



Tel: 703-893-0600
Fax: 703-893-2766
www.bdo.com

8401 Greensboro Drive, Suite 800
McLean, VA 22102

INTERNET SOCIETY
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990
For the year ended December 31, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

BDO USA
8401 GREENSBORO DRIVE, #800
MCLEAN VA 22102

or Fax to: 703-893-2766
Attn: Breann Brooks

or Email to: bbrooks@bdo.com

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERNET SOCIETY			D Employer identification number 54-1650477	
	Doing Business As			E Telephone number	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	(703) 439-2120	
	11710 PLAZA AMERICA DRIVE		400		
City or town, state or province, country, and ZIP or foreign postal code RESTON, VA 20190			G Gross receipts \$ 52,356,708.		
F Name and address of principal officer: ANDREW SULLIVAN SAME AS "C" ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I 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			J Website: ▶ HTTPS://WWW.INTERNETSOCIETY.ORG/		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1992		M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE THE OPEN DEVELOPMENT, EVOLUTION, AND USE OF THE INTERNET FOR THE BENEFIT OF ALL PEOPLE THROUGHOUT THE WORLD.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	67
	6 Total number of volunteers (estimate if necessary)	6	17,539
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	41,038,289.	40,209,360.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,148,962.	1,670,994.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,904,901.	609,276.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	NONE	57,991.
		44,092,152.	42,547,621.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,801,791.	4,150,799.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,958,082.	22,480,218.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 925,242.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,177,710.	21,368,847.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,937,583.	47,999,864.
19 Revenue less expenses. Subtract line 18 from line 12	-2,845,431.	-5,452,243.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	66,935,347.	55,915,141.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,457,778.	5,817,418.
	61,477,569.	50,097,723.	

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.

Sign Here	▶ Signature of officer		Date		
	ANDREW SULLIVAN Type or print name and title		PRESIDENT & CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARC BERGER	MARC BERGER	11/10/2023		P01871563
	Firm's name ▶ BDO USA	Firm's EIN ▶	13-5381590		
Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102			Phone no. 703-893-0600		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III Statement of Program Service Accomplishments

Check 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 \$ 9,411,524. including grants of \$ 1,705,724.) (Revenue \$ NONE)

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 \$ 7,657,188. including grants of \$ 2,180,302.) (Revenue \$ NONE)

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

4c (Code:) (Expenses \$ 6,618,487. including grants of \$ 264,773.) (Revenue \$ 221,030.)

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

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O
(Expenses \$ 6,561,314. including grants of \$ NONE) (Revenue \$ 1,449,964.)

4e Total program service expenses 30,248,513.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 67		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. 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? 17 If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 & CEO	40.00 5.00			X				427,242.	53,405.	40,528.
(2) JAY DALEY IETF, EXECUTIVE DIRECTOR	40.00 NONE					X		358,676.	NONE	16,949.
(3) SALLY WENTWORTH SVP PROJECT STAFF	40.00 NONE				X			294,157.	NONE	72,671.
(4) ILONA LEVINE SVP & GENERAL COUNSEL	40.00 5.00			X				250,588.	31,323.	77,744.
(5) RINALIA ABDUL RAHIM SVP, STRATEGY, COMMS & ENGAGE	40.00 NONE				X			348,257.	NONE	NONE
(6) JOSEPH HALL SVP, INTERNET STRONG	40.00 NONE					X		261,885.	NONE	63,171.
(7) SAE-YOUNG PARK SVP & CFO	40.00 5.00			X				209,738.	26,217.	73,844.
(8) SEBASTIAN BELLAGAMBA VP, EXTERNAL ENGAGEMENT	40.00 NONE					X		274,132.	NONE	11,419.
(9) JOYCE DOGNIEZ VP, EMPOWERMENT & OUTREACH	40.00 NONE					X		233,513.	NONE	29,275.
(10) CONSTANCE BOMMELEAR VP, INSTIT. REL & EMPOWER	40.00 NONE					X		252,962.	NONE	NONE
(11) TED HARDIE TRUSTEE/BOARD CHAIR	16.00 4.00	X						NONE	NONE	NONE
(12) LAURA THOMSON TRUSTEE/TREASURER	16.00 4.00	X						NONE	NONE	NONE
(13) ROBERT PEPPER TRUSTEE/SECRETARY	16.00 4.00	X						NONE	NONE	NONE
(14) RICHARD BARNES TRUSTEE (THRU 6/19/2022)	3.00 0.50	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) NDEYE MAIMOUNA DIOP TRUSTEE (THRU 6/19/2022)	3.00 0.50	X						NONE	NONE	NONE
(16) PAUL EBERSMAN TRUSTEE (THRU 6/19/2022)	3.00 0.50	X						NONE	NONE	NONE
(17) BRIAN HABERMAN TRUSTEE	6.00 1.00	X						NONE	NONE	NONE
(18) VICTOR KUARSINGH TRUSTEE	6.00 1.00	X						NONE	NONE	NONE
(19) BARRY LEIBA TRUSTEE (AS OF 6/20/2022)	3.00 0.50	X						NONE	NONE	NONE
(20) LUIS MARTINEZ TRUSTEE	6.00 1.00	X						NONE	NONE	NONE
(21) CHARLES MOK TRUSTEE (AS OF 6/20/2022)	3.00 0.50	X						NONE	NONE	NONE
(22) JON PETERSON TRUSTEE	6.00 1.00	X						NONE	NONE	NONE
(23) GEORGE SADOWSKY TRUSTEE	6.00 1.00	X						NONE	NONE	NONE
(24) DR. MUHAMMAD SHABBIR TRUSTEE	6.00 1.00	X						NONE	NONE	NONE
(25) SAGARIKA WICKRAMASEKERA TRUSTEE (AS OF 6/20/2022)	3.00 0.50	X						NONE	NONE	NONE
1b Sub-total								2,911,150.	110,945.	385,601.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								2,911,150.	110,945.	385,601.

