Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑΙ	For the	2017 calendar year, or tax year beginning and ending							
В	Check if applicable	C Name of organization	D Employer identi	fication number					
	Addres	PUBLIC INTEREST REGISTRY							
E	Name		33-1	1025119					
Ē	Initial return	build a second s							
	Final return/	1775 WIEHLE AVENUE 100		889-5778					
,	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	151,911,195.					
	Ameno		H(a) Is this a group	return					
	Application	Finame and address of principal officer: Extra core	for subordinate	es? Yes X No					
	pendin	SAME AS C ABOVE	H(b) Are all subordinates						
1	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527 If "No," attach	a list. (see instructions)					
		e: WWW.PIR.ORG	H(c) Group exempt	on number 🕨					
K	orm of	organization: X Corporation Trust Association Other ► L	ear of formation: 2002	M State of legal domicile; PA					
Pa	art I	Summary							
a	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE	0						
Activities & Governance									
ž	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its net a	A December 1					
) O	3	Number of voting members of the governing body (Part VI, line 1a)							
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI line 1b)							
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	SIAUIM 5						
Ξ	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12	6						
Ac	/ a	Not unrelated business revenue from Part VIII, column (C), line 12	7:						
_	В	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior real						
	1		85,019,612						
		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,617,024						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,249						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	86,719,885						
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,738,825						
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0,	. 0.					
w	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,236,613	5,274,391.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	. 0.					
per	b	Total fundraising expenses (Part IX, column (D), line 25)							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	46,610,589	46,783,357.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	82,586,027						
	19	Revenue less expenses. Subtract line 18 from line 12	4,133,858	-31,326,492.					
Net Assets or	g a		Beginning of Current Year						
Sets	20	Total assets (Part X, line 16)	92,576,755						
TAS PAGE	21	Total liabilities (Part X, line 26)	91,695,523						
Ž	22	Net assets or fund balances. Subtract line 21 from line 20	881,232	29,983,738.					
-	art II	Signature Block							
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta		ny knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer rias any knowledge.						
۵.		Signature of officer PUBLIC INSPECTION	L Date						
Sig		KATHY KING, VP FINANCE COPY - RETAIN FOR	Date						
Her	e	Type or print name and title YOUR RECORDS							
_		Print/Type preparer's name Preparer's signature	Date Check	I T PTIN					
Paid	,	WILLIAM E TURCO, CPA	JUN 0 5 2018 Femp						
	parer	Firm's name RSM US LLP	Firm's EIN						
	Only	Firm's address 9737 WASHINGTONIAN BLVD, #400	THE SERVE	N					
	·,	GAITHERSBURG, MD 20878	Phone no. 30	1-296-3600					
May	v the IF	S discuss this return with the preparer shown above? (see instructions)	4	X Yes No					

Pa	Check if Schedule O contains a response or note to			X					
1	Briefly describe the organization's mission: SEE SCHEDULE 0	any inio in tilo Fait III							
2	, , , ,			Yes X No					
	If "Yes," describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significan If "Yes," describe these changes on Schedule O.	t changes in how it conducts, a	any program services?	Yes X No					
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	a (Code:) (Expenses \$ 120,945,119. SEE SCHEDULE O	including grants of \$	74,093,149.) (Revenue \$	90,784,245.					
				(Hex					
				*					
4b	O (Code:) (Expenses \$	including grants of \$) (Revenue \$						
	5								
	-								
		- t							
4c	C (Code:) (Expenses \$	including grants of \$) (Revenue \$)					
		1 1 10 10 10 10 10 10 10 10 10 10 10 10							
			71						

4d	d Other program services (Describe in Schedule O.)			V					
40	(Expenses \$ including grants of \$ 20, Total program service expenses > 120,	945,119.	(Revenue \$	1					

Form 990 (2017) PUBLIC INTEREST REPART IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-30		
	as applicable.		4.8	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_ X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15_	Х	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4.7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			u,
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
,ii	1c and 8a? If "Yes," complete Schedule G, Part II	<u>18</u>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.		v
_	complete Schedule G. Part III	19		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1× 2		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
00	If "Yes," complete Schedule N, Part I	31		Δ.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34	х	
35a		35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
55	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

33-1025119

Form 990 (2017) PUBLIC INTEREST REGISTRY Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1066, Finter O. if not applicable 1a 34 38 1b Enter the number of Porms W.2G included in line 1a. Enter O. if not applicable 1b 1b 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V			
be Enter the number of Forms W2G included in line 1s. Enter 0"- If not applicable to 20 fit the organization comply with backup withthough rules for reportable garments to vendors and reportable garming (gamoling) wornings to prize wirmers? 25 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. filled for the calendary year ending with or within the year covered by this return. Note, if the sum of fires 1s and 2s is greater than 250, you may be required to e-fig. Sea instructions? Note, if the sum of fires 1s and 2s is greater than 250, you may be required to e-fig. Sea instructions? 36 Did the organization have unrelated business gross income of \$1,000 or more during the year? 37 Did five organization in a foreign country (such as a brake account, secretine an explanation in Schodule 0. 38 Did fives, "and the dark year," of the lever? "I'm," to fire 8th, provide an explanation in Schodule 0. 39 Did not year the dark year of the lever? "I'm," to fire 8th, provide an explanation in Schodule 0. 40 Did any transfer of fire fire parametrs for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 50 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 51 Did any taxable party nortly the organization file Form 888617 52 Did any taxable party nortly the organization file Form 888617 53 Did any taxable party nortly the organization file Form 888617 54 Did any taxable party nortly the organization file Form 888617 55 Dess the organization have an explanation of the property of the organization solicit any contributions with the varies of the property of the property of the organization solicit any contributions that were not tax deductible as charitable contributions and party for gode and services provided? 76 Did the organization have any contribution of the property of the property for which it was required to file Form 88827 file of during the year 77 Did the organization services a postimular tow				Yes	No
be Enter the number of Forms W2G included in line 1s. Enter 0"- If not applicable to 20 fit the organization comply with backup withthough rules for reportable garments to vendors and reportable garming (gamoling) wornings to prize wirmers? 25 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. filled for the calendary year ending with or within the year covered by this return. Note, if the sum of fires 1s and 2s is greater than 250, you may be required to e-fig. Sea instructions? Note, if the sum of fires 1s and 2s is greater than 250, you may be required to e-fig. Sea instructions? 36 Did the organization have unrelated business gross income of \$1,000 or more during the year? 37 Did five organization in a foreign country (such as a brake account, secretine an explanation in Schodule 0. 38 Did fives, "and the dark year," of the lever? "I'm," to fire 8th, provide an explanation in Schodule 0. 39 Did not year the dark year of the lever? "I'm," to fire 8th, provide an explanation in Schodule 0. 40 Did any transfer of fire fire parametrs for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 50 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 51 Did any taxable party nortly the organization file Form 888617 52 Did any taxable party nortly the organization file Form 888617 53 Did any taxable party nortly the organization file Form 888617 54 Did any taxable party nortly the organization file Form 888617 55 Dess the organization have an explanation of the property of the organization solicit any contributions with the varies of the property of the property of the organization solicit any contributions that were not tax deductible as charitable contributions and party for gode and services provided? 76 Did the organization have any contribution of the property of the property for which it was required to file Form 88827 file of during the year 77 Did the organization services a postimular tow	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 38	le la la		
Gambling) Winnings to prize winners? Either the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return by It a test one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2b is greater than 250, you may be required to e-fine (see instructions) 3c Did for the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did for the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did for the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did for years and the during the calendar year, did the organization have an interest in, or a signature or other suthority own, a financial accountry (such as a bank account, securities account, or other financial accounts? 4c Did any taxable party to a prohibited tax sheller transaction? 5c See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclid any contributions that were not tax deductibles of Foreign B8647? 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclid any contributions that were not tax deductibles of Foreign B8647? 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclid any contribution that were of the very sclidar organization receive a payment in occase of \$7 is made partly as a contribution or or gloss and services provided to the payor? 6c Did the organization sclidar and partly defined payment of the organization receive a payment in occase of \$7 is made part	b		Tv.		-318
22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the caredrady ava androing with or within the year covered by this return 15 If at least one is reported on line 2a, did the organization file all required foreign employment tax returns? 15 Note. If the sum of lines 1 and 2a is greater than 250, your may be required to e-file (see instructions) 16 July the organization have unrelated business gross income of \$1,000 or more during the year? 16 July	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the caredrady ava androing with or within the year covered by this return 15 If at least one is reported on line 2a, did the organization file all required foreign employment tax returns? 15 Note. If the sum of lines 1 and 2a is greater than 250, your may be required to e-file (see instructions) 16 July the organization have unrelated business gross income of \$1,000 or more during the year? 16 July		(gambling) winnings to prize winners?	1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required toeffe (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A tary time during the calendary year, did the organization have a inferestin, or a signature or other authority over, a financial account in a foreign country; level as a bank account, socurities account, or other financial accounts? 3b	2a			V =	3543
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have uniteded business pross income of \$1,000 or more during the year? 3 A A any time during the calendary year, did the organization have an interest in, or a signature or other authority ower, a financial accountly is country such as a bank account, securities account in a foreign country such as a bank account, securities account or other financial accountly is described to the property of the foreign country is the same as bank account, securities accounts or other financial accounts (FBAR). 5 If "Yes," enter the name of the foreign country: See instructions for filing requirements to FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 But the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Country to be a firm of the progenization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxabile party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxabile party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 5 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6 Did the organization that may receive deductible contributions under section 170(c). 7 Did the organization and that may receive deductible contributions or contribution and partly for goods and services provided to the payor? 7 Did the organization and provide that was the goods or services provided? 7 Did the organization and provide that was the goods or services provided?		filed for the calendar year ending with or within the year covered by this return 2a 34	1		3 7
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
bit "Yes," in all iffeed a Form 990-T for this year? if "Yes," to line 3b, provide an explanation in Schedule O 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 bush as a bank account, securities account, or other financial accounts. bit "Yes," enter the name of the foreign country. 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? 5a X 5b 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 deductibles? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charizable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7c Organizations that may receive deductible contributions under section 170(c). 8d bit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7c Organizations state may receive deductible contributions under section 170(c). 8d bit organizations sell, exchange, or otherwise dispose of tangible personal property for goods and services provided to the payor? 7a If "Yes," indicate the number of Forms 8282 filed during the year 7d If "Yes," indicate the number of Forms 8282 filed during the year 7d If the organization received a contribution of care, boots, arithmen, or otherwise disposes provided? 7a If the organization received an contribution of care, boots, arithmen, or otherwise of the organization file Form 1098-C? 8 Sponsoring organizations make a dist		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Will	
4a Al 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 accounts)? 5b If "Yes," enter the name of the foreign country: 6c Was the organization apparatisation apparatisation party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file form 8886-T7 6d 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? 6d If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6d Organization stat may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 8b If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal bnenft contract? 7c X 7d Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1095-C7 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organization make any taxible distributions under section 4966? 8 Possoring organization make any taxible distributions under section 4966? 8 Possoring organization make any taxible distributions under section 4966? 8 Possoring organization make any taxible distributions under section 4966? 8 Possoring organization make any taxible distributions under section 4966? 8 Possoring organization make	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). If "Yes," to line 5a or 5b, cid the organization file Form 114, Report of Foreign Bank and Financial Accounts (FBAF). If "Yes," to line 5a or 5b, cid the organization file Form 8886-T? Bo bos 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? Bo the "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? Organization include with every solicitation and expresses statement that such contributions or gifts were not tax deductible? Organization include with every solicitation and expresses a provided to the payor? To a bit the organization on include with every solicitation and expresses a provided to the payor? To a bit the organization on include with every solicitation and expresses a provided? To a bit the organization on include the contribution of the value of the goods or services provided? To bit the organization received any funds, directly to pay premiums on a personal benefit contract? To bit the organization received any funds, directly to pay premiums on a person	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
b if "Yes," enter the name of the foreign country: Note in the second provided in the provided	4a				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 8 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? 8 If "Yes," tid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution or gifts were not tax deductible? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 9 If "Yes," indicate the number of Forms 8282 filed during the year 10 If "Yes," indicate the number of Forms 8282 filed during the year 11 If "Yes," indicate the number of Forms 8282 filed during the year 12 Did the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-C? 13 Sponsoring organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 14 Sponsoring organization make a distribution to a donor advised fund maintained by the N/A sponsoring organization make a distribution to a donor advised fund maintained by the N/A sponsoring organization make a distribution to a donor donor advised fund maintained by the N/A sponsoring organization make a distribution to a donor donor advised fund maintained by the N/A sponsoring organization make a distribution to a donor donor advised fund maintained by the N/A sponsoring organization make a distribution to a donor donor advised fund maintained by the N/A sponsoring organization make a distribution to a donor donor advised fund maintained		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
5a X b Did any taxable party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file form 8886-T? c If "Yes," ion line 5a or 5b, of the organization file Form 8886-T? c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c Organizations that may receive deductible contributions under section 170(c). b Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization received a contribution of unding the year b Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 to Ex 1 the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization as Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organization make any taxable distributions under section 4966? N/A 9a Did the sponsoring organization make a distribution of a donor, donor advised fund maintained by the N/A 9b Did the sponsoring organization make a distribution of a donor, donor advised fund maintained by the N/A 9a Did the sponsoring organization make a distribution of a donor, donor advised fund maintained by the N/A 9a Did t	b	If "Yes," enter the name of the foreign country:	1	1968	1001
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 56 Section 50 Fives, "to line 5a or 5b, did the organization file Form 8886-T7 Section 50 Section 50 Section 50 Section 50 (C)(2) organizations 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? 8 Minimizer West of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 Did the organization receive a payment in excess of \$5 made party as a contribution and party for goods and services provided to the payor? 8 Did the organization receive a payment in excess of \$5 made party as a contribution and party for goods and services provided to the payor? 9 Did the organization receive a payment in excess of \$5 made party as a contribution and party for goods and services provided to the payor? 9 Did the organization received a payment in excess of \$5 made party as a contribution and party for goods and services provided to the payor? 9 Did the organization received a payment in excess of \$5 made party as a contribution of the payor? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82828? 10 Did the organization cell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82828? 10 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 10 Tyes, "indicate the number of Forms 8282 filed during the year 11 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 12 Tyes, "indicate the number of forms 8282 filed during the year 13 Tyes, "indicate the payment in excess business holding at any time during the year 14 D					1100
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 8 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? 8 Jet "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 Organizations that may receive deductible contributions under section 170(c). 8 Jet lithe organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 Jet lithe organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 Jet lithe organization notify the donor of the value of the goods or services provided? 10 Lithe organization soll, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 10 Lithe organization soll, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 11 Lithe organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 Lithe the organization may form a season or qualified intellectual property, did the organization file Form 8899 as required? 13 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 14 If the organization maintaining donor advised funds. Did a donor advised fund maintained by the Ara sponsoring organization make any taxable distributions under section 4966? 15 Jet be sponsoring organization make any taxable distributions under section 4966? 16 Lithe sponsoring organization make a distribution to a donor, donor advisor, or related person? 17 Jet lithe contribution in make any taxable distributions under section 4966? 16 Cross receipts, included on Form 990, Part VIII, line 12 Lithe properties	5a		5a		Х
Section 501(c)(7) organization nave 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To be the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A posposoring organization make any taxable distributions under section 4966? N/A 9a Sponsoring organization make any taxable distributions under section 4966? N/A 10a Did the sponsoring organization make any taxable distributions under section 4966? N/A 10a Did the sponsoring organization make any taxable distributions under section 4966? N/A 10a Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: Initiation fees and capatral contributions included on Part VIII, line 12 for public use of club facilities Section 501(c)(12) organizati			5b		X
any contributions that were not tax deductible as charitable contributions? 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? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 If Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0? 10 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0? 10 Seponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the N/A Sponsoring organization have excess business holdings at any time during the year? 10 Section 501(c)(7) organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A Sponsoring organization make any taxable distributions under section 4966? 10 Section 501(c)(7) organizations. Enter: 10 Gross receipts, included on Form 990, Part VIII, line 12 N/A 10a Section 501(c)(7) organizations. Enter: 11 Gross income from other sources (Do not net amounts due or paid to other sources against mamounts due or received from them.) 12 Section 501(c)(2) organizations. Enter: 13 Gross income from other sources (Do not net amounts due or paid to other sources against mamounts due or received from them.) 14 Section 501(c)(2) organizations for additional information the organization f	C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Yorganizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If the organization received an excess of \$75 made partly as a contribution of the value of the goods or services provided? To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If the organization received an excess payment in directly, to pay premiums on a personal benefit contract? To Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organization have excess business holdings at any time during the year? Sonsoring organization make any taxable distributions under section 4966? N/A 9a Did the sponsoring organization make any taxable distributions under section 4966? N/A 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 10a To Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 10a To Did the sponsoring organization in make a distribution to a donor, donor advisor, or related person? N/A 10a S	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
were not tax deductible? Toganizations that may receive deductible contributions under section 170(c). 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? Toganization receive any ayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Toganization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? and if "Yes," indicate the number of Forms 8282 filed during the year		any contributions that were not tax deductible as charitable contributions?	6a		Х
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? 7 7 8	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
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? 7a			6b		
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? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	7	- ' '			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c	а		7a_		X
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76			7b		
d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76	С				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 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 1096-C? N/A 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? Sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Did the sponsoring organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 N/A Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Tobs Gross income from members or shareholders N/A Tala Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Isa Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Enter the amount of reserves on hand Isa Isa			7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? S Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organization have excess business holdings at any time during the year? S Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? N/A 9a Did the sponsoring organization make any taxable distributions under section 4966? N/A 9b Did the sponsoring organization make any taxable distributions under section 4966? N/A 10a Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 22a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? In the part of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O, 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 13ab Enter the amount of reserves on hand If the organization					
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g	_	Control Management			_
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 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? N/A 9a b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10c 10c 10c 10c 10c 11d 11a 11a 11b 12a Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 16 If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? 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 1c Enter the amount of reserves on hand 1d 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? If "No." provide an explanation in Schedule O.					
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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a Bection 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X By If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
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? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 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 N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 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? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 4 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? If "No," provide an explanation in Schedule O. 14b			/h	OUTUIN	
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? N/A 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 1 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 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? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 2 Did the organization receive any payments for indoor tanning services during the tax year? 14a X 2 Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	0		0		
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? N/A 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a Cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12c Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	۵		8		1755
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 4a 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? If "No," provide an explanation in Schedule O. 14b			00		
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 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 N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 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 c Enter the amount of reserves on hand 4a 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? If "No," provide an explanation in Schedule O. 14b					
a Initiation fees and capital contributions included on Part VIII, line 12 N/A 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 N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 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? N/A 13a 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 13c 14a 15c 15d			an D	U.Š.	io o
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filled a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14b		,	98.0		1000
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a			N III	Store	
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule Q. 14b				100	glife
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 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 c Enter the amount of reserves on hand 13c b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b		1 1	L.		8, 11
amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a		Gross income from other sources (Do not net amounts due or paid to other sources against			e 19
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a		·	1, 2,	2.3	
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a	2a		12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	E 18		
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14b	3	Section 501(c)(29) qualified nonprofit health insurance issuers.			ax a
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a 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? If "No." provide an explanation in Schedule O 14b			8 6		
c Enter the amount of reserves on hand 4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	b	Y Y	- 38	w III	0.4
4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14a X 14b			D. A.	P i i	1.19
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O					
			14a		Х
	b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	-		

