-SAHARAN AFRICA	GROW INT	17,517	WIRE			
(63)		RUSSIA AND NEIGHBORING STATES	EMPOWER PPL	18,485	WIRE			
(64)		EAST ASIA AND THE PACIFIC	GROW INT	25,000	WIRE			
(65)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GROW INT	17,000	WIRE			
(66)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GROW INT	17,000	WIRE			
(67)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GROW INT	17,000	WIRE			
(68)		SUB-SAHARAN AFRICA	EMPOWER PPL	15,624	WIRE			
(69)		SOUTH AMERICA	EMPOWER PPL	15,500	WIRE			
(70)		SOUTH AMERICA	GROW INT	16,500	WIRE			
(71)		SUB-SAHARAN AFRICA	GROW INT	15,081	WIRE			
(72)		NORTH AMERICA (CANADA & MEXICO ONLY)	EMPOWER PPL	15,000	WIRE			
(73)		SUB-SAHARAN AFRICA	EMPOWER PPL	15,000	WIRE			
(74)		SOUTH AMERICA	EMPOWER PPL	15,000	WIRE			
(75)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EMPOWER PPL	11,000	WIRE			
(76)		SOUTH AMERICA	GROW INT	15,000	WIRE			
(77)		SOUTH ASIA	EMPOWER PPL	15,000	WIRE			
(78)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EMPOWER PPL	15,000	WIRE			
(79)		SUB-SAHARAN AFRICA	EMPOWER PPL	13,500	WIRE			
(80)		SUB-SAHARAN AFRICA	EMPOWER PPL	13,013	WIRE			
(81)		SOUTH AMERICA	GROW INT	13,949	WIRE			
(82)		SUB-SAHARAN AFRICA	EMPOWER PPL	13,470	WIRE			
(83)		SUB-SAHARAN AFRICA	EMPOWER PPL	13,023	WIRE			
(84)		SUB-SAHARAN AFRICA	GROW INT	11,820	WIRE			
(85)		SUB-SAHARAN AFRICA	EMPOWER PPL	10,000	WIRE			
(86)		EAST ASIA AND THE PACIFIC	EMPOWER PPL	6,500	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(87)		SOUTH ASIA	EMPOWER PPL	10,000	WIRE			
(88)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EMPOWER PPL	10,000	WIRE			
(89)		SOUTH ASIA	EMPOWER PPL	10,000	WIRE			
(90)		SUB-SAHARAN AFRICA	EMPOWER PPL	10,000	WIRE			
(91)		SUB-SAHARAN AFRICA	GROW INT	10,000	WIRE			
(92)		CENTRAL AMERICA AND THE CARIBBEAN	EMPOWER PPL	10,000	WIRE			
(93)		RUSSIA AND NEIGHBORING STATES	EMPOWER PPL	10,000	WIRE			
(94)		SOUTH AMERICA	EMPOWER PPL	10,000	WIRE			
(95)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EMPOWER PPL	10,000	WIRE			
(96)		SOUTH AMERICA	EMPOWER PPL	9,750	WIRE			
(97)		SUB-SAHARAN AFRICA	EMPOWER PPL	8,500	WIRE			
(98)		CENTRAL AMERICA AND THE CARIBBEAN	EMPOWER PPL	8,175	WIRE			
(99)		SOUTH AMERICA	GROW INT	9,000	WIRE			
(100)		EAST ASIA AND THE PACIFIC	EMPOWER PPL	8,500	WIRE			
(101)		SUB-SAHARAN AFRICA	EMPOWER PPL	8,500	WIRE			
(102)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EMPOWER PPL	8,500	WIRE			
(103)		SUB-SAHARAN AFRICA	EMPOWER PPL	8,470	WIRE			
(104)		MIDDLE EAST AND NORTH AFRICA	EMPOWER PPL	8,447	WIRE			
(105)		SUB-SAHARAN AFRICA	EMPOWER PPL	8,000	WIRE			
(106)		MIDDLE EAST AND NORTH AFRICA	EMPOWER PPL	8,000	WIRE			
(107)		SOUTH ASIA	EMPOWER PPL	8,000	WIRE			
(108)		SUB-SAHARAN AFRICA	EMPOWER PPL	8,000	WIRE			
(109)		SUB-SAHARAN AFRICA	EMPOWER PPL	7,700	WIRE			
(110)		EAST ASIA AND THE PACIFIC	GROW INT	7,500	WIRE			
(111)		SUB-SAHARAN AFRICA	EMPOWER PPL	7,500	WIRE			
(112)		EAST ASIA AND THE PACIFIC	EMPOWER PPL	6,934	WIRE			
(113)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EMPOWER PPL	6,391	WIRE			
(114)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EMPOWER PPL	6,200	WIRE			
(115)		SOUTH ASIA	GROW INT	6,000	WIRE			
(116)		SUB-SAHARAN AFRICA	GROW INT	50,000	WIRE			
(117)		SOUTH AMERICA	EMPOWER PPL	25,000	WIRE			
(118)		EUROPE (INCLUDING ICELAND AND GREENLAND)	STRENGTHEN INT	16,600	WIRE			