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 **78**

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

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
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **22**

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	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b	890,750.					
	c Fundraising events	1c						
	d Related organizations	1d	36,246,672.					
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	3,071,938.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			40,209,360.				
Program Service Revenue				Business Code				
	2a IETF CONFERENCE REVENUE		541900	1,449,964.	1,449,964.			
	b NDSS CONFERENCE REVENUE		541900	221,030.	221,030.			
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
g Total. Add lines 2a-2f			1,670,994.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,206,289.		NONE	1,206,289.	
	4 Income from investment of tax-exempt bond proceeds .			NONE				
	5 Royalties			NONE				
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c	NONE	NONE		
	d Net rental income or (loss)				NONE			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses . .	7b	9,212,074.	9,809,087.		
			c Gain or (loss)	7c	-597,013.			
	d Net gain or (loss)				-597,013.		-597,013.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b		NONE		
			c Net income or (loss) from fundraising events				NONE	
	9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses			9b		NONE			
c Net income or (loss) from gaming activities						NONE		
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b		NONE			
		c Net income or (loss) from sales of inventory				NONE		
Miscellaneous Revenue				Business Code				
	11a OTHER REVENUE		900099	57,991.			57,991.	
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d				57,991.				
12 Total revenue. See instructions				42,547,621.	1,670,994.	NONE	667,267.	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,905,723.	1,905,723.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	45,302.	45,302.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,199,774.	2,199,774.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,833,044.	642,414.	1,190,630.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	15,840,455.	9,436,311.	5,776,845.	627,299.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,064,973.	1,177,599.	814,080.	73,294.
9 Other employee benefits	1,132,213.	645,671.	446,355.	40,187.
10 Payroll taxes	1,609,533.	917,874.	634,531.	57,128.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	882,406.	96,917.	785,489.	
c Accounting	274,003.	120.	273,883.	
d Lobbying	56,864.	56,864.		
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	126,278.		126,278.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 11,141,553.	7,297,816.	3,806,238.	37,499.
12 Advertising and promotion	983,197.	552,842.	430,355.	
13 Office expenses	440,744.	158,341.	279,097.	3,306.
14 Information technology	2,322,523.	1,079,229.	1,183,493.	59,801.
15 Royalties	NONE			
16 Occupancy	351,056.	206,545.	131,661.	12,850.
17 Travel	670,938.	584,770.	84,750.	1,418.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	2,877,357.	2,673,248.	204,020.	89.
20 Interest	NONE			
21 Payments to affiliates	94,893.	94,893.		
22 Depreciation, depletion, and amortization	295,406.	232,818.	57,748.	4,840.
23 Insurance	340,437.	269.	340,168.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BUSINESS TAXES INCLUDING VAT	193,238.	75,057.	116,222.	1,959.
b DUES AND SUBSCRIPTIONS	174,470.	136,850.	34,048.	3,572.
c EMPLOYEE TRAINING	143,484.	31,266.	110,218.	2,000.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	47,999,864.	30,248,513.	16,826,109.	925,242.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,185,559.	1	2,855,895.
	2 Savings and temporary cash investments	7,338,529.	2	8,384,554.
	3 Pledges and grants receivable, net	7,029,467.	3	411,569.
	4 Accounts receivable, net	309,151.	4	323,472.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	2,247,132.	9	2,512,904.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,411,515.		
	b Less: accumulated depreciation	10b 2,796,204.		
		521,530.	10c	615,311.
	11 Investments - publicly traded securities	30,607,160.	11	30,189,027.
	12 Investments - other securities. See Part IV, line 11	14,636,106.	12	10,011,963.
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	60,713.	15	610,446.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	66,935,347.	16	55,915,141.	
Liabilities	17 Accounts payable and accrued expenses	4,049,499.	17	4,111,571.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	1,099,410.	19	939,593.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	308,869.	25	766,254.
	26 Total liabilities. Add lines 17 through 25	5,457,778.	26	5,817,418.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	42,696,361.	27	42,696,507.
	28 Net assets with donor restrictions	18,781,208.	28	7,401,216.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	61,477,569.	32	50,097,723.
33 Total liabilities and net assets/fund balances	66,935,347.	33	55,915,141.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,547,621.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,999,864.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,452,243.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,477,569.
5	Net unrealized gains (losses) on investments	5	-5,769,338.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-158,265.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	50,097,723.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2022)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

INTERNET SOCIETY

Employer identification number

54-1650477

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

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

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

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

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

Schedule A (Form 990) 2022

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2022 (13.09%); 15 Public support percentage from 2021 Schedule A, Part II, line 14 (13.65%); 16a 33 1/3% support test - 2022; 16b 33 1/3% support test - 2021; 17a 10%-facts-and-circumstances test - 2022; 17b 10%-facts-and-circumstances test - 2021; 18 Private foundation.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a 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 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 Part VI when and how the organization made the determination.</i>		
c 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 Part VI what controls the organization put in place to ensure such use.</i>		
4a 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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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 Part VI.</i>		
c 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 Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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

SCHEDULE A, PART II, LINE 17A:

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

1. ISOC'S PUBLIC SUPPORT PERCENTAGE FOR 2022 WAS 13.09% WHICH IS ABOVE THE 10% THRESHOLD.
2. ISOC IS ORGANIZED AND OPERATES TO ATTRACT NEW AND ADDITIONAL SUPPORT ON A CONTINUOUS BASIS. SINCE ITS FORMATION, ISOC HAS BEEN FUNDED THROUGH BROAD SOURCES OF SUPPORT (AS OPPOSED TO MEMBERS OF A SINGLE FAMILY OR ONLY A FEW DONORS). IT HAS AN EXTENSIVE MEMBERSHIP BASE FROM AROUND THE WORLD, AND IT IS CONTINUALLY WORKING TO EXPAND ITS MEMBERSHIP, INCLUDING ORGANIZATIONAL MEMBERS WHO PAY DUES TO PROVIDE BASIC SUPPORT FOR THE MISSION OF ISOC. IT ALSO SOLICITS AND RECEIVES CONTRIBUTIONS FROM INDIVIDUAL DONORS, AS WELL AS GRANTS FROM OTHER NONPROFIT ORGANIZATIONS AND FOR-PROFIT COMPANIES. ISOC IS ACTIVELY SEEKING TO INCREASE ITS DONOR BASE BY EXPANDING ITS CHARITABLE SOLICITATION PROGRAMS AND PURSUING ADDITIONAL CHARITABLE GRANTS.