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? b Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Own website Other (explain in Schedule O). Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: > KATHY KING - (703) 889-5778

1775 WIEHLE AVENUE, NO. 100,

RESTON, VA

20190

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

Х

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	l (do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box	unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	o a o	recto	rrus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		(** 27 1033 141100)		and related
	below	idual	ution	 	Key employee	est co	la la			organizations
	line)	Indiv	Instil	Officer	Key 6	Highest compensated employes	Former			
(1) ROBERTO GAETANO	8.00									
CHAIRMAN		Х		Х				12,000.	0 .	0.
(2) INGRID SRINATH	8.00									
VICE CHAIR/SECRETARY		Х		Х				12,000.	0 .	0.
(3) JEFFREY BEDSER	8.00									
TREASURER FROM 10/01/17		Х		Х			_	5,500.	0	0.
(4) ERIC BURGER	8.00									
TREASURER UNTIL 09/30/17	<u></u>	Х		Х	_		_	12,000.	0.	0.
(5) ARTHUR REILLY	8.00									
TREASURER UNTIL 04/25/17		Х		Х				7,000.	0.	0.
(6) LISE FUHR	8.00									
DIRECTOR		Х	Ш	_	_	_	_	12,000.	0.	0.
(7) HARTMUT GLASER	8.00							10.000		
DIRECTOR	0.00	Х	_	_	_		-	12,000.	0.	0.
(8) TOSCA BRUNO-VAN VIJFEIJKEN DIRECTOR	8,00							12 000	0	0
(9) BRIAN CUTE	40.00	Х	-					12,000.	0.	0.
CHIEF EXECUTIVE OFFICER	40.00			x				424,260.	0.	64 690
(10) MARC SAITTA	40.00	-		_				424,200.	0,	64,689.
CHIEF OPERATING OFFICER	40.00			x				373,250.	0.	60,129.
(11) ELIZABETH BEHSUDI	40.00	_				_	_	373,230.		00,123.
GENERAL COUNSEL	10,00			x				258,569.	0.	47,351.
(12) PAUL DIAZ	40.00									
VP, POLICY				х				264,290	0.	64,629.
(13) KATHY KING	40.00	-						1		
VP, FINANCE				х				230,489.	0.	43,197.
(14) BRIAN CIMBOLIC	40.00									
DEPUTY GENERAL COUNSEL						x		211,345.	0.	57,454.
(15) DAPHNE ARCHILLA	40.00			-				1		
SR. DIR., REGISTRY SVCS & CUSTOMER O						Х		178,985.	0	29,226.
(16) INMACULADA DEL ROSAL MENDEZ	40.00									
SR. DIRECTOR, CHANNEL SERVICES						х		174,640.	0.	1,929.
(17) THOMAS CORREIA	40.00									
DIRECTOR, PRODUCT MANAGEMENT		Ш				Х		170,888.	0.	24,468.

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hi	ghes	st C	compensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)	(E)			
Name and title	Average	Position (do not check more than one				one	Reportable	ole Reportable			stimate	ed	
	hours per	box	, unle	ss pe	rson	is both	n an	compensation compensatio			ar	nount	of
	week	-	cer ar	nd a c	Trecto	or/trus	tee)	from from related				other	
	(list any	rector						the	organizations			pensa	
	hours for related	or di	8			ated		organization	(W-2/1099-MIS	·C)		om th	
	organizations	ustee	trust		92	bens		(W-2/1099-MISC)		- 1	_	anizat	
	below	nal tr	ional		ploye	t con	١.					d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	arıızatı	OHS
(18) ANTHONY CONNOR	40,00	=	=	0	¥	王品	-			\dashv			
DIRECTOR, MARKETING	10,00					x		167,014.		0.		50	106.
(19) DAVID STEWART	40,00			 	\vdash	1		207,0221		-		,	
FORMER VP SALES & MRKT	10.00						x	102,657.		0.		5	124.
TOTALL VI, DINDED & MIKI		_		 	-	\vdash	<u> </u>	102,007.		-		,	121.
		-		-	-	\vdash	-			-	_		
4.	-	_	-	-	-	-	-			\dashv			
#			-	<u> </u>	\vdash	\vdash	\vdash			\dashv			
						_							
						\rightarrow							
		_			_	_	_						
	<u>.</u>					_	_			_			
1b Sub-total								2,640,887.		0.		448,302.	
c Total from continuation sheets to Part VI	I, Section A						\triangleright	0.		0.			0.
d Total (add lines 1b and 1c)							\triangleright	2,640,887.		0.		448,	302.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wh	o re	eceived more than \$100,	000 of reportable	ŧ			
compensation from the organization												37	17
										7		Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee,	or	highest compensated er	nployee on				Ada
line 1a? If "Yes," complete Schedule J for s	uch individual				F06440600		*****		******************		3	Х	
4 For any individual listed on line 1a, is the su													is XII
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete 3	Sche	edule	e <i>J f</i>	for such individual			4	Х	
5 Did any person listed on line 1a receive or a													8 11
rendered to the organization? If "Yes." com	nolete Schedule	a J f	or st	ıch	pers	on					5		х
Section B. Independent Contractors		A and in land to	internative in the contract of		ALCOHOL: CO	Contraction of the Contraction o							
Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	acto	rs th	hat received more than \$	100.000 of comp	ensa	tion fr	om	
the organization. Report compensation for													
(A)				-				(B)			((2)	
Name and business	address							Description of s	ervices	С	ompe	nsatio	n
AFILIAS, 300 WELSH RD, BLDG 3, STE 1	05.												
HORSHAM, PA 19044	,						l	REGISTRY SERVICES			37	806	841.
ICANN, 12025 WATERFRONT DRIVE STE 30	0						\neg						
Total , Tavas International District District	- ,						- 1						