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NETHOPE INC 800 W BROAD ST, FALLS CHURCH, VA, 22040	20-1782011	501(C)(3)	250,000				(SEE STATEMENT)
(2) ALLIED MEDIA PROJECTS INC 4731 GRAND RIVER AVE, DETROIT, MI, 48208	01-0559608	501(C)(3)	240,662				(SEE STATEMENT)
(3) ASPIRATION PO BOX 880264, SAN FRANCISCO, CA, 94188-0264	91-2106274	501(C)(3)	192,768				(SEE STATEMENT)
(4) IETF TRUST LLC 1000 N WEST ST, WILMINGTON, DE, 19801	26-6028540	501(C)(3)	150,000				(SEE STATEMENT)
(5) UN TECHNICAL COOPERATION ACTIVITIES TWO UNITED NATIONS PLZ, NEW YORK, NY, 10017	58-2368165	501(C)(3)	100,000				(SEE STATEMENT)
(6) OXFAM AMERICA 226 CAUSEWAY ST, BOSTON, MA, 02114	23-7069110	501(C)(3)	60,000				(SEE STATEMENT)
(7) ASSOCIATION FOR PROGRESSIVE COMM 1013 TORNEY AVE, SAN FRANCISCO, CA, 94129	94-3287156	501(C)(3)	25,000				(SEE STATEMENT)
(8) ASSOCIATION FOR PROGRESSIVE COMM 1013 TORNEY AVE, SAN FRANCISCO, CA, 94129	94-3287156	501(C)(3)	26,000				GROWING THE INTERNET
(9) PEOPLE CENTERED INTERNET INC 1010 EMERSON ST, PALO ALTO, CA, 94301	83-2202362	501(C)(3)	50,000				STRENGTHENING THE INTERNET
(10) USTTI 1150 CONNECT AVE NW, WASHINGTON, DC, 20036	52-1294659	501(C)(3)	40,140				(SEE STATEMENT)
(11) SFBAYISOC P.O.BOX 50741, PALO ALTO, CA, 94303	90-0860941	501(C)(3)	28,039				(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19
3 Enter total number of other organizations listed in the line 1 table 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 STRENGTHENING THE INTERNET	23	17,606			
2 EMPOWERING PEOPLE TO TAKE ACTION	6	17,392			
3					
4					
5					
6					
7					

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

**Part II****Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(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
(12) FREEDOM HOUSE 1850 M ST NW FLOOR 11, WASHINGTON, DC, 20036	13-1656647	501(C)(3)	25,000				GROWING THE INTERNET
(13) INTERNET SOCIETY OF PUERTO RICO CHAPTER INC PO BOX 361973, SAN JUAN, PR, 00936-1973	66-0718331	501(C)(3)	23,500				EMPOWERING PEOPLE TO TAKE ACTION
(14) EQUITABLE ORIGIN INC 1801 MAIN STREET 10TH FLOOR, HOUSTON, TX, 77002	47-4007160	501(C)(3)	19,500				GROWING THE INTERNET
(15) COPIA INSTITUTE 370 CONVENTION WAY, REDWOOD CITY, CA, 94063	94-3392450	501(C)(3)	15,000				EMPOWERING PEOPLE TO TAKE ACTION
(16) NANOG INC 305 E EISENHOWER PKWY STE 100, ANN ARBOR, MI, 48108	27-2534183	501(C)(3)	15,000				GROWING THE INTERNET
(17) IETF ADMINISTRATION LLC 1000 N WEST STREET STE 1200, WILMINGTON, DE, 19801	83-1755858	501(C)(3)	12,915				EMPOWERING PEOPLE TO TAKE ACTION
(18) IEEE COMMUNICATIONS SOCIETY 3 PARK AVENUE 17TH FLOOR, NEW YORK, NY, 10016	13-1656633	501(C)(3)	6,451				GROWING THE INTERNET
(19) MEDIA FACTORY LLC 4023 KENNET PIKE 55947, WILMINGTON, DE, 19807	32-0449898	501(C)(3)	6,000				STRENGTHENING THE INTERNET