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

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

4. ISOC HAS A REPRESENTATIVE GOVERNING BODY. ISOC'S 12 MEMBER BOARD OF TRUSTEES REPRESENTS THE BROAD INTERESTS OF THE PUBLIC RATHER THAN THE INTERESTS OF A LIMITED NUMBER OF DONORS TO THE ORGANIZATION. THE TRUSTEES ARE ELECTED BY ISOC'S ORGANIZATIONAL MEMBERS AND CHAPTERS AND APPOINTED BY THE INTERNET ENGINEERING TASK FORCE (A LARGE, OPEN, INTERNATIONAL COMMUNITY OF NETWORK DESIGNERS, OPERATORS, VENDORS, AND RESEARCHERS CONCERNED WITH THE EVOLUTION OF THE INTERNET ARCHITECTURE AND THE SMOOTH OPERATION OF THE INTERNET). TRUSTEES ARE ELECTED FOR THEIR EXPERIENCE AND EXPERTISE IN ISSUES INVOLVING THE INTERNET, AND THEY ALL HAVE SIGNIFICANT BACKGROUNDS IN ISSUES INVOLVING THE WORLDWIDE INTERNET COMMUNITY. ISOC'S 12 TRUSTEES COME FROM DIFFERENT COUNTRIES AND IN 2022 THEY WERE FROM THE UNITED STATES, HONG KONG, MEXICO, PAKISTAN, PORTUGAL, SENEGAL, AND SRI

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.)

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.

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

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER INCOME	NONE	47,783.	58,751.	NONE	57,991.	164,525.
TOTALS	NONE	47,783.	58,751.	NONE	57,991.	164,525.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	N/A <hr/> <hr/> <hr/>	\$ 35,000,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
2	N/A <hr/> <hr/> <hr/>	\$ 1,246,672.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
3	N/A <hr/> <hr/> <hr/>	\$ 997,143.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
4	N/A <hr/> <hr/> <hr/>	\$ 555,911.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
5	N/A <hr/> <hr/> <hr/>	\$ 457,500.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
6	N/A <hr/> <hr/> <hr/>	\$ 147,500.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization

INTERNET SOCIETY

Employer identification number

54-1650477

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 131,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 107,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A <hr/> <hr/>	\$ 84,537.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A <hr/> <hr/>	\$ 67,874.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A <hr/> <hr/>	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A <hr/> <hr/>	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 49,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 39,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 30,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 25,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A	\$ 24,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A	\$ 23,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
31	N/A <hr/> <hr/>	\$ 22,500.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash <input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person <input checked="" type="checkbox"/>	Payroll <input type="checkbox"/>	Noncash <input type="checkbox"/>
Person <input checked="" type="checkbox"/>						
Payroll <input type="checkbox"/>						
Noncash <input type="checkbox"/>						
32	N/A <hr/> <hr/>	\$ 22,097.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash <input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person <input checked="" type="checkbox"/>	Payroll <input type="checkbox"/>	Noncash <input type="checkbox"/>
Person <input checked="" type="checkbox"/>						
Payroll <input type="checkbox"/>						
Noncash <input type="checkbox"/>						
33	N/A <hr/> <hr/>	\$ 19,250.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash <input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person <input checked="" type="checkbox"/>	Payroll <input type="checkbox"/>	Noncash <input type="checkbox"/>
Person <input checked="" type="checkbox"/>						
Payroll <input type="checkbox"/>						
Noncash <input type="checkbox"/>						
34	N/A <hr/> <hr/>	\$ 18,600.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash <input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person <input checked="" type="checkbox"/>	Payroll <input type="checkbox"/>	Noncash <input type="checkbox"/>
Person <input checked="" type="checkbox"/>						
Payroll <input type="checkbox"/>						
Noncash <input type="checkbox"/>						
35	N/A <hr/> <hr/>	\$ 14,250.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash <input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person <input checked="" type="checkbox"/>	Payroll <input type="checkbox"/>	Noncash <input type="checkbox"/>
Person <input checked="" type="checkbox"/>						
Payroll <input type="checkbox"/>						
Noncash <input type="checkbox"/>						
36	N/A <hr/> <hr/>	\$ 13,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash <input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person <input checked="" type="checkbox"/>	Payroll <input type="checkbox"/>	Noncash <input type="checkbox"/>
Person <input checked="" type="checkbox"/>						
Payroll <input type="checkbox"/>						
Noncash <input type="checkbox"/>						

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	N/A	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	N/A	\$ 11,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	N/A	\$ 10,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	N/A	\$ 10,417.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
43	N/A <hr/> <hr/> <hr/>	\$ 10,250.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
44	N/A <hr/> <hr/> <hr/>	\$ 10,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
45	N/A <hr/> <hr/> <hr/>	\$ 10,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
46	N/A <hr/> <hr/> <hr/>	\$ 10,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
47	N/A <hr/> <hr/> <hr/>	\$ 10,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
48	N/A <hr/> <hr/> <hr/>	\$ 10,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
49	N/A <hr/> <hr/>	\$ 10,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
50	N/A <hr/> <hr/>	\$ 10,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
51	N/A <hr/> <hr/>	\$ 10,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
52	N/A <hr/> <hr/>	\$ 10,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
53	N/A <hr/> <hr/>	\$ 10,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
54	N/A <hr/> <hr/>	\$ 9,167.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization <p style="text-align: center;">INTERNET SOCIETY</p>	Employer identification number <p style="text-align: center;">54-1650477</p>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A <hr/> <hr/>	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	N/A <hr/> <hr/>	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	N/A <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	N/A <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	N/A <hr/> <hr/>	\$ 7,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	N/A <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	N/A <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	N/A <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	N/A <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	N/A <hr/> <hr/>	\$ 7,166.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	N/A <hr/> <hr/>	\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	N/A <hr/> <hr/>	\$ 6,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	N/A <hr/> <hr/>	\$ 6,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	N/A <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	N/A <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	N/A <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	N/A <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