Name and business address	Description of services	Compensation
AFILIAS, 300 WELSH RD, BLDG 3, STE 105,		
HORSHAM, PA 19044	REGISTRY SERVICES	37,806,841.
ICANN, 12025 WATERFRONT DRIVE STE 300,		
PLAYA VISTA, CA 90094	REGISTRY FEES	2,707,782.
GODADDY.COM, INC., 14455 N HAYDEN RD. STE		
209, SCOTTSDALE, AZ 85260	MARKETING SERVICES	1,502,285.
NAME, COM, INC, 5808 LAKE WASHINGTON BLVD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NE, SUITE 300, PLAYA VISTA, CA 900	MARKETING SERVICES	485,000.
JOHN DANIEL ASSOCIATES, INC., 6201		
STEUBENVILLE PIKE, SUITE 210, MCKEES	BUSINESS ANALYTICS	452,521.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 16		

	rt VI	II Statement of Rever	nue				00 101011	1 age 9
		Check if Schedule O cont	tains a response	or note to any line	in this Part VIII	********************************		
		SHOKE GUIDALIS COM			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, grar similar amounts not included about	1c 1d 1d 1e nts, and 1re 1a-1f: \$					
0 6	h	Total. Add lines 1a-1f	**************					
		REGISTRATION FEES		900099	90,656,556.	90,656,556.		
je	2 a	DELIMED DEGLEMENT DELL		900099	127,689.	127,689.		
Serv	b	<u></u>		300033	127,005.	127,005.		
TH VEN	d			-				
Program Service Revenue	u	*	-					
Pro	f	All other program service reve	enue					
	a	Total. Add lines 2a-2f			90,784,245.	i iamilia seni		
	3	Investment income (including						
		other similar amounts)			1,293,168.			1,293,168.
	4	Income from investment of ta						
	5	Royalties	<u> </u>					
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)					1001 1 1 1 1 1 1	
			T					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	59,809,267.					
	D	Less: cost or other basis and sales expenses	57,086,790.					
	_	Gain or (loss)			research of the second			
		Net gain or (loss)		-	2,722,477.			2,722,477.
		Gross income from fundraisin				nutral distance		
Other Revenue	0 4	including \$		1 1				
e e		contributions reported on line		1				
Ř.		Part IV, line 18						
the	b	Less: direct expenses	b					
٥	С	Net income or (loss) from fund	draising events	>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses				IDILIO, BAT TOUT	I AS B	
		Net income or (loss) from gan						
	10 a	Gross sales of inventory, less						
	h	and allowances						
		Net income or (loss) from sale					I I I I I I I I I I I I I I I I I I I	
ŀ	U	Miscellaneous Revenu		Business Code		FRUIT CO.	W Jan I v S	No of the Na
ŀ	11 a		\ -	900099	24,515.			24,515.
	b	,			•			
	С							8
	d	All other revenue						
	е	Total. Add lines 11a-11d			24,515.	1 - 2 - 4 - 3 - 5	MEN TO BER	
	12	Total revenue. See instructions.			94,824,405.	90,784,245.	0	4,040,160.

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 (B) (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 74.043.149 74,043,149 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 50,000. 50,000. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 2,035,651 1,832,086. trustees, and key employees 203,565 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,431,597. Other salaries and wages 2,188,437. 243,160. 7 Pension plan accruals and contributions (include 335,360. 301,824, 33,536, section 401(k) and 403(b) employer contributions) Other employee benefits 247,339 222,605 24,734. 9 224.444, 202,000, 22.444. 10 Payroll taxes Fees for services (non-employees): 11 Management 325,172. 292,655, 32,517. h Legal 79,240. 71,316. 7.924. C Accounting Lobbying Professional fundraising services. See Part IV, line 17 е 205,960. 185,364. 20,596. Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 1,352,974, 1,217,677, 135,297. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 1,003,362, 903,026 100,336 12 244,869, 220,382, 24,487 Office expenses 13 482,170. 433,953. 48,217. Information technology 14 15 Royalties 457,277 411,549 45,728. Occupancy 16 423,194. 380,875. 42,319. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 174,142. 193,491. 19.349. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 770.239 693,215, 77.024 22 116 518 104,866. 11,652. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) REGISTRY ADMINISTRATION 40,252,487, 36,227,238. 4,025,249. MARKETING 649.350. 584.415. 64,935. b PROFESSIONAL DEVELP. 142,539 128,285. 14,254. С OTHER EXPENSES 84.515. 76,060, 8,455. e All other expenses 126,150,897. 120,945,119. 5,205,778, 0. 25 Total functional expenses. Add lines 1 through 24e 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 If following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X Balance Sheet

· u	rt X	Balance Sheet			T 1
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	14,088,633.	2	19,485,909.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,681,979.	4	3,465,501,
	5	Loans and other receivables from current and former officers, directors,		3, 2	
		trustees, key employees, and highest compensated employees. Complete	TO SWITTER SWITTE	100 mg	tayo ka marana marana a
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
sts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	274,458.	9	288,189
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,366,810.		5014, 11, 18	intin par lota 20 i
	b	Less: accumulated depreciation 10b 2,248,407.	1,392,459.	10c	1,118,403
	11	Investments - publicly traded securities	40,604,100.	11	7,090,072
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11	100 100	13	254 425
	14	Intangible assets	426,101.	14	364,496
	15	Other assets. See Part IV, line 11	32,109,025.	15	30,711,281
	16	Total assets. Add lines 1 through 15 (must equal line 34)	92,576,755.	16	62,523,851
	17	Accounts payable and accrued expenses	5,510,729.	17	4,095,978
	18	Grants payable	01 260 022	18	00 600 736
	19	Deferred revenue	81,260,922.	19	82,622,736
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,923,872.	25	5,788,875
	26	Total liabilities. Add lines 17 through 25	91,695,523.	26	92,507,589
_	20	Organizations that follow SFAS 117 (ASC 958), check here		20	
		complete lines 27 through 29, and lines 33 and 34.			
ces	27	Unrestricted net assets	881,232,	27	-29,983,738
au	28	Temporarily restricted net assets		28	
g	29	Permanently restricted net assets		29	
ב		Organizations that do not follow SFAS 117 (ASC 958), check here	TO THE NEW YORK	I US O	
		and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
Š	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ē	33	Total net assets or fund balances	881,232.	33	-29,983,738
Z					

Form **990** (2017)

Pa	rt 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	94	824,	405.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	126	150,	897.				
3	Revenue less expenses. Subtract line 2 from line 1	3	-31	326,	492.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5		461,	522.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	-29	983,	738.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII			****	X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Est	3 30				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			2.0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			SX 01				
	separate basis, consolidated basis, or both:		2		124 L				
	Separate basis Consolidated basis Both consolidated and separate basis			un il Wi	8.83				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	iggii i	411					
	consolidated basis, or both:		155	, Ÿ	150				
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			1000				
	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 in Scher				8.8				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing								
	Act and OMB Circular A-133?		За		х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		1				

Form **990** (2017)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

PUBLIC INTEREST REGISTRY

Employer identification number 33-1025119

100									
Pa	irt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions,		
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches described	lin sectio	n 170(b)(1)(A)(i).		
2	百						-76-76-7		
3	Ħ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
_	H						•	the beesitel's name	
4	щ	A medical research organiz	ation operated in col	njunction with a nospital	described	iii sectio	on 170(b)(1)(A)(iii). Enter	the nospital's name,	
		city, and state:							
5	ш	An organization operated for		llege or university owner	d or operat	ed by a go	overnmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	Ш	A federal, state, or local government	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from the general [public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conit	unction with a land-grant	college	
	1/2	or university or a non-land-g					=	=	
		university:	, and conlege of agine			ilaino, on,	, and state of the contege	, 01	
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sun	nort from o	contributio	ne membershin fees an	nd gross receipts from	
		activities related to its exen						- '	
								_	
		income and unrelated busin		(less section 5 i i tax) ire	om busines	sses acqui	red by the organization a	mer June 30, 1975.	
		See section 509(a)(2). (Con	· ·						
11		An organization organized a	·		•				
12	X	An organization organized a	·	·	•			•	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3).	Check the box in	
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and 12g.		
а	X	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with its	s supporte	ed organization(s), by hav	/ing	
		control or management o	•					•	
		organization(s). You mus						501154	
_		Type III functionally inte			in connect	tion with	and functionally integrate	od with	
			-				, ,	a will,	
-1		its supported organization		•			-	4:(-)	
d	L	Type III non-functionally						. ,	
		that is not functionally int	_				•	veness	
	ř	requirement (see instructi	•	•					
е		Check this box if the orga					Type I, Type II, Type III		
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.		r	
f	Ente	r the number of supported o	organizations			***********	*********************	1	
g		ide the following information			I fud to the need	nantian listed	r		
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
NT	ERNET	SOCIETY	54-1650477	7	х		73,467,421.	0.	
								0.	
_									
ata	1		(1, 20)		1000		73 467 421	0	

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

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

Se	ction A. Public Support		4		A		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						***
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions		3 2 7 7 7 7 7	S S IN S NO.	Was to a second		
	by each person (other than a						
	governmental unit or publicly	EL CALL					
	supported organization) included		E I VEISIE ST				
	on line 1 that exceeds 2% of the		S I WAY IS				
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.	107,507,		The Mark No.			
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕟	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		70-72				7.00
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, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					,,	
11	Total support. Add lines 7 through 10			and the sould			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	501(c)(3)	
	organization, check this box and stor	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2016					15	%
16a	6a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and					and	
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2016. If the d						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac					rt VI how the organ	ization
	meets the "facts-and-circumstances"	_			-	· · · · · · · · · · · · · · · · · · ·	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						ph-
	organization meets the "facts-and-circ		-				
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Page 3

Schedule A (Form 990 or 990-EZ) 2017 PUBLIC INTEREST REGISTRY

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 organ	nization fails to
CONTRACTOR OF THE PROPERTY OF		

Se	ction A. Public Support	ciow, picase com	Sioto I ai t II.j				
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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 organ- ization's benefit and either paid to						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)		Maria Walani		11-31-54		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						12
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here						>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2017 (li	ine 8, column (f) di	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
	Investment income pércentage for 20				The state of the s	17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2017. If the					3 1/3%, and line 17	7 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the		_				
	line 18 is not more than 33 1/3%, che	-					
20.	Private foundation If the organization						000000 1000

Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
- Pierri		
1	Х	
2		Х
3a		Х
3b		
	nve n	
3c		
4a		Х
74	, v. š.	
4b		
4c	1 - 1 -	
40	u = zu	
100	100	nêw.
5a		х
	4-7	e ka
5b		
5c		
6		Х
7		Х
	0 0 1	
8	W 33	Х
	// ₃	A. B.
9a	200	Х
9b	-0.00	х
30	w. 3	
9c		х
10a		Х
150		
10b		

	equie A (Form 990 or 990-EZ) 2017 135552 1815851 REGISTRI	1023117	P8	ide 5
Pa	rt IV Supporting Organizations (continued)		, I	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		3.0	
4	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	100		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	3,11,211	TY E	77
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		25 200	Mina,
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported		100	STIL I
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		3.1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		Х
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations			
-	active type is cupperating enganizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Shoul!	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		8	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	11 2000		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		80.7	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		IW TI	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	100 1000		2
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
0	the organization maintained a close and continuous working relationship with the supported organization(s).	2	90	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	- PA		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		H 1	
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	100	1016	3.50
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	-0.5	4.3	V/V
	those supported organizations and explain how these activities directly furthered their exempt purposes,	W. 1500	W 30	
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	8 7 8	2110	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	648.4	- 8	V V
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2.0	E No.	W. 2
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	257	W.Y.	
4	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		···		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
·	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	Y 10.50	Africa and the Paris of	Estation V. R. Barbourt V. E. A.
	instructions for short tax year or assets held for part of year):	110		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	200 March	Y I A I A J A A A A A A A A A A A A A A A	
	factors (explain in detail in Part VI):	TV my		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	MAY THE TANK	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	in when in we man	
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	18	will strike the left is	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	Type III supporting orga	inization (see
	instructions)	_		

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	i	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	,		
	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	THE PROPERTY OF	o I - Maria - A Salar Brazas	
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				an a market was the
b	From 2013			
С	From 2014			
d	From 2015			
	From 2016			
	Total of lines 3a through e		Van Name of the State of the St	
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)	THE STATE OF THE S	1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N	
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2017 from Section D,			
7	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount		0 8 70 - 8 72 73 75	
	Remainder. Subtract lines 4a and 4b from 4.			ALL AND LESS OF STREET
		POLE VIEW NIEW WILLIAM		LE VIUNE LINE EXE
	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	1		
	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
0	Excess from 2017			the second secon

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	Form 990 or 990-EZ) 2017 PUBLIC INTEREST REGISTRY	33-1025119	Page 8
Part VI	Form 990 or 990-EZ) 2017 PUBLIC INTEREST REGISTRY Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin 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; P. Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	es 1 and 2; Part IV, Section art V, Section B, line 1e; Pa	n C,
,			
×			
	· · · · · · · · · · · · · · · · · · ·	14	
		311	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PUBLIC INTEREST REGISTRY