**Part IV**

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I - N/A	N/A
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	GRANT PROPOSALS ARE REVIEWED AND APPROVED IN COMPLIANCE WITH ISOC DELEGATION POLICY AND BOARD APPROVED BUDGET. ONCE APPROVED, AN AGREEMENT IS ESTABLISHED WITH A CLEAR UNDERSTANDING OF THE GRANTEE'S REQUIREMENTS, INCLUDING COMPLIANCE WITH GRANT MONITORING ACTIVITIES UPON REQUEST. THE AGREEMENT IS SIGNED BY THE APPROPRIATE PARTIES AND THE AGREED UPON INITIAL AMOUNT IS FUNDED. THE GRANT IS CONSIDERED COMPLETE WHEN GRANTEE FULFILLS THE ESTABLISHED REQUIREMENTS AND SUBMITS A REPORT. PAYMENT MADE ACCORDING TO GRANT.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	NETHOPE INC: EMPOWERING PEOPLE TO TAKE ACTION
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALLIED MEDIA PROJECTS INC: EMPOWERING PEOPLE TO TAKE ACTION
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ASPIRATION: EMPOWERING PEOPLE TO TAKE ACTION
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	IETF TRUST LLC: TECHNOLOGY & STANDARDS DEVELOPMENT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	UN TECHNICAL COOPERATION ACTIVITIES: EMPOWERING PEOPLE TO TAKE ACTION
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	OXFAM AMERICA: EMPOWERING PEOPLE TO TAKE ACTION
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ASSOCIATION FOR PROGRESSIVE COMM: EMPOWERING PEOPLE TO TAKE ACTION
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	USTTI: EMPOWERING PEOPLE TO TAKE ACTION
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SFBAYISOC: EMPOWERING PEOPLE TO TAKE ACTION
SCHEDULE I, PART III , COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	STRENGTHENING THE INTERNET : N/A
SCHEDULE I, PART III , COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	EMPOWERING PEOPLE TO TAKE ACTION : N/A