INTERNET SOCIETY

Employer identification number

54-1650477

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

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

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

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

Name of organization

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
85	N/A 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	N/A 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	N/A 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	N/A 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	N/A 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	N/A 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
91	N/A <hr/> <hr/> <hr/>	\$ 5,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30px;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
92	N/A <hr/> <hr/> <hr/>	\$ 5,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30px;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
93	N/A <hr/> <hr/> <hr/>	\$ 5,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30px;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
94	N/A <hr/> <hr/> <hr/>	\$ 5,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30px;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
95	N/A <hr/> <hr/> <hr/>	\$ 5,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30px;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
	<hr/> <hr/> <hr/>	\$	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30px;">Person</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization

INTERNET SOCIETY

Employer identification number

54-1650477

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <p style="text-align:center;">INTERNET SOCIETY</p>	Employer identification number <p style="text-align:center;">54-1650477</p>
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Part 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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

SEE SUPP PAGE Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	56,499.	56,499.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	29,976.	30,370.												
c	Total lobbying expenditures (add lines 1a and 1b)	86,475.	86,869.												
d	Other exempt purpose expenditures	47,913,389.	166,938,354.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	47,999,864.	167,025,223.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	2,762,017.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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:	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:	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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	690,504.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	2,579,010.	2,762,017.	7,341,027.
b Lobbying ceiling amount (150% of line 2a, column (e))					11,011,541.
c Total lobbying expenditures			35,132.	86,869.	122,001.
d Grassroots nontaxable amount	250,000.	250,000.	644,753.	690,504.	1,835,257.
e Grassroots ceiling amount (150% of line 2d, column (e))					2,752,886.
f Grassroots lobbying expenditures			NONE	56,499.	56,499.

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like influencing legislation, using volunteers, paid staff, media, mailings, etc.

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

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

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

Table with 3 columns: Question, 1-5. Questions include: Dues, assessments and similar amounts from members; Section 162(e) nondeductible lobbying and political expenditures; Aggregate amount reported in section 6033(e)(1)(A) notices; 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?

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.

Horizontal lines for providing supplemental information.

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

ORGANIZATION NAME: INTERNET SOCIETY
 ADDRESS: 11710 PLAZA AMERICA DR STE 400
 RESTON, VA 20190
 EIN: 54-1650477
 ORGANIZATION IS AN ELECTING ORGANIZATION.
 GRASSROOTS LOBBYING AMOUNT: 56,499.
 DIRECT LOBBYING AMOUNT: 29,976.
 TOTAL LOBBYING EXPENDITURES: 86,475.
 OTHER EXEMPT PURPOSE EXPENDITURES: 47,913,389.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 47,999,864.
 LOBBYING NONTAXABLE AMOUNT: 1,000,000.
 GRASSROOTS NONTAXABLE AMOUNT: 250,000.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES: NONE

Part IV Supplemental Information (continued)

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

ORGANIZATION NAME: CONNECTED GIVING FOUNDATION
ADDRESS: 11710 PLAZA AMERICA DR STE 400
RESTON, VA 20190
EIN: 84-3558614

ORGANIZATION IS AN ELECTING ORGANIZATION.

GRASSROOTS LOBBYING AMOUNT:	NONE
DIRECT LOBBYING AMOUNT:	NONE
TOTAL LOBBYING EXPENDITURES:	NONE
OTHER EXEMPT PURPOSE EXPENDITURES:	NONE
TOTAL EXEMPT PURPOSE EXPENDITURES:	NONE
LOBBYING NONTAXABLE AMOUNT:	NONE
GRASSROOTS NONTAXABLE AMOUNT:	NONE
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:	NONE
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:	NONE
SHARE OF EXCESS LOBBYING EXPENDITURES:	NONE

Part IV Supplemental Information (continued)

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

=====

ORGANIZATION NAME: PUBLIC INTEREST REGISTRY

ADDRESS: 11911 FREEDOM DRIVE

RESTON, VA 20190

EIN: 33-1025119

ORGANIZATION IS AN ELECTING ORGANIZATION.

GRASSROOTS LOBBYING AMOUNT: NONE

DIRECT LOBBYING AMOUNT: 394.

TOTAL LOBBYING EXPENDITURES: 394.

OTHER EXEMPT PURPOSE EXPENDITURES: 106,784,616.

TOTAL EXEMPT PURPOSE EXPENDITURES: 106,785,010.

LOBBYING NONTAXABLE AMOUNT: 1,000,000.

GRASSROOTS NONTAXABLE AMOUNT: 250,000.

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES: NONE

Part IV Supplemental Information (continued)

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

ORGANIZATION NAME: INTERNET SOCIETY FOUNDATION
ADDRESS: 11710 PLAZA AMERICA DR STE 400
RESTON, VA 20190
EIN: 82-3285688
ORGANIZATION IS AN ELECTING ORGANIZATION.
GRASSROOTS LOBBYING AMOUNT: NONE
DIRECT LOBBYING AMOUNT: NONE
TOTAL LOBBYING EXPENDITURES: NONE
OTHER EXEMPT PURPOSE EXPENDITURES: 12,240,349.
TOTAL EXEMPT PURPOSE EXPENDITURES: 12,240,349.
LOBBYING NONTAXABLE AMOUNT: 762,017.
GRASSROOTS NONTAXABLE AMOUNT: 190,504.
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
SHARE OF EXCESS LOBBYING EXPENDITURES: NONE

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor informed consent.

Part II Conservation Easements.

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

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

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

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

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

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

Schedule D (Form 990) 2022

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,767,779.	2,530,509.	2,475,730.	3,289,364.	3,261,364.
b Contributions	533,819.	1,819,792.		25,911.	13,450.
c Net investment earnings, gains, and losses	-543,021.	417,478.	54,912.	303,108.	149,550.
d Grants or scholarships					
e Other expenditures for facilities and programs			133.	1,142,653.	
f Administrative expenses					
g End of year balance	4,758,577.	4,767,779.	2,530,509.	2,475,730.	3,424,364.