Employer identification number

33-1025119

Pa	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.		Colored and Advances Managed
	(a	a) Donor advised funds	(b) Funds and other accounts
1	1 Total number at end of year		
2	THE PART OF THE PA		
3	7,31600,434,5350		-
4			
5		at the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's exclusive	legal control?	Yes No
6			
	for charitable purposes and not for the benefit of the donor or donor ac		•
	impermissible private benefit?		Yes No
Pa	Part II Conservation Easements. Complete if the organization	answered "Yes" on Form 990, F	Part IV, line 7.
1	1 Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	2 Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	a Total number of conservation easements		2a
b		14 DES ADDITIONNES ON THE CONTROL	
С	c Number of conservation easements on a certified historic structure inc	uded in (a)	2c
d			
	listed in the National Register		2d
3			
	year ▶		
4	4 Number of states where property subject to conservation easement is	located >	
5	5 Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	T142244444444444444444444	Yes No
6	6 Staff and volunteer hours devoted to monitoring, inspecting, handling		
	• <u></u>		
7	7 Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservat	ion easements during the year
	\$		
8	. , , ,		
	and section 170(h)(4)(B)(ii)?		Yes No
9		ents in its revenue and expense :	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's finar	ncial statements that describes t	he organization's accounting for
Y	conservation easements.		
Pai	Part III Organizations Maintaining Collections of Art, His	· ·	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part		
1a	1a If the organization elected, as permitted under SFAS 116 (ASC 958), no		
	historical treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these		
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education,	or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	2 If the organization received or held works of art, historical treasures, or	other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 9	, ,	
а	a Revenue included on Form 990, Part VIII, line 1		
b	b Assets included in Form 990, Part X		

powers were		REST REGISTRY	E I Date	wie al Tua		041	01		33-102			age <
Pai	t III Organizations Maintaining C											
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	are a s	ignific	cant us	e of its c	ollection	items	
	(check all that apply):											
а	Public exhibition	C		Loan or exc	hange progra	ams						
b	Scholarly research	e		Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exe	mpt p	ourpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or othe	er simila	rasse	ets				
	to be sold to raise funds rather than to be ma	aintained as part of the	he organ	ization's co	llection?					Yes		No
Pai	t IV Escrow and Custodial Arrang									line 9, or	116	
	reported an amount on Form 990, Pai			Ü				,	,	,		
1a	Is the organization an agent, trustee, custodi		iary for c	contribution	s or other as	sets not	inclu	ded				
7.0	on Form 990, Part X?									Yes		No
h	If "Yes," explain the arrangement in Part XIII				**************	*********	*****	*******		_ 163		_ 140
D	ii res, explain the arrangement in Fart Allia	and complete the loa	ilowing to	able.			Г			Λ		
	Decimina beloase						H	4		Amoun		
C .	Beginning balance							1c				
a	Additions during the year							1d				
е	Distributions during the year						and the second	1e				
f	Ending balance							1f	-		_	_
	Did the organization include an amount on Fo						-	*****		Yes	L	No
_	If "Yes," explain the arrangement in Part XIII.										_	
Par	t V Endowment Funds. Complete		swered	"Yes" on Fo	1					107 5090		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d)	hree ye	ears back	(e) Four	years	back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a	ı. column (a)) held as:							
– a	Board designated or quasi-endowment		- %	,,	,,							
	Permanent endowment		—′"									
	Temporarily restricted endowment											
Ŭ	The percentages on lines 2a, 2b, and 2c sho											
20	Are there endowment funds not in the posse		ation that	t are hold ar	ad administra	rad for th	ho or	aonizo	tion			
Ja	by:	331011 OF THE OIGHNIZE	uon ma	t are rielu ai	ia aariiiiistei	ed lor ti	ie oi	gariiza		ì	Yes	No
	-									0=(1)	res	NO
	(i) unrelated organizations									3a(i)	_	
										3a(ii)		100
	If "Yes" on line 3a(ii), are the related organiza								**********	_3b_		
1 Day	Describe in Part XIII the intended uses of the		wment f	unds.				-				
Par	and the state of t											
	Complete if the organization answered											
	 Description of property 	(a) Cost or o		` '	or other			nulate	E	(d) Boo	k valu	е
		basis (investr	nent)	basis	(other)	de	prec	iation				
1a	Land	00				TV 8	N ñ					
b	Buildings	(Pa)										
С	Leasehold improvements											
	Equipment			3	,299,472.		2,	248,4	07.	1,	051,	065.
	Other				67,338.						67,	338.
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B), line 1	0c.)			orani.	D	1,	118,	403.

Schedule D (Form 990) 2017

Corrodate B (Form 500) 2017			1 ago e
Part VII Investments - Other Securities,			
Complete if the organization answered "Yes" o	n 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	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)		4.	
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	***		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		I have an Alberta for the later	
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
,	escription		(b) Book value
(1) DEFERRED REGISTRY EXPENSES			30,706,900.
GROUP TOUR DEPOSITES			1 025

(a) Description	(b) Book value
(1) DEFERRED REGISTRY EXPENSES	30,706,900.
(2) SECURITY DEPOSITS	4,035.
(3) DUE FROM AFFILIATE	346.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	30,711,281.

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)	ICANN FEE LIABILITY	747,030.
(3)	CUSTOMER DEPOSITS	4,817,142.
(4)	DEFERRED RENT	7,016.
(5)	DEFERRED COMPENSATION	104,103.
(6)	SEVERANCE ACCRUAL	113,584.
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990. Part X, col. (B) line 25.)	5,788,875.

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

PUBLIC INTEREST REGISTRY 33-1025119 Schedule D (Form 990) 2017 Page 4 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. 95,261,412. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities ______ 2b Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 461,522. e Add lines 2a through 2d 2e Subtract line 2e from line 1 94,799,890. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 24,515. **b** Other (Describe in Part XIII.) 24,515. c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 94,824,405. 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. 126,126,382. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d -24,515. 2e 126,150,897. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 0. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 126,150,897. 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. PART X, LINE 2: THE PUBLIC INTEREST REGISTRY IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IN ADDITION, PUBLIC INTEREST REGISTRY QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES. LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. PIR HAD NET UNRELATED BUSINESS INCOME IN THE AMOUNT OF \$0

AND \$166 942 DURING THE YEARS ENDED DECEMBER 31 2017 AND 2016

EXEMPT STATUS. ENSET HAS NOT FILED FOR SUCH STATUS.

RESPECTIVELY. WHILE 501(C)(4) ENTITIES SUCH AS ENSET ARE ELIGIBLE FOR TAX

Schedule D (Form 990) 2017 PUBLIC INTEREST REGISTRY	33-1025119	Page 5
Schedule D (Form 990) 2017 PUBLIC INTEREST REGISTRY Part XIII Supplemental Information (continued)		
MANAGEMENT EVALUATED PIR'S TAX POSITIONS AND CONCLUDED THAT THEY HAD TAKEN		
NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL		
STATEMENTS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
MANAGEMENT SERVICE REVENUE SHOWN IN PART VIII, LINE 11 24,515.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
MANAGEMENT SERVICE REVENUE SHOWN IN PART VIII, LINE 11 -24,515.		
8		=
t e e e e e e e e e e e e e e e e e e e		
3*:		
		IC.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States**

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

Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

PUBLIC INTEREST REGISTRY

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

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.

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?

- Interior Microsophis		1	an be duplicated if additional space is n	- A A A A A A A A A A A A A A A A A A A	
(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, pro- gram 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
EAST ASIA AND THE	0	0	PROGRAM SERVICES	SEE FORM 990, PART III	64,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	SEE FORM 990, PART III	485,000.
10				,	
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	SEE FORM 990, PART III	4,000.
NORTH AMERICA	0	0	PROGRAM SERVICES	SEE FORM 990, PART III	4,000.
				E	
SOUTH AMERICA	0	0	PROGRAM SERVICES	SEE FORM 990, PART III	25,000.
GOLINIA NOTA			DECEMBER OF THE STATE OF THE ST	CHE BODY 000 DADE TIT	26,000
SOUTH ASIA	0	0	PROGRAM SERVICES	SEE FORM 990, PART III	26,000.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SEE FORM 990, PART III	50,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANT TO RECIPIENT		50,000.
3 a Sub-total	0	1			708,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	1			708,000.

Schedule F (Form 990) 2017

| PUBLIC INTEREST REGISTRY | 33-1025119
| 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.

(i) Method of valuation (book, FMV, appraisal, other)					,	-	Schedule F (Form 990) 2017
(h) Description of noncash assistance							Schec
(g) Amount of noncash assistance	.0					empt	
(f) Manner of cash disbursement	WIRE					ecognized as tax-ex	
(e) Amount of cash grant	20,000		Į.			oreign country, r	
(d) Purpose of grant	GENERAL SUPPORT	.01				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501 (c)(3) equivalency letter	
(c) Region	EUROPE (INCLUDING ICELAND & GREENLAND)					is listed above that are re nsel has provided a secti	r entities
(b) IRS code section and EIN (if applicable)						ecipient organizatior h the grantee or cour	other organizations o
1 (a) Name of organization							3 Enter total number of other organizations or entities

33-1025119

PUBLIC INTEREST REGISTRY

Schedule F (Form 990) 2017

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.

Schedule F (Form 990) 2017 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Page 4

NAME AND ADDRESS OF THE OWNER, WHEN		
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	X 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	X 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	X 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	X 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	X 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)	X Yes	☐ No

Schedule F (Form 990) 2017

Page 5

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.

PART I, LINE 2:

PUBLIC INTEREST REGISTRY PROVIDES CONTRIBUTIONS OF GENERAL SUPPORT TO

MISSION BASED NON-PROFIT ORGANIZATIONS AND FOR-PROFIT COMPANIES THAT

PERFORM WORK TO ENCOURAGE AND PROMOTE THE OPEN DEVELOPMENT, EVOLUTION

AND USE OF THE INTERNET FOR THE BENEFIT OF ALL PEOPLE THROUGHOUT THE

WORLD. PUBLIC INTEREST REGISTRY MAINTAINS BOOKS AND RECORDS TO

SUBSTANTIATE THE AMOUNT OF ITS CONTRIBUTIONS.

PART I, LINE 3, ACTIVITIES PER REGION

PUBLIC INTEREST REGISTRY HAS CONTINUED ITS MISSION-FOCUSED EFFORTS IN

GEOGRAPHIC AREAS OUTSIDE OF THE UNITED STATES, INCLUDING EUROPE, AFRICA

PUBLIC INTEREST REGISTRY'S CHANNEL SERVICES STAFF IS AND ASIA.

DISPERSED ACROSS VARIOUS GEOGRAPHIC REGIONS IN SUPPORT OF REGISTRARS

ACROSS THE GLOBE. CURRENTLY PUBLIC INTEREST REGISTRY EMPLOYS A CITIZEN

AND RESIDENT OF EUROPE AS SENIOR DIRECTOR OF CHANNEL SERVICES.

ADDITION, PUBLIC INTEREST REGISTRY, THROUGH ITS OUTREACH AND

PROMOTIONAL EFFORTS ENCOURAGES REGISTRARS OPERATING IN THE UNDERSERVED

AREAS OF THE WORLD TO PARTICIPATE AND SUPPORT SUCH ACTIVITIES.