**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

Name of the organization

INTERNET SOCIETY

**Compensation Information**

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

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

54-1650477

**Part I Questions Regarding Compensation**

	Yes	No								
<b>1a</b> 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. <table><tbody><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></tbody></table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<b>b</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 . . . . .	<b>1b</b>									
<b>2</b> 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? . . . . .	<b>2</b>									
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table><tbody><tr><td><input checked="" type="checkbox"/> Compensation committee</td><td><input checked="" type="checkbox"/> Written employment contract</td></tr><tr><td><input checked="" type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input checked="" type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></tbody></table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	✓								
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	✓								
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .	<b>4c</b>	✓								
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>										
<b>5</b> 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: <b>a</b> The organization? . . . . .	<b>5a</b>	✓								
<b>b</b> Any related organization? . . . . .	<b>5b</b>	✓								
If "Yes" on line 5a or 5b, describe in Part III.										
<b>6</b> 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: <b>a</b> The organization? . . . . .	<b>6a</b>	✓								
<b>b</b> Any related organization? . . . . .	<b>6b</b>	✓								
If "Yes" on line 6a or 6b, describe in Part III.										
<b>7</b> 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 . . . . .	<b>7</b>	✓								
<b>8</b> 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 . . . . .	<b>8</b>	✓								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b>	ANDREW SULLIVAN PRESIDENT AND CHIEF EXECUTIVE OFFICER (THRU 08/24)	(i) 187,875	(ii) 89,365	(iii) 268,897	30,287	2,471	578,895	0
		(ii) 62,626	29,788	89,632	10,096	824	192,966	0
<b>2</b>	SALLY WENTWORTH PRESIDENT AND CHIEF EXECUTIVE OFFICER (AS OF 09/24)	(i) 340,322	(ii) 58,025	(iii) 743	61,834	26,128	487,052	0
		(ii) 30,938	5,275	68	5,621	2,375	44,277	0
<b>3</b>	ILONA LEVINE SENIOR VICE PRESIDENT AND GENERAL COUNSEL	(i) 176,324	(ii) 31,680	(iii) 518	32,928	24,210	265,660	0
		(ii) 99,182	17,820	291	18,522	13,619	149,434	0
<b>4</b>	SAE-YOUNG PARK SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER	(i) 168,656	(ii) 27,136	(iii) 517	30,950	29,160	256,419	0
		(ii) 94,869	15,264	291	17,409	16,402	144,235	0
<b>5</b>	DAWIT BEKELE REGIONAL VICE PRESIDENT - AFRICA	(i) 291,668	(ii) 20,948	(iii) 11,099	42,186	0	365,901	0
		(ii) 0	0	0	0	0	0	0
<b>6</b>	JOSEPH HALL DISTINGUISHED TECHNOLOGIST, STRONG INTERNET	(i) 235,422	(ii) 41,400	(iii) 790	42,990	33,302	353,904	0
		(ii) 0	0	0	0	0	0	0
<b>7</b>	SEBASTIAN BELLAGAMBA VICE PRESIDENT, EXTERNAL AND COMMUNITY ENGAGEMENT	(i) 271,131	(ii) 27,574	(iii) 42,893	0	0	341,598	0
		(ii) 0	0	0	0	0	0	0
<b>8</b>	ERICA ELLISON SENIOR VICE PRESIDENT, PEOPLE & CULTURE	(i) 234,567	(ii) 12,050	(iii) 1,192	37,958	21,976	307,743	0
		(ii) 0	0	0	0	0	0	0
<b>9</b>	KATIE BENGGAARD SENIOR VICE PRESIDENT, STRATEGY	(i) 214,303	(ii) 22,000	(iii) 470	36,762	31,582	305,117	0
		(ii) 0	0	0	0	0	0	0
<b>10</b>		(i)						
		(ii)						
<b>11</b>		(i)						
		(ii)						
<b>12</b>		(i)						
		(ii)						
<b>13</b>		(i)						
		(ii)						
<b>14</b>		(i)						
		(ii)						
<b>15</b>		(i)						
		(ii)						
<b>16</b>		(i)						
		(ii)						

# Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	2024 VARIABLE COMPENSATION AWARDS WERE DETERMINED BY THE CEO AND CFO, WITH INPUT FROM MANAGEMENT UNDER THE VARIABLE COMPENSATION PROGRAM. AT THE BEGINNING OF THE YEAR, THE CEO DETERMINES TARGET AWARDS (ALL TARGETS AND AWARDS ARE BASED ON A PERCENTAGE OF YEAR-END BASE COMPENSATION) FOR POSITIONS WITHIN THE ORGANIZATION. ALL FULL-TIME STAFF RECEIVED VARIABLE COMPENSATION TARGETS BETWEEN 4% AND 20% (THE CEO'S TARGET IS ESTABLISHED IN HIS EMPLOYMENT AGREEMENT). AT THE END OF THE YEAR, THE CEO, WITH INPUT FROM MANAGERS DETERMINES THE FINAL AWARDS. PERFORMANCE OF THE INTERNET SOCIETY AS A WHOLE AND OF THE INDIVIDUAL ARE THE BASIS FOR THESE AWARDS. THE CEO'S PERFORMANCE AND AWARD ARE DETERMINED BY THE BOARD OF TRUSTEES ACCORDING TO GOALS ESTABLISHED BY THE BOARD. FURTHER, THE BOARD OF TRUSTEES' COMPENSATION COMMITTEE APPROVES VARIABLE COMPENSATION FOR DISQUALIFIED PERSONS.
SCHEDULE J, PART II, COLUMN (B) - ISOC'S VARIABLE COMPENSATION PLAN	COLUMN B (II) REPRESENTS THE AMOUNT OF ISOC'S VARIABLE COMPENSATION PLAN EARNED IN 2023 (THE PRIOR CALENDAR YEAR) BUT PAID IN 2024. COLUMN B (III) REPRESENTS THE AMOUNT OF EMPLOYEES' TAXABLE COST OF LIFE INSURANCE AND ALLOWANCES FOR EMPLOYEE BENEFITS. COLUMN C INCLUDES INTERNET SOCIETY'S CONTRIBUTION TO EMPLOYEES' RETIREMENT PLANS, PLUS ANY VARIABLE COMPENSATION EARNED IN THE PRIOR TAX YEAR BUT PAID AFTER MARCH 15, 2024. COLUMN D INCLUDES EMPLOYEES' NON-TAXABLE MEDICAL AND OTHER NON-TAXED BENEFITS.