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

- a Board designated or quasi-endowment 98.0000 %
- b Permanent endowment 2.0000 %
- c Term endowment _____ %

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

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

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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
1a Land				
b Buildings				
c Leasehold improvements		681,371.	440,266.	241,105.
d Equipment		839,378.	500,054.	339,324.
e Other		1,890,766.	1,855,884.	34,882.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				615,311.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) CORPORATE BONDS	6,110,682.	FMV
(B) U.S. GOVT & AGENCY BONDS	3,422,148.	FMV
(C) PRIVATE EQUITY FUND	14,000.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .	9,546,830.	

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	766,254.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	766,254.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

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

SCHEDULE D, PART X, LINE 2:

IN ACCORDANCE WITH FASB ASC 740, INCOME TAXES, THE ORGANIZATION RECOGNIZES TAX LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL NOT BE SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES. LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. WITH A FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE FISCAL YEAR 2019.

MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THEY HAVE TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. NO INCOME TAX EXPENSE AND PENALTIES RELATED TO INCOME TAXES ON UNCERTAIN TAX POSITIONS WERE RECOGNIZED FOR THE YEAR ENDED DECEMBER 31, 2022.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

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

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) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING		960,626.
(2) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING		60,550.
(3) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING		84,277.
(4) EUROPE	NONE	NONE	GRANTMAKING		363,156.
(5) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING		145,888.
(6) NORTH AMERICA	NONE	NONE	GRANTMAKING		190,170.
(7) RUSSIA/INDEPENDENT STATES	NONE	NONE	GRANTMAKING		86,920.
(8) SOUTH AMERICA	NONE	NONE	GRANTMAKING		168,255.
(9) SOUTH ASIA	NONE	NONE	GRANTMAKING		139,933.
(10) EUROPE	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	1,531,610.
(11) EUROPE	3	33	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	1,118,787.
(12) SUB-SAHARAN AFRICA	NONE	7	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	1,060,619.
(13) EUROPE	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	927,653.
(14) EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	894,671.
(15) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	879,422.
(16) EUROPE	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	811,287.
(17) EUROPE	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	771,582.
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2022

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	731,466.
(2) EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	473,903.
(3) SOUTH AMERICA	1	6	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	414,368.
(4) CENTRAL AMERICA/CARIBBEAN	NONE	1	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	379,677.
(5) EAST ASIA AND THE PACIFIC	1	6	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	350,151.
(6) SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	343,577.
(7) SOUTH ASIA	NONE	2	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	336,208.
(8) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	314,813.
(9) MIDDLE EAST AND NORTH AFRICA	NONE	3	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	300,824.
(10) EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	290,331.
(11) SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	285,773.
(12) SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	278,770.
(13) NORTH AMERICA	1	7	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	273,151.
(14) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	261,848.
(15) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	249,431.
(16) EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	241,485.
(17) SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	231,869.
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2022

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	226,486.
(2) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	207,466.
(3) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	188,381.
(4) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	175,343.
(5) RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	EMPWERG PPL TKE ACTION	155,195.
(6) RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	142,598.
(7) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	STRNGTHNG THE INTERNET	128,682.
(8) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	GROWING THE INTERNET	107,032.
(9) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	92,878.
(10) SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	75,534.
(11) SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	60,208.
(12) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	52,814.
(13) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	48,589.
(14) SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	31,892.
(15) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	27,975.
(16) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	25,737.
(17) RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	21,126.
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2022

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	11,190.
(2) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	TECH & STANDARDS DEV	6,338.
(3) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	EDUCATION & OUTREACH	3,357.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	3	40.			10,195,406.
b Total from continuation sheets to Part I	3.	25.			7,546,466.
c Totals (add lines 3a and 3b)	6.	65.			17,741,872.

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

Schedule F (Form 990) 2022

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GROWING INT	157,116.	WIRE			
(2)			NORTH AMERICA AND MEXICO	GROWING INT	106,140.	WIRE			
(3)			SUB-SAHARAN AFRICA	GROWING INT	73,000.	WIRE			
(4)			SUB-SAHARAN AFRICA	GROWING INT	59,685.	WIRE			
(5)			NORTH AMERICA AND MEXICO	GROWING INT	59,351.	WIRE			
(6)			SUB-SAHARAN AFRICA	EMPOWR PPL	54,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	GROWING INT	52,817.	WIRE			
(8)			SUB-SAHARAN AFRICA	GROWING INT	50,116.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	GROWING INT	50,000.	WIRE			
(10)			SUB-SAHARAN AFRICA	EMPOWR PPL	45,500.	WIRE			
(11)			SUB-SAHARAN AFRICA	EMPOWR PPL	43,489.	WIRE			
(12)			SOUTH AMERICA	EMPOWR PPL	38,052.	WIRE			
(13)			RUSSIA AND NEIGHBORING S	EMPOWR PPL	35,420.	WIRE			
(14)			SOUTH ASIA	GROWING INT	34,633.	WIRE			
(15)			SUB-SAHARAN AFRICA	GROWING INT	33,924.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	32,970.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 83