PART IV, FOREIGN FORMS

PUBLIC INTEREST REGISTRY ENGAGES IN CHARITABLE ACTIVITIES OUTSIDE OF

THE UNITED STATES. IN 2017, IT CONDUCTED BUSINESS OPERATIONS WITH ONE

REGISTRAR BASED IN KUWAIT AND THREE REGISTRARS BASED IN THE UNITED ARAB

EMIRATES (UAE). PUBLIC INTEREST REGISTRY DOES NOT CARRY ON ANY

ACTIVITIES IN THESE COUNTRIES BUT IS CONSIDERED TO HAVE OPERATIONS IN

THEM FOR PURPOSES OF THIS DISCLOSURE SOLELY BECAUSE IT CONDUCTS

BUSINESS WITH A FEW REGISTRARS IN THESE COUNTRIES. PUBLIC INTEREST

Period by Supplemental Information Provide the Information required by Part Line 2 (monitoring of funds); Part Line 3, column (f) (accounting method); amounts of investments vs. expenditures per region; Part II, sine 1, faccounting method; and Part III, column (s) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. REGISTRY DOES NOT PARTICIPATE IN ANY BOYCOTT OF ISBRAIL, NOR DOES THE OKOGANIZATION HAVE KNOKLEDGE OF ANY DIRECT OR INDIFFERENT PARTICIPATION IN SUCH A BOYCOTT. ACCORDINGLY, FUBLIC INVERSERS REGISTRY RAS NOT ENTERED INTO ANY AGRERMENTS TO SUPPORT SUCH A BOYCOTT AS DEFINED IN FORM 5713. IN ADDITION, PUBLIC INVERSEST REGISTRY DORS NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITY AS A RESULT OF THE CHARLTABLE ACTIVITY DESCRIBED ABOVE, THE FORM 5713 IS PREPARED AND FILED SEPARATELY.	Schedule F (Form 990) 2017 PUBLIC INTEREST REGISTRY 33-1025119	Page 5
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. REGISTRY DOES NOT PARTICIPATE IN ANY BOYCOTT OF ISRAEL, NOR DOES THE ORGANIZATION HAVE KNOWLEDGE OF ANY DIRECT OR INDIRECT PARTICIPATION IN SUCH A BOYCOTT. ACCORDINGLY, PUBLIC INTEREST REGISTRY HAS NOT ENTERED INTO ANY AGREEMENTS TO SUPPORT SUCH A BOYCOTT AS DEFINED IN FORM 5713. IN ADDITION, PUBLIC INTEREST REGISTRY DOES NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED		
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. REGISTRY DOES NOT PARTICIPATE IN ANY BOYCOTT OF ISRAEL, NOR DOES THE ORGANIZATION HAVE KNOWLEDGE OF ANY DIRECT OR INDIRECT PARTICIPATION IN SUCH A BOYCOTT. ACCORDINGLY, PUBLIC INTEREST REGISTRY HAS NOT ENTERED INTO ANY AGREEMENTS TO SUPPORT SUCH A BOYCOTT AS DEFINED IN FORM 5713. IN ADDITION, PUBLIC INTEREST REGISTRY DOES NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of	
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. REGISTRY DOES NOT PARTICIPATE IN ANY BOYCOTT OF ISRAEL, NOR DOES THE ORGANIZATION HAVE KNOWLEDGE OF ANY DIRECT OR INDIRECT PARTICIPATION IN SUCH A BOYCOTT. ACCORDINGLY, PUBLIC INTEREST REGISTRY HAS NOT ENTERED INTO ANY AGREEMENTS TO SUPPORT SUCH A BOYCOTT AS DEFINED IN FORM 5713. IN ADDITION, PUBLIC INTEREST REGISTRY DOES NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED		
REGISTRY DOES NOT PARTICIPATE IN ANY BOYCOTT OF ISRAEL, NOR DOES THE ORGANIZATION HAVE KNOWLEDGE OF ANY DIRECT OR INDIRECT PARTICIPATION IN SUCH A BOYCOTT, ACCORDINGLY, PUBLIC INTEREST REGISTRY HAS NOT ENTERED INTO ANY AGREEMENTS TO SUPPORT SUCH A BOYCOTT AS DEFINED IN FORM 5713. IN ADDITION, PUBLIC INTEREST REGISTRY DOES NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED		
ORGANIZATION HAVE KNOWLEDGE OF ANY DIRECT OR INDIRECT PARTICIPATION IN SUCH A BOYCOTT. ACCORDINGLY, PUBLIC INTEREST REGISTRY HAS NOT ENTERED INTO ANY AGREEMENTS TO SUPPORT SUCH A BOYCOTT AS DEFINED IN FORM 5713. IN ADDITION, PUBLIC INTEREST REGISTRY DOES NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED		
ORGANIZATION HAVE KNOWLEDGE OF ANY DIRECT OR INDIRECT PARTICIPATION IN SUCH A BOYCOTT. ACCORDINGLY, PUBLIC INTEREST REGISTRY HAS NOT ENTERED INTO ANY AGREEMENTS TO SUPPORT SUCH A BOYCOTT AS DEFINED IN FORM 5713. IN ADDITION, PUBLIC INTEREST REGISTRY DOES NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED	REGISTRY DOES NOT PARTICIPATE IN ANY BOYCOTT OF ISRAEL, NOR DOES THE	
SUCH A BOYCOTT. ACCORDINGLY, PUBLIC INTEREST REGISTRY HAS NOT ENTERED INTO ANY AGREEMENTS TO SUPPORT SUCH A BOYCOTT AS DEFINED IN FORM 5713. IN ADDITION, PUBLIC INTEREST REGISTRY DOES NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED		
SUCH A BOYCOTT. ACCORDINGLY, PUBLIC INTEREST REGISTRY HAS NOT ENTERED INTO ANY AGREEMENTS TO SUPPORT SUCH A BOYCOTT AS DEFINED IN FORM 5713. IN ADDITION, PUBLIC INTEREST REGISTRY DOES NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED	ORGANIZATION HAVE KNOWLEDGE OF ANY DIRECT OR INDIRECT PARTICIPATION IN	
INTO ANY AGREEMENTS TO SUPPORT SUCH A BOYCOTT AS DEFINED IN FORM 5713. IN ADDITION, PUBLIC INTEREST REGISTRY DOES NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED	ONORMANION MATE KNOWLEDGE OF THE BIRDET ON IMPERIOR FINITESTATEON IN	
INTO ANY AGREEMENTS TO SUPPORT SUCH A BOYCOTT AS DEFINED IN FORM 5713. IN ADDITION, PUBLIC INTEREST REGISTRY DOES NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED	CHOU & DOVCOME &COODDINGLY DHDLTC INMEDECT DECICARY USC NOT ENTEDED	
IN ADDITION, PUBLIC INTEREST REGISTRY DOES NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED	SUCH A BUTCOTT, ACCORDINGLY, FUBLIC INTEREST REGISTRY HAS NOT ENTERED	
IN ADDITION, PUBLIC INTEREST REGISTRY DOES NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED		
BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED	INTO ANY AGREEMENTS TO SUPPORT SUCH A BOYCOTT AS DEFINED IN FORM 5/13.	
BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED		
	IN ADDITION, PUBLIC INTEREST REGISTRY DOES NOT ENGAGE IN ANY UNRELATED	
ABOVE. THE FORM 5713 IS PREPARED AND FILED SEPARATELY.	BUSINESS ACTIVITY AS A RESULT OF THE CHARITABLE ACTIVITY DESCRIBED	
ABOVE, THE FORM 5713 IS PREPARED AND FILED SEPARATELY.		
	ABOVE. THE FORM 5713 IS PREPARED AND FILED SEPARATELY.	
	×	

SCHEDULE (Form 990)

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

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

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

▶ Attach to Form 990.

Open to Public OMB No. 1545-0047 Inspection

Name of the organization

Department of the Treasury Internal Revenue Service **Employer identification number** 33_1025119

	PUBLIC INTEREST REGISTRY	33-1025119
Part	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	
O	criteria used to award the grants or assistance?	X

2 (h) Purpose of grant CONTRIBUTED CAPITAL or assistance GENERAL SUPPORT GENERAL SUPPORT 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 (g) Description of noncash assistance SECURITIES MARKETABLE (f) Method of valuation (book, FMV, appraisal, other) 42,475,037, FMV 0 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 492,384, (d) Amount of 30,500,000, 570,000 cash grant (c) IRC section (if applicable) 54-1650477 501(C)(3) 82-3285688 501(C)(3) 47-2514918 (p) EIN 1 (a) Name and address of organization 1775 WIEHLE AVE., SUITE 225 INTERNET SOCIETY FOUNDATION 1775 WIEHLE AVE., SUITE 201 SUITE 201 or government 1775 WIEHLE AVE., RESTON, VA 20190 RESTON, VA 20190 RESTON, VA 20190 INTERNET SOCIETY Part ENSET

HA

732101 11-01-17

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

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

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

Schedule I (Form 990) (2017)

33-1025119

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 noncash assistance
		¥			
8					
Part IV Supplemental Information. Provide the information required in		ne 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
PURSUANT TO ITS GOVERNING DOCUMENTS, PUBLIC INTEREST REGISTRY	ST REGISTRY	IS A TYPE I			
"SUPPORTING ORGANIZATION" DESCRIBED IN CODE SECTION	N 509(A)(3)	A)(3) AND OBLIGATED			
TO SUPPORT ITS SOLE MEMBER, THE INTERNET SOCIETY, A	A "PUBLIC CHARITY"	ARITY"			
DESCRIBED IN CODE SECTIONS 501(C)(3), 509(A)(1) AND 170(D 170(B)(1)(A)(VI)	A)(VI).			
PUBLIC INTEREST REGISTRY MAINTAINS BOOKS AND RECORDS TO		SUBSTANTIATE THE			
AMOUNT OF ITS GRANTS TO THE INTERNET SOCIETY TO SUPPORT	PPORT THE INTERNET	TERNET			
SOCIETY'S IMPORTANT AND SIGNIFICANT CHARITABLE MISSION	SION AND PURPOSES.	POSES.			

SCHEDULE J (Form 990)

Compensation Information

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

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

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.

990. Open to Public Inspection

Name of the organization

Department of the Treasury

PUBLIC INTEREST REGISTRY

Part I Questions Regarding Compensation

Employer identification number 33-1025119

OMB No. 1545-0047

		_		_
		0	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	3000		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		- 1	
	First-class or charter travel Housing allowance or residence for personal use	dice		11.38
	Travel for companions Payments for business use of personal residence	1000		11 30
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	(a, 12)	- 12"	200
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	100		Sign 1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		1000	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		- X.D	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х	
		SE IN	85 U	WINTER T
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			F
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	100		180
	establish compensation of the CEO/Executive Director, but explain in Part III.		- 1	
	X Compensation committee Written employment contract	1133	. * 1	N
	X Independent compensation consultant X Compensation survey or study	7,54		
	X Form 990 of other organizations X Approval by the board or compensation committee	10.00	3411	
		133		8118
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		- W	1-3
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		OCUIII)	
			**) _e ll	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	E 12	- W	la li li li
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	13/8	1.71	
	contingent on the revenues of:		(30)	
	The organization?	5a_	Х	
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.		-6	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		8" 18	
	contingent on the net earnings of:		171.00	
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.		- W	TEX.
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		XI 3	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	Le		7 (4)
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-	33	
	Description - 181 - 50 4050 0(10	_		

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

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of W-2 an	W-2 and/or 1099-MIS	Id/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(a)-(b)(a)	in column (5) reported as deferred on prior Form 990
(1) BRIAN CUTE	8	378,871.	31,950.	13,439.	40,500.	26,387.	491,147.	0
CHIEF EXECUTIVE OFFICER	: 🛢	0	0	0	0	0	0	0
(2) MARC SAITTA	2	301,502.	.660,03	21,709.	36,000.	26,329.	435,579.	0
CHIEF OPERATING OFFICER		0	0	0	0	0	0	.0
(3) ELIZABETH BEHSUDI	€	222,157.	33,775.	2,637.	38,785.	10,544.	307,898.	0
GENERAL COUNSEL	: 3	0	0	0	0	0	0	.0
(4) PAUL DIAZ	€	229,21	32,642.	2,436.	40,500.	26,032.	330,822.	0
VP POLICY	3	0	0	0	0.	0	0.	.0
(5) KATHY KING	€	205,221.	22,675.	2,593.	34,573.	10,304.	275,366.	0
VP FINANCE		0	0	0	0	0	0	.0
(6) BRIAN CIMBOLIC	€	186,091.	23,156.	2,098.	32,675.	26,386.	270,406.	.0
DEPUTY GENERAL COUNSEL		0	0	0	*0	0	.0	.0
(7) DAPHNE ARCHILLA	€	163,246.	13,050.	2,689.	26,848.	3,756.	209,589.	0
SR. DIR., REGISTRY SVCS & CUSTOMER O		0	0	0	0	0	.0	• 0
	€	157,962.	15,958.	720.	0	1,929,	176,569.	.0
SR. DIRECTOR, CHANNEL SERVICES		0	0	.0	0	0	.0	.0
(9) THOMAS CORREIA	€	105,587.	15,071.	50,230.	17,763.	7,537.	196,188.	.0
DIRECTOR, PRODUCT MANAGEMENT	: 8	0	*0	.0	*0	0	.0	.0
(10) ANTHONY CONNOR	ε	148,290.	16,680.	2,044.	25,977.	25,472.	218,463.	.0
DIRECTOR, MARKETING	E	.0	0.	.0	*0	*0	0.	.0
(11) DAVID STEWART	ε	0	0.	102,657.	*0	5,124.	107,781.	.0
FORMER VP, SALES & MRKT	E	0	0.	• 0	*0	.0	.0	.0
	ε							
	€							
	€							
	(E)							
	Ξ							
	(E)						00 0145	
	Ξ							
	▣							
	8							
75 Cb							Sched	Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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. THE FORMER VICE PRESIDENT OF SALES AND MARKETING, DAVE STEWART, RECEIVED A SPOT BONUSES PAID BASED ON AN EMPLOYEE'S POSITION LEVEL, PERFORMANCE AND SEVERANCE PAYMENT IN THE AMOUNT OF \$102,657. THIS AMOUNT IS INCLUDED IN THOMAS CORREIA, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$49,690. THIS AMOUNT IS INCLUDED IN THE FORMER DIRECTOR OF PRODUCT MANAGEMENT, COLUMN B(III), COLUMN B(III). FITNESS PROGRAM REIMBURSEMENTS. CEO ANNUAL BONUS PROGRAM SCHEDULE J. PART II, SCHEDULE J, PART II, PART I, LINE 1A: PART I, LINE 4A: PART I, LINE 5:

PROGRAM, THE ELIGIBILITY AND AMOUNT OF AN ANNUAL BONUS ALLOWABLE UNDER THE

PROGRAM IS BASED ON THE ACHIEVEMENT OF CERTAIN PERFORMANCE CRITERIA.