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

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 Form 990-EZ.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

INTERNET SOCIETY

Employer identification number

54-1650477

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$5,873,807 INCLUDING GRANTS OF \$112,767)(REVENUE \$535,310)  STRENGTHENING THE INTERNET: REPRESENTS ISOC'S WORK ON STRENGTHENING THE INTERNET ACROSS THE GLOBE TO PROTECT AND DEFEND THE INTERNET. INCLUDING ISOC'S WORK FOR STRONG ENCRYPTION, THE SECURITY AND STABILITY OF INTERNET ROUTING, AND OPEN STANDARDS.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE INTERNET SOCIETY BY-LAWS PROVIDE FOR THE RECOGNITION OF ORGANIZATIONAL MEMBERS, INDIVIDUAL MEMBERS, AND CHAPTERS. ORGANIZATIONAL MEMBERS ARE CORPORATE, NON-PROFIT, GOVERNMENT, OR ACADEMIC CONTRIBUTORS TO ISOC'S OVERALL CHARITABLE MISSION. INDIVIDUAL MEMBERS HAVE OPPORTUNITIES TO PARTICIPATE IN INTERNET SOCIETY'S ACTIVITIES. INDIVIDUAL MEMBERSHIP IS FREE. INDIVIDUAL MEMBERS MAY ALSO BELONG TO ONE OF ISOC'S CHAPTERS, BUT ARE NOT REQUIRED TO DO SO. CHAPTERS ARE GROUPS OF INDIVIDUAL MEMBERS WHO ARE COMMITTED TO FURTHERING INTERNET SOCIETY'S MISSION WITHIN THEIR GEOGRAPHIC OR SPECIAL INTEREST AREA.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE INTERNET SOCIETY BY-LAWS CALL FOR THE ELECTION OR APPOINTMENT OF MEMBERS OF ITS BOARD OF TRUSTEES. ACCORDING TO THE BY-LAWS, THE BOARD DEFINES THE PROCESS FOR ELECTION OF TRUSTEES BY ORGANIZATIONAL MEMBERS AND CHAPTERS. A POTENTIAL NOMINEE MUST BE A MEMBER IN GOOD STANDING AS OF DECEMBER 31ST OF THE PREVIOUS YEAR. FOR AN ORGANIZATIONAL MEMBER, DUES MUST BE PAID IN FULL. FOR A CHAPTER, THE CHAPTER MUST BE IN GOOD STANDING AS DEFINED IN ISOC PROCEDURES. THE INTERNET ARCHITECTURE BOARD (IAB) APPOINTS TRUSTEES ACCORDING TO AN INTERNAL PROCESS. THE IAB RECOMMENDATION MUST BE APPROVED BY THE IESG, WHICH IS THE STEERING COMMITTEE OF THE IETF. A PERSON MAY BE A CANDIDATE IN ONLY ONE CONSTITUENCY (ORGANIZATIONAL MEMBER, CHAPTER, IAB) IN ONE ELECTION YEAR. TRUSTEE TERMS ARE 3 YEARS AND LIMITED TO NO MORE THAN TWO CONSECUTIVE TERMS. THE TWO COMMITTEES INVOLVED IN THE PROCESS ARE THE ELECTIONS AND THE NOMINATIONS COMMITTEES. THE NOMINATIONS COMMITTEE ESTABLISHES SELECTION CRITERIA FOR PROSPECTIVE TRUSTEES, ADVERTISES THE NOMINATION PROCESS, SOLICITS CANDIDATES FOR THE PROCESS, NAMES A SLATE OF CANDIDATES, OVERSEES A PETITION PROCESS, AND MONITORS THE PROCESS TO ENSURE THAT AN INDIVIDUAL IS NOT A CANDIDATE IN MORE THAN ONE CONSTITUENCY AT THE SAME TIME. ONCE CANDIDATES ARE NOMINATED, PETITIONS FOR ADDITIONAL NOMINEES ARE ACCEPTED. CANDIDATES ARE