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	GROWING INT	32,500.	WIRE			
(2)			SOUTH AMERICA	GROWING INT	31,100.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	STRNGTH INT	30,000.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	GROWING INT	30,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	GROWING INT	25,502.	WIRE			
(6)			SOUTH ASIA	GROWING INT	25,000.	WIRE			
(7)			SUB-SAHARAN AFRICA	GROWING INT	24,200.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	GROWING INT	23,771.	WIRE			
(9)			SUB-SAHARAN AFRICA	EMPOWR PPL	23,315.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	STRNGTH INT	22,700.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	EMPOWR PPL	20,000.	WIRE			
(12)			EAST ASIA/PACIFIC	EMPOWR PPL	20,000.	WIRE			
(13)			RUSSIA/NEWLY IND. STATES	GROWING INT	20,000.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	STRNGTH INT	20,000.	WIRE			
(15)			SOUTH ASIA	GROWING INT	20,000.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	GROWING INT	20,000.	WIRE			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	19,582.	WIRE			
(2)			EAST ASIA/PACIFIC	GROWING INT	19,163.	WIRE			
(3)			SUB-SAHARAN AFRICA	EMPOWR PPL	18,500.	WIRE			
(4)			SUB-SAHARAN AFRICA	EMPOWR PPL	18,500.	WIRE			
(5)			SUB-SAHARAN AFRICA	EMPOWR PPL	18,500.	WIRE			
(6)			SUB-SAHARAN AFRICA	EMPOWR PPL	18,400.	WIRE			
(7)			SUB-SAHARAN AFRICA	GROWING INT	16,500.	WIRE			
(8)			SOUTH ASIA	GROWING INT	16,500.	WIRE			
(9)			SOUTH AMERICA	GROWING INT	16,255.	WIRE			
(10)			EAST ASIA/PACIFIC	GROWING INT	16,000.	WIRE			
(11)			RUSSIA/NEWLY IND. STATES	EMPOWR PPL	15,500.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	15,000.	WIRE			
(13)			SOUTH AMERICA	EMPOWR PPL	13,500.	WIRE			
(14)			SUB-SAHARAN AFRICA	EMPOWR PPL	13,500.	WIRE			
(15)			SUB-SAHARAN AFRICA	EMPOWR PPL	12,000.	WIRE			
(16)			SUB-SAHARAN AFRICA	EMPOWR PPL	12,000.	WIRE			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GROWING INT	12,000.	WIRE			
(2)			SUB-SAHARAN AFRICA	GROWING INT	12,000.	WIRE			
(3)			SUB-SAHARAN AFRICA	EMPOWR PPL	11,985.	WIRE			
(4)			SUB-SAHARAN AFRICA	EMPOWR PPL	11,500.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	EMPOWR PPL	10,500.	WIRE			
(6)			EAST ASIA/PACIFIC	STRNGTH INT	10,000.	WIRE			
(7)			SUB-SAHARAN AFRICA	GROWING INT	10,000.	WIRE			
(8)			NORTH AMERICA	STRNGTH INT	10,000.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	10,000.	WIRE			
(10)			RUSSIA AND NEIGHBORING S	EMPOWR PPL	10,000.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	10,000.	WIRE			
(12)			SUB-SAHARAN AFRICA	EMPOWR PPL	10,000.	WIRE			
(13)			EAST ASIA/PACIFIC	STRNGTH INT	10,000.	WIRE			
(14)			SUB-SAHARAN AFRICA	EMPOWR PPL	10,000.	WIRE			
(15)			SOUTH AMERICA	EMPOWR PPL	10,000.	WIRE			
(16)			SUB-SAHARAN AFRICA	EMPOWR PPL	8,500.	WIRE			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EMPOWR PPL	8,285.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	STRNGTH INT	8,000.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	EMPOWR PPL	7,500.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	EMPOWR PPL	7,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	EMPOWR PPL	7,000.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	EMPOWR PPL	7,000.	WIRE			
(7)			CENT. AMERICA/CARIBBEAN	STRNGTH INT	7,000.	WIRE			
(8)			SOUTH ASIA	EMPOWR PPL	7,000.	WIRE			
(9)			SUB-SAHARAN AFRICA	EMPOWR PPL	6,994.	WIRE			
(10)			SOUTH AMERICA	EMPOWR PPL	6,980.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	GROWING INT	6,968.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	EMPOWR PPL	6,900.	WIRE			
(13)			SUB-SAHARAN AFRICA	EMPOWR PPL	6,820.	WIRE			
(14)			SOUTH AMERICA	GROWING INT	6,580.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	6,500.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	EMPOWR PPL	6,000.	WIRE			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EMPOWR PPL	6,000.	WIRE			
(2)			EAST ASIA/PACIFIC	EMPOWR PPL	5,990.	WIRE			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) GROWING THE INTERNET	MIDDLE EAST/NORTH AFRICA	1	16,179.	WIRE	NONE		
(2) EMPOWERING PEOPLE TO TAKE ACTION	SUB-SAHARAN AFRICA	1	14,457.	WIRE	NONE		
(3) GROWING THE INTERNET	SUB-SAHARAN AFRICA	1	10,000.	WIRE	NONE		
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2:

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

INTERNET SOCIETY

Employer identification number

54-1650477

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NETWORK STARTUP RESOURCE CENTER (NSRC) 6232 UNIVERSITY EUGENE, OR 97403-1212	93-6015767	501(C)(3)	600,000.				EMPOWERING THE PPL.
(2) DISTRICT OF COLUMBIA GOVERNMENT OCTO DC NET 655 15TH STREET WASHINGTON, DC 20005	53-6001131	GOV.	175,000.				GROWING THE INTERNET
(3) MONTGOMERY COUNTY GOVERNMENT 100 MARYLAND AVENUE ROCKVILLE, MD 20850	52-6000980	GOV.	175,000.				GROWING THE INTERNET
(4) ROANOKE CONNECT HOLDINGS LLC 518 NC HWY 561 WEST AULANDER, NC 27805	81-2893509	501(C)(3)	175,000.				GROWING THE INTERNET
(5) SOUTH UNION COMMUNITY DEVELOPMENT INC. 2020 HERMANN DRIVE HOUSTON, TX 77004	76-0588536	501(C)(3)	174,900.				GROWING THE INTERNET
(6) UN TECHNICAL COOPERATION ACTIVITIES TWO UNITED NATIONS PLAZA NEW YORK, NY 10017	58-2368165	501(C)(3)	100,000.				EMPOWERING THE PPL.
(7) IETF TRUST LLC 1000 N WEST STREET WILMINGTON, DE 19801	26-6028540	501(C)(3)	94,893.				EDUCATION AND OUTREA
(8) PCS FOR PEOPLE 2492 DOSWELL AVE SAINT PAUL, MN 55108	26-2066045	501(C)(3)	87,500.				GROWING THE INTERNET
(9) FIFTH WARD COMMUNITY REDEVELOPMENT CORP 4300 LYONS AVE HOUSTON, TX 77020	76-0288037	501(C)(3)	87,500.				GROWING THE INTERNET
(10) TEXAS A&M UNIVERSITY SAN ANTONIO ONE UNIVERSITY WAY SAN ANTONIO, TX 78224	26-4168896	501(C)(3)	87,500.				GROWING THE INTERNET
(11) DUVAL COUNTY PUBLIC SCHOOLS 1701 PRUDENTIAL DR. JACKSONVILLE, FL 32207	59-6000589	501(C)(3)	63,000.				GROWING THE INTERNET
(12) SFBAYISOC P.O.BOX 50741 PALO ALTO, CA 94303	90-0860941	501(C)(3)	33,500.				EMPOWERING THE PPL.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FREEDOM HOUSE INC 1850 M ST NW WASHINGTON, DC 20036	13-1656647	501(C)(3)	25,000.				GROWING THE INTERNET
(2) GEORGE MASON UNIVERSITY FOUNDATION INC 4400 UNIVERSITY DRIVE MS 1A3	54-1603842	501(C)(3)	25,000.				STRNGTHNING THE INT.
(3) IEEE 445 HOES LANE PISCATAWAY, NJ 08854	13-1656633	501(C)(3)	25,000.				GROWING THE INTERNET
(4) STANFORD UNIVERSITY 485 BROADWAY REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	20,000.				STRNGTHNING THE INT.
(5) INTERNET SOCIETY OF PUERTO RICO CHAPTER INC PO BOX 361973 SAN JUAN, PR 00936-1973	66-0718331	501(C)(3)	13,500.				EMPOWERING THE PPL.
(6) ASSOCIATION FOR PROGRESSIVE COMMUNICATIONS 1013 TORNEY AVE SAN FRANCISCO, CA 94129	94-3287156	501(C)(3)	10,000.				EMPOWERING THE PPL.
(7) WORLD WIDE WEB FOUNDATION 1110 VERMONT AVE. WASHINGTON, DC 20005	26-2852431	501(C)(3)	10,000.				GROWING THE INTERNET
(8) THE GWDC CHAPTER OF THE INTERNET SOCIETY 1840 PLYMOUTH ST. WASHINGTON, DC 20012	27-4603414	501(C)(3)	7,000.				EMPOWERING THE PPL.
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 MOBILIZATION	1	20,000.			
2 CONNECTING THE UNCONNECTED	2	17,700.			
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

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 for instructions and the latest information.

OMB No. 1545-0047

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Inspection**

Employer identification number

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Part I Questions Regarding Compensation

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

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | First-class or charter travel | <input type="checkbox"/> | Housing allowance or residence for personal use |
| <input type="checkbox"/> | Travel for companions | <input type="checkbox"/> | Payments for business use of personal residence |
| <input type="checkbox"/> | Tax indemnification and gross-up payments | <input type="checkbox"/> | Health or social club dues or initiation fees |
| <input type="checkbox"/> | Discretionary spending account | <input type="checkbox"/> | Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8	<input checked="" type="checkbox"/>	
9	<input checked="" type="checkbox"/>	

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANDREW SULLIVAN PRESIDENT & CEO	(i)	336,736.	90,506.	NONE	32,887.	3,138.	463,267.	NONE
	(ii)	42,092.	11,313.	NONE	4,111.	392.	57,908.	NONE
2 ILONA LEVINE SVP & GENERAL COUNSEL	(i)	224,872.	25,156.	560.	41,107.	27,999.	319,694.	NONE
	(ii)	28,109.	3,144.	70.	5,138.	3,500.	39,961.	NONE
3 SAE-YOUNG PARK SVP & CFO	(i)	197,099.	12,178.	461.	37,640.	27,999.	275,377.	NONE
	(ii)	24,637.	1,522.	58.	4,705.	3,500.	34,422.	NONE
4 RINALIA ABDUL RAHIM SVP, STRATEGY, COMMS & ENGAGE	(i)	281,887.	47,893.	18,477.	NONE	NONE	348,257.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 SALLY WENTWORTH SVP PROJECT STAFF	(i)	244,527.	49,000.	630.	53,095.	19,576.	366,828.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 JAY DALEY IETF, EXECUTIVE DIRECTOR	(i)	261,766.	52,460.	44,450.	16,949.	NONE	375,625.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 JOSEPH HALL SVP, INTERNET STRONG	(i)	220,092.	41,400.	393.	40,290.	22,881.	325,056.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 JOYCE DOGNIEZ VP, EMPOWERMENT & OUTREACH	(i)	208,255.	22,072.	3,186.	29,275.	NONE	262,788.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 SEBASTIAN BELLAGAMBA VP, EXTERNAL ENGAGEMENT	(i)	217,967.	21,209.	34,956.	11,419.	NONE	285,551.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 CONSTANCE BOMMELEAR VP, INSTIT. REL & EMPOWER	(i)	230,915.	22,047.	NONE	NONE	NONE	252,962.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 7:

2022 VARIABLE COMPENSATION AWARDS WERE DETERMINED BY THE CEO AND CFO, WITH INPUT FROM MANAGEMENT UNDER THE VARIABLE COMPENSATION PROGRAM. AT THE BEGINNING OF THE YEAR, THE CEO DETERMINES TARGET AWARDS (ALL TARGETS AND AWARDS ARE BASED ON A PERCENTAGE OF YEAR-END BASE COMPENSATION) FOR POSITIONS WITHIN THE ORGANIZATION. ALL FULL-TIME STAFF RECEIVED VARIABLE COMPENSATION TARGETS BETWEEN 4% AND 20% (THE CEO'S TARGET IS ESTABLISHED IN HIS EMPLOYMENT AGREEMENT). AT THE END OF THE YEAR, THE CEO, WITH INPUT FROM MANAGERS DETERMINES THE FINAL AWARDS. PERFORMANCE OF THE INTERNET SOCIETY AS A WHOLE AND OF THE INDIVIDUAL ARE THE BASIS FOR THESE AWARDS. THE CEO'S PERFORMANCE AND AWARD ARE DETERMINED BY THE BOARD OF TRUSTEES ACCORDING TO GOALS ESTABLISHED BY THE BOARD. FURTHER, THE BOARD OF TRUSTEES' COMPENSATION COMMITTEE APPROVES VARIABLE COMPENSATION FOR DISQUALIFIED PERSONS.