ANNUALLY, A POOL OF FUNDS IS ESTABLISHED TO SUPPORT THE CEO ANNUAL BONUS

Page 3

- O (FORTH SBO) ZOLL	Supplemental Information
The contract of the contract o	Part III S

	: _
	ğ
	nal
ı.	5
	≘
ľ	na
1	을
i	g
	м 2
	ä
١,	្ន
١	벞
	ă
	렱
ľ	횬
١	<u>e</u>
	턴
	ŏ
	3
ľ	<u>-</u>
i	Ξ
1	ď
,	ঠ
ŀ	2
	ď
	20
	뮵
ı	_
i	, 6b
	m.
ı,	Ď,
i	a,
ı	ŭ
	4
:	₽,
	ā,
	m m
ŀ	Ď,
	ส
٠	s la,
	lines 1a,
	 lines 1a,
	Part I, lines 1a,
	or Part I, lines 1a,
	d tor Part I, lines 1a,
	uired tor Part I, lines 1a,
	מחני
	s requir
	reduir
	riptions require
	ptions require
	scriptions require
	, or descriptions require
	escriptions require
	nation, or descriptions require
	ation, or descriptions require
	lanation, or descriptions require
	xplanation, or descriptions require
	in, explanation, or descriptions require
	ition, explanation, or descriptions require
	rmation, explanation, or descriptions require
	rmation, explanation, or descriptions require
	rmation, explanation, or descriptions require
	e the information, explanation, or descriptions require

OF
OARD
m
THE
D BY
IE CEO IS RECOMMENDED AND APPROVED I
PPRC
AND A
D AN
COMMENDED AND A
OMME
RECC
IS
CEO
- 1
DED
AWARD
SUNC
ANY B
.7

PART I, LINE 7:

DIRECTORS.

STAFF BONUS PROGRAMS

STAFF ARE ELIGIBLE FOR A SPOT BONUS AND ANNUAL BONUS PROGRAM AS FOLLOWS.

1. SPOT BONUS PROGRAM

ANNUALLY, A POOL OF FUNDS IS ESTABLISHED BY FUNCTIONAL DEPARTMENT FOR THE

SPOT BONUS PROGRAM, THE SPOT BONUS ALLOWABLE UNDER THE PROGRAM IS BASED ON

AN EMPLOYEE'S POSITION LEVEL AND PERFORMANCE.

2. ANNUAL BONUS PROGRAM

ANNUALLY, A POOL OF FUNDS IS ESTABLISHED BY INDIVIDUAL EMPLOYEE TO SUPPORT

THE ANNUAL BONUS PROGRAM, BONUSES ARE ESTABLISHED AS A POTENTIAL PERCENTAGE

OF BASE SALARY AND BASED ON AN EMPLOYEE'S POSITION LEVEL AND PERFORMANCE.

Schedule J (Form 990) 2017

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

2017
Open to Public

Open to Public Inspection

Name of the organization

PUBLIC INTEREST REGISTRY

Employer identification number 33-1025119

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PUBLIC INTEREST REGISTRY'S MISSION IS TO SUPPORT AND TO ASSIST ITS SOLE MEMBER, THE INTERNET SOCIETY, ACHIEVE ITS IMPORTANT AND SIGNIFICANT CHARITABLE MISSION, IN AMONG OTHER WAYS, BY OPERATING THE .ORG, ONG AND OTHER TOP LEVEL DOMAINS AS AN INTERNET INDUSTRY MODEL AND TO SERVE IN OTHER WAYS TO ENCOURAGE AND PROMOTE THE OPEN DEVELOPMENT. EVOLUTION AND USE OF THE INTERNET FOR THE BENEFIT OF ALL PEOPLE THROUGHOUT THE WORLD. FORM 990, PART I, LINE 6, ESTIMATE OF VOLUNTEERS PUBLIC INTEREST REGISTRY HAS VOLUNTEERS WHO ACT AS ADVISORY COUNCIL MEMBERS FOR THE ORGANIZATION. COMPOSED OF LEADERS FROM A BROAD SPECTRUM OF THE NONCOMMERCIAL ORGANIZATIONS AROUND THE WORLD, THE .ORG AND .NGO | OGN ADVISORY COUNCILS WERE CREATED TO ADVISE ON ISSUES INCLUDING PUBLIC POLICY, THE INTRODUCTION OF NEW SERVICES, AND NON-GOVERNMENTAL COMMUNITY ISSUES. THEIR PERSPECTIVES, REPRESENTING THE VOICE OF THE GLOBAL NONCOMMERCIAL COMMUNITY, PLAY A VITAL ROLE IN THE LONG-TERM SUCCESS OF PUBLIC INTEREST REGISTRY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PUBLIC INTEREST REGISTRY'S MISSION IS TO SUPPORT AND TO ASSIST ITS SOLE MEMBER, THE INTERNET SOCIETY, ACHIEVE ITS IMPORTANT AND SIGNIFICANT CHARITABLE MISSION, IN AMONG OTHER WAYS, BY OPERATING THE .ORG, ONG AND OTHER TOP LEVEL DOMAINS AS AN INTERNET INDUSTRY MODEL AND TO SERVE IN OTHER WAYS TO ENCOURAGE AND PROMOTE THE OPEN DEVELOPMENT

Employer identification number PUBLIC INTEREST REGISTRY 33-1025119 EVOLUTION, AND USE OF THE INTERNET FOR THE BENEFIT OF ALL PEOPLE THROUGHOUT THE WORLD. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN COLLABORATION WITH AND IN SUPPORT OF ITS SOLE MEMBER. THE INTERNET SOCIETY ("ISOC"), PUBLIC INTEREST REGISTRY'S PRIMARY ACTIVITY IS TO MAINTAIN AND OPERATE THE ORG DOMAIN REGISTRY AS THE EXEMPLARY TOP-LEVEL DOMAIN REGISTRY SERVICE, OPERATED IN THE PUBLIC (AS OPPOSED TO A COMMERCIAL) INTEREST AND RESPONSIVE TO THE ISSUES AND NEEDS OF THE EVER EXPANDING AND UNIQUE WORLDWIDE NON-COMMERCIAL/NON-PROFIT ORIENTED COMMUNITY. CONSISTENT WITH A FUNDAMENTAL OBJECTIVE OF ITS SOLE MEMBER. ISOC PUBLIC INTEREST REGISTRY MAINTAINS AND OPERATES THE .ORG TLD REGISTRY IN A FASHION THAT IS INTENDED AND DESIGNED TO SET THE QUALITY. EFFICIENCY AND PRIVACY STANDARDS FOR THE INTERNET DOMAIN INDUSTRY. PUBLIC INTEREST REGISTRY WORKS TO CREATE, DEVELOP, MODERNIZE AND OTHERWISE KEEP CURRENT ETHICAL, PRACTICAL AND TECHNICAL POLICIES, PROCEDURES AND PROTOCOLS REQUIRED TO MAINTAIN ITS OPERATIONAL "MODEL" FRESH, RELEVANT AND APPROPRIATE AS AN EXAMPLE FOR THE INTERNET INDUSTRY AS A WHOLE TO FOLLOW. MANAGING AND OPERATING THE .ORG REGISTRY CONSISTENT WITH AND SUPPORTIVE OF THE COMPANY'S AND ISOC'S RESPECTIVE MISSIONS AND IN STRICT COMPLIANCE WITH THE RULES AND REGULATIONS IMPOSED BY INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS ("ICANN") ALSO INCLUDES ACTIVELY WORKING WITH THE WORLDWIDE NON-COMMERCIAL/NON-PROFIT ORIENTED COMMUNITY TO DISCUSS AND RESOLVE CRITICAL AND IMPORTANT ISSUES RELATED TO INTERNET POLICIES AND PROCEDURES. TO ACHIEVE AND MAINTAIN ITS LEADERSHIP LEVELS OF INDUSTRY AWARENESS AND KNOWLEDGE, PUBLIC INTEREST REGISTRY HAS DEVELOPED AND MAINTAINS TWO ADVISORY COUNCILS COMPRISED OF KNOWLEDGEABLE INDUSTRY

WITH SIMILAR MEANING FOR USE IN REGIONS THAT SPEAK SPANISH, FRENCH,

ITALIAN, PORTUGUESE AND OTHER ROMANCE LANGUAGES). IN EACH OF THESE

THE INTERNET SOCIETY, WHICH IS CLASSIFIED AS A TAX-EXEMPT PUBLICLY

SUPPORTED CHARITABLE ORGANIZATION DESCRIBED IN CODE SECTION 501(C)(3).

Name of the organization PUBLIC INTEREST REGISTRY	Employer identification number 33-1025119
FORM 990, PART VI, SECTION A, LINE 7A:	
THE INTERNET SOCIETY APPOINTS THE MEMBERS OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE FOLLOWING DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO THE MEMBER'S	
APPROVAL:	
(1) AMENDMENT, REVOCATION OR REPEAL OF THE BYLAWS;	
(2) ENTERING INTO, AMENDING, TERMINATING, ASSIGNING, OR BRINGING ANY LEGAL	
ACTION WITH RESPECT TO, OR WAIVING ANY MATERIAL RIGHT UNDER, AND AGREEMENT	
OR CONTRACT WITH	
(I) THE INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS (ICANN) OR	
(II) AFILIAS LIMITED; AND	
(III) PAYMENT, CONTRIBUTION OR SUBVENTION OF ANY AMOUNT IN EXCESS OF	
\$50,000 TO ANY PERSON, ENTITY OR ORGANIZATION, CHARITABLE OR OTHERWISE,	
OTHER THAN IN CONNECTION WITH THE PURCHASE OF GOODS OR SERVICES RECEIVED BY	
THE CORPORATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE IRS FORM 990 IS PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTING	
FIRM, RSM LLP, WITH SUBSEQUENT REVIEW BY THE CHIEF EXECUTIVE OFFICER, VP OF	
FINANCE AND LEGAL COUNSEL. ONCE REVIEWED AND FINALIZED, THE FORM 990 IS	¥
PROVIDED TO EACH BOARD MEMBER FOR REVIEW. PRIOR TO FILING, THE FORM 990 IS	10
REVIEWED AT A BOARD MEETING AND FILED SUBSEQUENT TO THE RESOLUTION OF ANY	(c. 2)
COMMENTS OR QUESTIONS FROM THE BOARD.	i i
FORM 990, PART VI, SECTION B, LINE 12C:	
PUBLIC INTEREST REGISTRY'S CONFLICT OF INTEREST POLICY REQUIRES DISCLOSURE	

OFFICERS AND KEY EMPLOYEES AT A LEVEL THAT REPRESENTS THE FAIR MARKET VALUE

OF THAT INDIVIDUAL'S SERVICES, AND DOES NOT EXCEED SUCH FAIR MARKET VALUE,

TAKING INTO CONSIDERATION ALL FRINGE BENEFITS, AS WELL AS TOTAL CASH

COMPENSATION.

PUBLIC INTEREST REGISTRY HAS ESTABLISHED A COMPENSATION COMMITTEE COMPRISED

OF VARIOUS MEMBERS OF ITS BOARD OF DIRECTORS. EVERY OTHER YEAR, PUBLIC

INTEREST REGISTRY ENGAGES AN OUTSIDE COMPENSATION CONSULTANT TO ANALYZE

COMPARABLE DATA RELATING TO THE COMPENSATION OF ITS CEO, AS WELL AS ITS

OTHER OFFICERS AND KEY EMPLOYEES.