ALLOWED TO SUBMIT BIOGRAPHICAL INFORMATION AND AN ELECTION STATEMENT. AFTER, THE PETITION PERIOD CLOSES AND A FINAL SLATE IS ANNOUNCED. BALLOTS ARE COUNTED BY AT LEAST TWO MEMBERS OF THE ELECTIONS COMMITTEE AT A TIME AND PLACE OF THEIR CHOOSING. THE ELECTIONS COMMITTEE CERTIFIES THE RESULTS TO THE BOARD OF TRUSTEES AND PUBLISHES THE RESULTS. A CHALLENGE PERIOD IS PROVIDED FOR. IN THE CASES OF A CHALLENGE, THE CEO, AFTER CONSULTATION WITH THE CHAIRS OF THE NOMINATIONS COMMITTEE, ELECTIONS COMMITTEE, AND MEMBERS OF THE BOARD OF TRUSTEES, ADVISES THE AUTHOR OF A CHALLENGE ABOUT THE BOARD'S DECISION AND THE CHALLENGE PERIOD CLOSES. THE NEW TRUSTEES ARE SEATED AT THE FOLLOWING ANNUAL GENERAL MEETING (AGM).
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE INTERNET SOCIETY'S ACCOUNTING FIRM PREPARES AND SIGNS THE RETURN AS PAID PREPARER AND DELIVERS THE RETURN TO THE INTERNET SOCIETY. PRIOR TO FILING, THE CFO OF THE INTERNET SOCIETY REVIEWS THE RETURN WITH THE AUDIT COMMITTEE. A REPRESENTATIVE OF THE INDEPENDENT ACCOUNTING FIRM'S TAX TEAM IS PRESENT TO ADDRESS ANY QUESTIONS FROM THE AUDIT COMMITTEE MEMBERS. AFTER REVIEW, A COPY OF THE RETURN IN ITS FINAL FORM IS SENT TO EACH MEMBER OF THE BOARD OF TRUSTEES PRIOR TO FILING THE RETURN. THE CEO OR THE CFO SIGNS FORM 8879-TE, THE IRS E-FILE SIGNATURE AUTHORIZATION FORM, AND RETURNS THIS FORM TO THE INTERNET SOCIETY'S ACCOUNTING FIRM. THE ACCOUNTING FIRM THEN ELECTRONICALLY FILES THE RETURN WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	TRUSTEES AND OFFICERS OF INTERNET SOCIETY FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE, THESE COMPLETED QUESTIONNAIRES ARE REVIEWED AND MONITORED BY THE CHAIR OF THE AUDIT COMMITTEE, AND THE RESULTS ARE REPORTED TO THE BOARD OF TRUSTEES. THE AUDIT COMMITTEE AND THE CHAIR OF ISOC'S BOARD OF TRUSTEES RELY ON THE TRUSTEES AND OFFICERS TO INFORM THEM OF ISSUES THAT MIGHT ARISE IN THE INTERIM PERIOD BETWEEN QUESTIONNAIRE SUBMISSIONS. THE CHAIR SOLICITS ALL TRUSTEES TO DISCLOSE ANY CONFLICTS WITH THE AGENDA ITEMS FOR THAT BOARD MEETING. TRUSTEES WHO REPORT POTENTIAL CONFLICTS MAY BE REQUIRED TO ABSTAIN FROM ANY FORMAL DECISION BY THE BOARD OF TRUSTEES, AND MAY BE REQUIRED TO RETIRE FROM ANY DISCUSSION OR DELIBERATION. THE BOARD OF TRUSTEES, ACTING AS A BODY LED BY THE CHAIR, MAKES THE DETERMINATION OF WHETHER A CONFLICT EXISTS AND THE PARTICIPATION RESTRICTIONS TO BE IMPOSED. SHOULD THE CHAIR BE DETERMINED TO HAVE A CONFLICT, AN ACTING CHAIR OR THE CEO IS APPOINTED FOR THE AFFECTED DELIBERATION BEFORE THE BOARD OF TRUSTEES. KEY EMPLOYEES ALSO COMPLETE CONFLICT OF INTEREST QUESTIONNAIRES, WHICH ARE REVIEWED BY THE CEO EACH YEAR.