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 8:

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

SCHEDULE J, PART II, COMPENSATION AND BENEFITS:

COLUMN B (II) REPRESENTS THE AMOUNT OF ISOC'S VARIABLE COMPENSATION PLAN EARNED IN 2021 (THE PRIOR CALENDAR YEAR), BUT PAID IN 2022. 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, 2022.

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNET SOCIETY

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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

TECHNOLOGY AND STANDARDS DEVELOPMENT: REPRESENTS IETF ADMINISTRATION
LLC'S WORK INCLUDING IETF MEETINGS TO SUPPORT IETF, THE INTERNET
ARCHITECTURE BOARD (IAB), AND THE INTERNET RESEARCH TASK FORCE (IRTF), THE
STANDARDS SETTING AND RESEARCH ARMS OF THE INTERNET COMMUNITY.
EXPENSES \$ 4,289,294. INCLUDING GRANTS OF \$ NONE. REVENUE \$ 1,449,964

EDUCATION AND OUTREACH: REPRESENTS IETF LLC'S WORK TO ENLIGHTEN
NONPROFITS AND NGOS, ESPECIALLY THOSE WITH LIMITED IN-HOUSE RESOURCES OR
FROM TECHNOLOGICALLY DEPRIVED COUNTRIES, ABOUT INTERNET-BASED RESOURCES
THAT CAN SUPPORT THEIR MISSIONS.
EXPENSES \$ 2,272,020. INCLUDING GRANTS OF \$ NONE. REVENUE \$ NONE.

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNET SOCIETY

Supplemental Information to Form 990 or 990-EZ

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

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 CLOSSES 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNET SOCIETY

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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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, SECTION B, LINE 11B:

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

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

TRUSTEES AND OFFICERS OF INTERNET SOCIETY FILL OUT A CONFLICT OF INTEREST
QUESTIONNAIRE, THESE COMPLETED QUESTIONNAIRES ARE REVIEWED AND MONITORED
BY THE CHAIR OF THE AUDIT COMMITTEE, AND THE RESULTS ARE REPORTED TO THE
BOARD OF TRUSTEES. THE AUDIT COMMITTEE AND THE CHAIR OF ISOC'S BOARD OF

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

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNET SOCIETY

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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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.

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

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

THE INTERNET SOCIETY BOARD OF TRUSTEES' COMPENSATION COMMITTEE REVIEWS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNET SOCIETY

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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Employer identification number

54-1650477

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, 2018.

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

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

ALL INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9:

OTHER CHANGES TO NET ASSETS:

UNREALIZED LOSS-CHF BANK ACCOUNT STATEMENT - \$(158,265).

Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
TECHNOLOGY AND STANDARDS DEVELOPMENT	NONE	4,289,294.	1,449,964.
EDUCATION AND OUTREACH	NONE	2,272,020.	NONE
TOTALS	NONE	6,561,314.	1,449,964.

Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

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

=====

SWITZERLAND
UNITED KINGDOM

Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

FORM 990, PART VI, LINE 17 - STATES

=====

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

Name of the organization

INTERNET SOCIETY

Employer identification number

54-1650477

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ASSOCIATION MANAGEMENT SOLUTIONS 5177 BRANDIN COURT FREMONT, CA 94538	ASSOC. MGMT SERVICES	4,301,198.
SLALOM LLC 821 2ND AVENUE, SUITE 1900 SEATTLE, WA 98104	CONSULTING SERVICES	651,034.
LINESPEED EVENTS, LLC 10 OLD LYME ROAD PITTSFORD, NY 14534	NET OPS CTR LEAD SVC	619,417.
MEETECHCO VIA CARLO POERIO, 89/A NAPOLI NA ITALY 80121	REMOTE PART. SUPPORT	273,854.
PLAZA OFFICE REALTY II LLC 1500 BROADWAY 12TH FLOOR NEW YORK, NY 10036	RESTON OFFICE LEASE	271,629.

Name of the organization

Employer identification number

INTERNET SOCIETY

54-1650477

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
OTHER FEES FOR SERVICES	11,141,553.	7,297,816.	3,806,238.	37,499.
TOTALS	----- 11,141,553. -----	----- 7,297,816. -----	----- 3,806,238. -----	----- 37,499. -----

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

INTERNET SOCIETY

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	914,135.	26,248,533.	INTERNET SOC
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PUBLIC INTEREST REGISTRY 33-1025119 11911 FREEDOM DR 10TH FL,#1000 RESTON, VA 20190	SEE PART VII	PA	501(C)(3)	LINE 12B, II	INTERNET SOC	X	
(2) INTERNET SOCIETY ASIA LIMITED 09-0138989 6 BATTERY RD #38-04 SINGAPORE, SN 49909	SEE PART VII	SN	NONE	NONE	INTERNET SOC	X	
(3) INTERNET SOCIETY FOUNDATION 82-3285688 11710 PLAZA AMERICA DR, #400 RESTON, VA 20190	SEE PART VII	DC	501(C)(3)	LINE 12A, I	INTERNET SOC	X	
(4) CONNECTED GIVING FOUNDATION 84-3558614 11710 PLAZA AMERICA DR, #400 RESTON, VA 20190	SEE PART VII	PA	501(C)(3)	LINE 12A, I	INTERNET SOC	X	
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) PUBLIC INTEREST REGISTRY	C	35,000,000.	FMV
(2) INTERNET SOCIETY FOUNDATION	C	1,246,672.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

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

NAME: PUBLIC INTEREST REGISTRY

PRIMARY ACTIVITY: OPERATOR OF DOMAIN NAMES

NAME: INTERNET SOCIETY ASIA LIMITED

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

NAME: INTERNET SOCIETY FOUNDATION

PRIMARY ACTIVITY: TO SUPPORT ACTIVITIES, INCLUDING GRANT-MAKING FOR
INTERNET SOCIETY

NAME: CONNECTED GIVING FOUNDATION

PRIMARY ACTIVITY: TO SUPPORT ACTIVITIES OF INTERNET SOCIETY