Name of the organization PUBLIC INTEREST REGISTRY	Employer identification number 33-1025119
WITH REGARD TO THE CEO, THE COMPENSATION CONSULTANT USES A COMPARATIVE	
SURVEY IN THE WASHINGTON, DC METRO AREA, LOOKING AT A MIX OF INDUSTRIES AND	
SIZES OF ORGANIZATIONS, BOTH NON-PROFIT AND FOR-PROFIT. THE CONSULTANT	
ANALYZES THE COMPENSATION RECEIVED BY SIMILARLY QUALIFIED INDIVIDUALS	
HOLDING COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. THE COMPENSATION	
COMMITTEE REVIEWS AND ANALYZES THE CONSULTANT'S REPORT AND OTHER	
INDEPENDENT RESEARCH AND MAKES ITS RECOMMENDATION TO THE BOARD OF DIRECTORS	
BASED ON THOSE FINDINGS. AFTER DETAILED DISCUSSION AND DELIBERATION AMONG	
BOARD MEMBERS, THE RECOMMENDATION IS VOTED UPON, ACCEPTED BY THE FULL BOARD	
AND CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE BOARD MEETING.	
DURING 2017, COMPENSATION FOR THE CEO WAS BASED ON THE 2015 COMPENSATION	
STUDY WHILE ALSO TAKING INTO CONSIDERATION THE IMPACT OF INFLATION AND	
COMPENSATION ADJUSTMENTS FOR 2016 AND 2017 BASED UPON FORMAL DATA SOURCES	
AVAILABLE FOR LIKE ORGANIZATIONS IN THE WASHINGTON, DC METRO AREA.	
SIMILARLY, THE CEO PARTICIPATES IN THE PROCESS OF SETTING THE COMPENSATION	
OF THE OTHER OFFICERS AND KEY EMPLOYEES, BUT NOT HIS OWN COMPENSATION. THE	
CEO REVIEWS AND ANALYZES THE CONSULTANT'S REPORT AND OTHER INDEPENDENT	
RESEARCH AND APPROVES APPLICABLE COMPENSATION ADJUSTMENTS FOR CERTAIN	
OFFICERS AND KEY EMPLOYEES. DURING 2017, COMPENSATION FOR THE OTHER	
OFFICERS AND KEY EMPLOYEES WAS BASED ON THE 2015 STUDY WHILE ALSO TAKING	
INTO CONSIDERATION THE IMPACT OF INFLATION AND COMPENSATION ADJUSTMENTS FOR	
2016 AND 2017 BASED UPON FORMAL DATA SOURCES AVAILABLE FOR LIKE	
ORGANIZATIONS IN THE WASHINGTON, DC METRO AREA.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE 990 IS MADE AVAILABLE TO GUIDESTAR AND FREELY AVAILABLE ON ITS WEBSITE.	
IN ADDITION, PUBLIC INTEREST REGISTRY MAKES ITS 990 RETURN AVAILABLE TO THE	

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page 2 Employer identification number
PUBLIC INTEREST REGISTRY	33-1025119
GENERAL PUBLIC UPON REQUEST.	
	ii ii
FORM 990, PART I, PART VI AND PART VII, BOARD MEMBERSHIP:	
A TOTAL OF EIGHT PERSONS SERVED ON THE BOARD OF DIRECTORS DURING THE	
CALENDAR YEAR, WHICH ARE IDENTIFIED IN PART VII OF FORM 990. AS OF	
DECEMBER 31ST, 2017 THERE WERE A TOTAL OF SIX VOTING BOARD MEMBERS	
SERVING THE ORGANIZATION AS DISCLOSED IN PART VI, LINE 1A AND PART I,	
LINE 3.	
BINE 5.	
FORM 990, PART VII, SECTION B, INDEPENDENT CONTRACTOR	· · · · · · · · · · · · · · · · · · ·
AFILIAS LTD. (AFILIAS) PROVIDES REGISTRY TECHNICAL SERVICES TO PUBLIC	
INTEREST REGISTRY INCLUDING ELECTRONIC CONNECTION TO CUSTOMERS	
(REGISTRARS), TO ADD, MODIFY OR DELETE DOMAIN NAMES WITHIN THE .ORG,	.d
NGO, ONG AND IDN DATABASES. THESE SERVICES INCLUDE 24/7, 365 DAYS A	
YEAR, TECHNICAL SUPPORT TO REGISTRARS, DEVELOPMENT OF REGISTRY COMPUTER	
SOFTWARE SYSTEMS INCLUDING CUSTOMER BILLING, AND REVENUE RECOGNITION IN	
ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, (GAAP).	
IN ADDITION, AFILIAS PROVIDES TECHNICAL SUPPORT IN IMPLEMENTING PUBLIC	
INTEREST REGISTRY'S DOMAIN NAME ABUSE POLICIES DESIGNED TO STOP OR	
REDUCE MALWARE, VIRUS OR OTHER ACTIVITIES. AFILIAS ALSO COLLABORATES	*
·	
WITH PUBLIC INTEREST REGISTRY ON THE ANALYSIS AND DISCUSSION OF	
CUSTOMER AND BUSINESS TRENDS BOTH DOMESTICALLY AND INTERNATIONALLY.	**
	— III — 3.— III — 3.— — II
FORM 990, PART I, LINE 22, NET ASSETS	

AS OF DECEMBER 31, 2017, PUBLIC INTEREST REGISTRY HAD A NET ASSET

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization PUBLIC INTEREST REGISTRY	Employer identification number 33-1025119
DEFICIENCY OF \$ \$29,983,738, RESULTING FROM AN ADDITIONAL CONTRIBUTION	to 12-3
TO ITS PARENT COMPANY, THE INTERNET SOCIETY, IN THE AMOUNT OF	
\$42,967,421. PIR'S BOARD AND MANAGEMENT ARE SATISFIED THAT THE	
ORGANIZATION IS ABLE TO MEET ITS WORKING CAPITAL REQUIREMENTS THROUGH	
THE NORMAL CYCLICAL NATURE OF RECEIPTS AND PAYMENTS AND MAINTAINS	·
RESERVES FOR SHORT-TERM BUSINESS INTERRUPTIONS AND BUSINESS DEVELOPMENT	1 1
OF \$7,300,000 AND \$2,000,000, RESPECTIVELY. PIR EXPECTS TO REGULARLY	
CONTRIBUTE ITS CASH SURPLUS TO THE INTERNET SOCIETY, YIELDING AN	
ONGOING NEGATIVE NET ASSET POSITION. PIR'S BOARD AND MANAGEMENT	
REGULARLY MONITOR FINANCIAL PERFORMANCE AND WILL CONSIDER APPROPRIATE	
CONTRIBUTION ADJUSTMENTS TO ENSURE THE FISCAL HEALTH OF THE	
ORGANIZATIONS.	
·	
FORM 990, PART XII, LINE 2B	
PUBLIC INTEREST REGISTRY ISSUES AUDITED FINANCIAL STATEMENTS ON	
CONSOLIDATED BASIS WITH ITS RELATED ORGANIZATION ENSET, A NON-PROFIT	
CORPORATION. ADDITIONALLY, PUBLIC INTEREST REGISTRY'S FINANCIAL RESULTS	
ARE INCLUDED IN A CONSOLIDATED AUDITED FINANCIAL STATEMENT REPORT	
ISSUED BY THE INTERNET SOCIETY, PUBLIC INTEREST REGISTRY'S SOLE MEMBER.	
	17

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2017

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization

Part

Department of the Treasury Internal Revenue Service

PUBLIC INTEREST REGISTRY

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

Employer identification number 33-1025119

Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets **e** Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

THE INTERNET THE INTERNET SOCIETY SOCIETY 501(c)(3)) LINE 12A, LINE 7 DISTRICT OF COLUMBIA 501(C)(3) DISTRICT OF COLUMBIA 501(C)(3) SINGAPORE CHARITABLE CHARITABLE EDUCATION 9 TEMASEK BOULEVARD #09-01 SUNTEC TOWER TWO INTERNET SOCIETY FOUNDATION - 82-3285688 THE INTERNET SOCIETY - 54-1650477 INTERNET SOCIETY ASIA LIMITED 1775 WIEHLE AVE., SUITE 201 1775 WIEHLE AVE. SUITE 201 20190 20190 RESTON, VA RESTON VA SINGAFORE

(g) Section 512(b)(13)

controlled

Direct controlling

entity

status (if section Public charity

Exempt Code

Legal domicile (state or

Primary activity 9

> Name, address, and EIN of related organization

foreign country)

Ð

section

entity?

No

Yes

×

×

×

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

Schedule R (Form 990) 2017

33-1025119

Schedule R (Form 990) 2017 PUBLIC INTEREST REGISTRY

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

(K)	General or Percentage managing ownership											re related
9	General or managing partner?	Yes No										e or mo
(2)	Code V-UBI amount in box	K-1 (Form 1065)										, because it had or
Ξ	Disproportionate allocations?	Yes No										rt IV, line 34,
(6)	Share of end-of-year											" on Form 990, Pa
£	Share of total income											on answered "Yes'
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								54		mplete if the organization
<u>(</u>	Direct controlling entity											ration or Trust. Col
(၁)	Legal domicile (state or foreign	country)										s a Corpo
(p)	Primary activity											anizations Taxable a
(a)	Name, address, and EIN of related organization								0 20			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

Part IV organizations treated as a corporation or trust during the tax year.

organizations heared as a corporation of trust culting the tax year.	dillig the tay year.								
(a)	(q)	(0)	(p)	(e)	(J)	(6)	(h)	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage	512(b)(13) cantrolled entity?	(13) No.
ENSET - 47-2514918			PUBLIC						
1775 WIEHLE AVE., SUITE 225			INTEREST						
RESTON, VA 20190	REGISTRAR	PA	REGISTRY	C CORP	61,521.	12,369.	100%	×	
									ï

Schedule R (Form 990) 2017

1. 35b. or 36.	
Part IV. line 34.	
on Form 990.	
lete if the organization answered "Yes"	
ctions With Related Organizations. Comp	
Part V Transa	

Note: Complete line 1 if any contity is listed in Dotte II III as IV of this calcula				ľ	-	1
Note: Complete find the first of a late of a late of any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed i	in Parts II-IV?		Yes	2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			1a		×
b Gift, grant, or capital contribution to related organization(s)				1b	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				1d		×
				1e		×
						70
f Dividends from related organization(s)	**************************************			1t		×
g Sale of assets to related organization(s)				1g		Þ¢
h Purchase of assets from related organization(s)				1h		×
i Exchange of assets with related organization(s)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2	***************************************	1i		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
k Lease of facilities, equipment, or other assets from related organization(s)		***************************************		¥	×	
1 Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			T.	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)		100000000000000000000000000000000000000	ᄩ		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1h	×	
o Sharing of paid employees with related organization(s)	***************************************			10		×
21						
p Reimbursement paid to related organization(s) for expenses				1p	×	М
q Reimbursement paid by related organization(s) for expenses				19	×	- 1
					30 30 10	2
 r Other transfer of cash or property to related organization(s) 				-	1	×
s Other transfer of cash or property from related organization(s)		***************************************		1s		×
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.	ho must complete thi	s line, including covered r	elationships and transaction thresholds.			- 1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) ENSET	В	570,000, FMV	EMV			
(2) ENSET	L	27,979.	ARA			
(3) ENSET	ō	560*	МЯ			
(4)						
(9)					(
(9)		0				
732163 09-11-17			Schedule R (Form 990) 2017	(Form	990) 2	[5]

33-1025119

Schedule R (Form 990) 2017 PUBLIC INTEREST REGISTRY

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.