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

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 Form 990-EZ.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

INTERNET SOCIETY

Employer identification number

54-1650477

Return Reference - Identifier	Explanation															
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE INTERNET SOCIETY MAINTAINS A COMPREHENSIVE COMPENSATION PROGRAM TO ENSURE BOTH INTERNAL AND EXTERNAL COMPENSATION EQUITY. THE PROGRAM'S GOALS ARE TO ENSURE FAIR AND COMPETITIVE PAY, AN OBJECTIVE MERIT REVIEW PROCESS, AND TOOLS THAT SUPPORT THE COMPENSATION PROGRAM. THE INTERNET SOCIETY ANNUALLY UPDATES COMPENSATION BENCHMARKS FOR EACH POSITION WITHIN THE ORGANIZATION, USING SEVERAL COMPENSATION STUDIES FOR U.S.-BASED EMPLOYEES AND BENCHMARKS FROM WILLIS TOWERS WATSON AND BIRCHES GROUP FOR WORLDWIDE EMPLOYEES.</p> <p>THE INTERNET SOCIETY BOARD OF TRUSTEES' COMPENSATION COMMITTEE REVIEWS SUPPORTING COMPARABILITY DATA TO PROVIDE AN OPINION ON REASONABLENESS WITH RESPECT TO TOTAL COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE COMMITTEE CONCURRENTLY REVIEWS AND APPROVES "DISQUALIFIED PERSONS" PURSUANT TO SECTION 4958 OF THE INTERNET REVENUE CODE OF 1986, AS AMENDED. THE CEO RECEIVES BENEFITS AVAILABLE TO OTHER INTERNET SOCIETY EMPLOYEES, INCLUDING A COMPANY CONTRIBUTION TOWARDS A RETIREMENT PLAN. THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER WAS ESTABLISHED IN A CONTRACT DATED SEPTEMBER 1, 2024.</p> <p>ANNUALLY, THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES DRAWS UP ACHIEVEMENT TARGETS FOR THE CEO. THE CEO SUBMITS A SELF-EVALUATION AT YEAR END TO THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE REVIEWS THE CEO'S PERFORMANCE AND MAKES A DETERMINATION AS TO THE AMOUNT OF VARIABLE COMPENSATION EARNED. THE COMPENSATION COMMITTEE THEN INSTRUCTS THE INTERNET SOCIETY'S CFO TO PAY THE VARIABLE AWARD BASED ON THE COMMITTEE'S PERFORMANCE ASSESSMENT.</p>															
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>THE INTERNET SOCIETY MAINTAINS A COMPREHENSIVE COMPENSATION PROGRAM TO ENSURE BOTH INTERNAL AND EXTERNAL COMPENSATION EQUITY. THE PROGRAM'S GOALS ARE TO ENSURE FAIR AND COMPETITIVE PAY, AN OBJECTIVE MERIT REVIEW PROCESS, AND TOOLS THAT SUPPORT THE COMPENSATION PROGRAM. THE INTERNET SOCIETY ANNUALLY UPDATES COMPENSATION BENCHMARKS FOR EACH POSITION WITHIN THE ORGANIZATION, USING SEVERAL COMPENSATION STUDIES FOR U.S.-BASED EMPLOYEES AND BENCHMARKS FROM WILLIS TOWERS WATSON AND BIRCHES GROUP FOR WORLDWIDE EMPLOYEES.</p> <p>THE INTERNET SOCIETY BOARD OF TRUSTEES' COMPENSATION COMMITTEE REVIEWS SUPPORTING COMPARABILITY DATA TO PROVIDE AN OPINION ON REASONABLENESS WITH RESPECT TO TOTAL COMPENSATION OF THE OFFICERS. THE COMMITTEE CONCURRENTLY REVIEWS AND APPROVES "DISQUALIFIED PERSONS" PURSUANT TO SECTION 4958 OF THE INTERNET REVENUE CODE OF 1986, AS AMENDED. THE OFFICERS RECEIVES BENEFITS AVAILABLE TO OTHER INTERNET SOCIETY EMPLOYEES, INCLUDING A COMPANY CONTRIBUTION TOWARDS A RETIREMENT PLAN. THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER WAS ESTABLISHED IN A CONTRACT DATED SEPTEMBER 1, 2024.</p>															
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	IL, KS, KY, MA, ME, MI, MN, MS, NC, ND, NH, NJ, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV															
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	ALL INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.															
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table><thead><tr><th>(a) Description</th><th>(b) Total Expenses</th><th>(c) Program Service Expenses</th><th>(d) Management and General Expenses</th><th>(e) Fundraising Expenses</th></tr></thead><tbody><tr><td>OTHER PROFESSIONAL SVS INCLUDING TRANSLATION &amp; PAYROLL PROCESSING FEES</td><td>8,416,809</td><td>5,760,322</td><td>2,564,327</td><td>92,160</td></tr><tr><td><b>Total</b></td><td><b>8,416,809</b></td><td><b>5,760,322</b></td><td><b>2,564,327</b></td><td><b>92,160</b></td></tr></tbody></table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	OTHER PROFESSIONAL SVS INCLUDING TRANSLATION & PAYROLL PROCESSING FEES	8,416,809	5,760,322	2,564,327	92,160	<b>Total</b>	<b>8,416,809</b>	<b>5,760,322</b>	<b>2,564,327</b>	<b>92,160</b>
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses												
OTHER PROFESSIONAL SVS INCLUDING TRANSLATION & PAYROLL PROCESSING FEES	8,416,809	5,760,322	2,564,327	92,160												
<b>Total</b>	<b>8,416,809</b>	<b>5,760,322</b>	<b>2,564,327</b>	<b>92,160</b>												

SCHEDULE R  
(Form 990)

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTERNET SOCIETY

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

Open to Public  
Inspection

Employer identification number  
54-1650477

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) IETF ADMINISTRATION LLC (83-1755858) 1000 N WEST ST, STE 1200, WILMINGTON, DE 19801	SUPPORT	DE	15,327,120	33,104,527	INTERNET SOCIETY
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PUBLIC INTEREST REGISTRY (33-1025119) 11911 FREEDOM DR 10TH FL., #1000, RESTON, VA 20190	OPERATOR OF DOMAIN NAMES	PA	501(C)(3)	12 TYPE I	INTERNET SOCIETY	✓	
(2) INTERNET SOCIETY ASIA LIMITED (09-0138989) 6 BATTERY RD #38-04, SINGAPORE, 49909, OC	PROVIDES VISIBILITY & SUPPORT IN THE ASIA-PACIFIC REGION	SINGAPORE			INTERNET SOCIETY	✓	
(3) INTERNET SOCIETY FOUNDATION (82-3285688) 1551 EMANCIPATION HIGHWAY, #1506, FREDERICKSBURG, VA 22401	TO SUPPORT ACTIVITIES, INCLUDING GRANT-MAKING FOR INTERNET SOCIETY	DC	501(C)(3)	12 TYPE I	INTERNET SOCIETY	✓	
(4) CONNECTED GIVING FOUNDATION (84-3558614) 1551 EMANCIPATION HIGHWAY, #1506, FREDERICKSBURG, VA 22401	TO SUPPORT ACTIVITIES OF INTERNET SOCIETY	PA	501(C)(3)	12 TYPE I	INTERNET SOCIETY	✓	
(5) INTERNET SOCIETY EUROPE AARLENSTRAAT, ELSENE, BELGIUM, 1050, BE	IMPLEMENTS REGIONAL ADVOCACY AND COMMUNITY ENGAGEMENT ACTIVITIES IN EUROPE	BELGIUM			INTERNET SOCIETY	✓	
(6)							
(7)							

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

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

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	✓
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	✓
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	✓
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	✓
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	✓
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
PUBLIC INTEREST REGISTRY (1)	C	29,000,000	FMV
INTERNET SOCIETY FOUNDATION (2)	C	7,000,000	FMV
CONNECTED GIVING FOUNDATION (3)	C	1,000,000	FMV
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
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(14) .....													
(15) .....													
(16) .....													