(h) (i) (j) (k) Disproportional propertional propertional amount in box 20 all partners of Schedule K-1 partners of Schedule K-1 partners of Form 1065) Code V-UBI (General or Percentage (Management) (Man					
Code V-UBI amount in box of Schedule K- (Form 1065)					
(h) Disproportionate allocations?		30			
(g) Share of end-of-year assets					
(f) Share of total income					
Are all partners sec. 501(c)(3) orgs.?		-	3411		
-					
(c) Legal domicile (state or foreign country)			,		
(b) Primary activity					
(a) (b) (c) (c) Eagal domicile (related, unrelated, of entity of entity (state or foreign country) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f					

Schedule F	(Form 990) 2017	PUBLIC INTEREST REGISTRY	33-1025119	Page 5
Part VII	(Form 990) 2017 Supplemental Infor	mation.		
	Provide additional inform	ation for responses to questions on Schedule R. See instructions.		
-				
			*	
		=======================================		
				
			Ti-	
		a)		

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

990

OMB No. 1545-0172

Attachment Sequence No. 179

Identifying number

Publ	ic Interest Registry		FORM	990 PAGE 10)		33-1025119
Par	t I Election To Expense Certain Prope	erty Under Section 17	9 Note: If you have any li	sted property, c	omplete Part	V before yo	ou complete Part I.
1 N	1aximum amount (see instructions)					1	510,000.
	otal cost of section 179 property place						
	hreshold cost of section 179 propert						2,030,000
	eduction in limitation. Subtract line 3		27-400-00-00-00-00-00-00-00-00-00-00-00-00			SS: 4	
			-1-55/010-1111		han sharin birnesi birnesi da		
	ollar limitation for tax year. Subtract line 4 from lin (a) Description of p)-, If married filing separately, sea (b) Cost (busing		(c) Elected of	***	
6	(a) Description of p	3031					
_							
	isted property. Enter the amount fror otal elected cost of section 179 prop	***************************************	in column (a) lines 6 and				
						.555	
	entative deduction. Enter the smalle						
	arryover of disallowed deduction from						
	usiness income limitation. Enter the				** - * * * * * * * * * * * * * * * * *		- i
	ection 179 expense deduction. Add				******	12	
	arryover of disallowed deduction to 2			13			
100	Don't use Part II or Part III below for	r listed property. Ins	stead, use Part V.				
Par	t II Special Depreciation Allow	ance and Other De	epreciation (Don't includ	le listed property	/.)		
14 S	pecial depreciation allowance for qua	alified property (oth	er than listed property) pl	aced in service o	during		
th	ne tax year					. 14	
	roperty subject to section 168(f)(1) el						
16 O	ther depreciation (including ACRS)					16	710,495.
Par	The state of the s						
	110 00 00 00 00 00 00 00 00 00 00 00 00	10.55	Section A				
17 N	ACRS deductions for assets placed	in service in tay ve	ars beginning before 2017	7		17	
	·	•	•	13414014110011411		ii liid	
10 11	you are electing to group any assets placed in ser		e During 2017 Tax Year		ral Depresia	tion System	m
	Section B - Asset	(b) Month and	(c) Basis for depreciation		ai Depiecia	lion System	111
	(a) Classification of property	year placed in service	(business/irivestment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
C	7-year property						
d	10-year property			77			
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
	20 your property	/		27.5 yrs.	ММ	S/L	
h	Residential rental property	,	<u> </u>		MM	S/L	
				27.5 yrs.	-	1	- 107 - 10 - 10 - 10 - 10 - 10 - 10 - 10
i Nonresidential real property		/		39 yrs.	MM	S/L	
			D t 0047 T V II		MM .:	S/L	
		Placed in Service	During 2017 Tax Year U	sing the Alterna	tive Depreci		em
20a	Class life				L	S/L	
b	12-year			12 yrs.		S/L	
С	40-year			40 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)				W-34		
21 Li	isted property. Enter amount from lin	ne 28		****************		21	
	otal. Add amounts from line 12, lines		es 19 and 20 in column (c), and line 21.			
	nter here and on the appropriate line	-			districtive occursions	22	710,495.
	or assets shown above and placed in	•				0.107	
	ortion of the basis attributable to sec		, ,	23			
	The second secon						

Note For any weblick for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a 00 you have evidence to support the business/investment use claimed? Yes No 24b if "Yes," is the evidence written? Yes No 24b if "Yes No 24b if "Yes," is the evidence written? Yes No 24b if "Yes," is the evidence written? Yes No 24b if "Yes," is the evidence written? Yes No Yes No Yes Yes No Yes	Part V Listed Proper		mobiles cer			les cert	ain aircr	aft cel	rtain comr	nuters ar	nd prope		102511		Page 2
Section A - Depreciation and Other Information (Cardions: Sea the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If Yes, is the evidence written? Yes No 24b If Yes No 24b	recreation, or	amusement.)													
Section A - Depreciation and Other Information (Gaution: See the instructions for limits for passenger automobiles.) 24a Do you have decime to suppare the business/frestreated use claime? (a) (b) (c) (c) (c) (c) (d) (d) (d) (e) (e	Note: For any	vehicle for which	h you are us	ing the	standar Section (d mileag	je rate o icable	r dedu	cting lease	e expens	e, comp	lete on	ly 24a, 2	24b, colu	ımns
24a Do you have evidence to support the business/investment use claimed? Yes No 24b if "Yes, its the ovidence written?" Yes No Ye								nstruc	tions for li	mits for t	assena	er auton	nobiles.)	ķ	
(b) (b) (c) (d) (c) (d) (c) (d) (e) (d) (e) (d) (e) (d) (e) (e) (d) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	The second secon	THE STATE OF THE S	or or market and the second					1						-	No
Type of frogerty [filst whicks first] page of page of the state of the	(a) (b) (c) Type of property (list vehicles first) placed in investment							-1		1				Y	
Convertion deduction described in service assist percentage other basis are entitled to service and the description of the service during the tax year and used more than 50% in a qualified business use: 25 Special disprociation allowance for qualified business use: 26 Property used more than 50% in a qualified business use: 36												Depre	ciation		
28 Special depreciation allowance for qualified tisted property placed in service during the tax year and used more than 50% in a qualified business use: 28 Property used more than 50% in a qualified business use: 29 Property used 50% or less in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (n), line 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (n), line 26 Enter here and on line 21, page 1 29 Add amounts in column (n), line 26. Enter here and on line 7, page 1 29 Section 8 - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% cowner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles to your dentification of the year (den't include commuting miles) 30 Total business/investment miles driven during the year 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven during the year 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle used primarily by a more than 5% owner or related person? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use during fift duty hours? 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your used to the vehicle and personal to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 40 Do you provide more than twe vehicles to your employees of the insertation to received? 41 Do you provide more than twe vehicles to your employees of the insertation use? 42 Do you provide more than twe vehicles to your e				e ot	her basis	, , ,			period	Conv	ention	dedu	uction		
27 Property used more than 50% in a qualified business use:	25 Special depreciation all	lowance for qual	lified listed p	roperty	placed	in servic	e during	the ta	x year and	d .					
27 Property used more than 50% in a qualified business use:	used more than 50% in	a qualified busi	ness use						***********		25				
Section Sect											-				
Sylin Syli		18 81	%										ì		
Property used 50% or less in a qualified business use:		\$ # 8F	%												
## St. St.	11-11	1 3 3	%											15	
Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (4en't include commuting miles) 31 Total commuting miles driven during the year. Add lines 30 through 32 32 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32 33 Was the vehicle used primarily by a more than 5% owner or related person? 35 Was the vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 90 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 90 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 90 Do you maintain	27 Property used 50% or l	ess in a qualified	d business us	se:											
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle V			%							S/L·				1300	1/1/
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (h), lines 25. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle Vehicl		11 11	%												
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Total business/investment miles driven during the year (don't include commuting miles) (a) (b) (c) (d) (e) (f) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) (a) (b) (c) (d) (e) (f) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles driven during they are year (and the presonal (noncommuting) miles driven (a) Total other personal (noncommuting) miles driven during the year (and the presonal (noncommuting) miles driven (b) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicles vehicle veh			%							S/L -				7	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Total business/investment miles driven during the year (don't include commuting miles) (a) (b) (c) (d) (e) (f) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) (a) (b) (c) (d) (e) (f) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles driven during they are year (and the presonal (noncommuting) miles driven (a) Total other personal (noncommuting) miles driven during the year (and the presonal (noncommuting) miles driven (b) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicles vehicle veh	28 Add amounts in column	n (h), lines 25 thr	ough 27. En	ter here	and on	line 21,	page 1	30 K + 10 C + 10 C			28				
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) (f) (e) Vehicle Vehic												****	29		
to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a)															
(a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 22 Total other personal (noncommuting) miles driven during the year 33 Total other personal (noncommuting) miles driven during the year 34 Was they hicle available for personal use during off-duty hours? 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (f) Amortization period preceduje Amortization period	Complete this section for ve	ehicles used by	a sole propri	etor, pa	ırtner, o	r other "i	more tha	an 5%	owner," o	r related	person.	If you pr	ovided '	vehicles	
Total business/investment miles driven during the year (don't include commuting miles) 1 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven during the year. 33 Total miles driven during the year. 44 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? 45 Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. 42 Part VI Amortization 43 Pehicle 44 Vehicle 45 Vehicle 46 Vehicle 46 Vehicle 46 Vehicle 47 Vehicle 48 No Yes	to your employees, first ans	swer the questic	ns in Sectior	C to s	ee if you	ı meet a	n excep	tion to	completin	ng this se	ction fo	r those \	ehicles.		
Total business/investment miles driven during the year (don't include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven during the year. Total miles driven during the year. Add lines 30 through 32. Was the vehicle available for personal use during off-duty hours? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees. Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. To you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Bo you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization Code Amortization for this year.															
year (don't include commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total other personal (noncommuting) miles driven 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use during off-duty hours? 36 Is another vehicle available for personal use use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (c) (d) (d) (e) Amortization perioding periodi				(6	a)	(b)		(c)	(0	(d)		e)	(f)	
31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles to your employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) (f) (finity or more double of the specific public directingle for this year for this year for the paid of pretresting.	30 Total business/investment	miles driven durir	ng the	Veh	icle	Vel	nicle	\\V	/ehicle	Veh	icle	Vel	nicle	Veh	nicle
Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (c) (d) (c) (d) (e) (c) (d) Amortization period or percetage (c) percetage (c) for the year of the yea	year (don't include commi	uting miles)													
driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) Description of coats Date minitation a month amount and protection period of peccalage and retain the profits and protection period of peccalage and retain the profits and period of peccalage and	31 Total commuting miles	driven during th	e year												
Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) Description of coats (b) Resident Amortization Amortization or period precentage and Amortization or for this year.	32 Total other personal (no	oncommuting) m	niles												
Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (c) (d) (e) (f) Amortization puriod of petchiage for this year.	driven	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,													
34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employeas, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) Date immitization Amortizable and Code Amortization period or percentage Amortization for this year.	33 Total miles driven durin	g the year.													
during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization Code (d) (e) (f) (f) (f) (g) (f) (g) (f) (Add lines 30 through 37	2													
35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of, vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	34 Was the vehicle availab	ole for personal ι	use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
than 5% owner or related person? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who owners or related persons. 7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 8 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 9 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) Description of coats (b) Date simulation period or percentage Amortization period or percentage Amortization for this year	during off-duty hours?	(10.1.1010.10													
Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) (f) Amortization For this year	·	, ,								1					
Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (b) Code Amortization Period or percentage Amortization Period or percentage	than 5% owner or relate	ed person?				-									
Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) Amortization period or percentage Amortization for this year	36 Is another vehicle availa	able for persona	·		P .										ì
Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) Amortization period or percentage Amortization for this year	use?					J		L							
owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) Amortization period or percentage Amortization for this year					_										
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) Amortization period or percentage Amortization for this year	·	determine if you	meet an exc	ception	to com	pleting S	Section E	3 for ve	hicles use	ed by em	ployees	who a	r en't mo	re than	5%
employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) Date imprization begins Amortizable amount (c) Amortizable amount Code Amortization period or percentage Amortization for this year															
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) Date #mortizable amount Section Period or percentage Amortization period or percentage Amortization for this year	•		•						-	•	by your			Yes	No
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) Date #mortizable amount (c) Amortizable amount Code Amortization period or percentage Amortization for this year												********		-	-
39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) (f) Amortization Date amortization begins Amortizable amount Code section Amortization period or percentage Amortization for this year Code section Code section Code Code section Code	•		•	•							ur			1	
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) Date #mortization begins (c) Amortizable Code Amortization period or percentage Amortization for this year	. ,			,		ficers, di	rectors,	or 1%	or more o	wners					-
the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) (f) Amortization Description of costs Amortization begins Amortizable amount Section Amortization period or percentage	,													-	-
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) Date imprilization begins (c) Amortizable amount Code Amortization period or percentage Amortization for this year															1
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a)															
Part VI Amortization (a) Description of costs (b) Date amortization begins (c) Amortizable amount Code Section Date amortization period or percentage Amortization period or percentage Amortization for this year															
(a) (b) (c) (d) (e) (f) Description of costs Date amortization begins Amortizable amount section period or percentage for this year		37, 38, 39, 40,	or 41 is "Yes	," don't	comple	rte Secti	on B for	the co	vered veh	icles.				11/1/15	STATION !
Description of costs Date amortization begins Amortization section period or percentage for this year				(le.)		(-)			(al)		(-)			(6)	
ported of participation 2			amortization Amortizable Code				3	Amortization		Amortization					
42 Amortization of costs that begins during your 2017 tax year:									section				fo	or this year	
	42 Amortization of costs th	nat begins during	g your 2017	lax yea	r:									-	
								-							
				- 1 -								10			1 605
							******								1,605. 1,605.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 33-1025119 PUBLIC INTEREST REGISTRY File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 1775 WIEHLE AVENUE, NO. 100 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. RESTON, VA 20190 0 1 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Return Application Code Is For Code Is For Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 04 Form 5227 10 Form 990-PF Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 06 Form 8870 12 Form 990-T (trust other than above) KATHY KING The books are in the care of 1775 WIEHLE AVENUE, NO. 100 - RESTON, VA 20190 Telephone No. (703) 889-5778 Fax No. > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and EINs of all members the extension is for NOVEMBER 15, 2018 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ➤ X calendar year 2017 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

nonrefundable credits. See instructions.

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

Form 8868 (Rev. 1-2017)

За

3b

0.

0.

0.