



**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE AMERICAN REGISTRY FOR INTERNET NUMBERS, LTD (ARIN) WAS ESTABLISHED FOR THE PURPOSE OF ADMINISTRATION AND REGISTRATION OF INTERNET PROTOCOL (IP) RESOURCES SEE SCHEDULE O ARIN PROMOTES THE COMMON BUSINESS INTERESTS OF ITS MEMBERS BY OVERSEEING THE INTERNET PROTOCOL RESOURCE REGISTRATION PROCESS SO AS TO PROMOTE MORE EFFICIENT USE OF THE INTERNET BY ITS MEMBERS AND OTHER INTERESTED USERS AND THEREBY PROMOTE THE EFFICIENCY OF THE BUSINESS OPERATIONS OF EACH

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ►

**Part IV Checklist of Required Schedules**

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

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	23	
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	89
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	No
<b>b</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>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	No
<b>b</b>	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b	
<b>c</b>	Enter the amount of reserves on hand . . . . .	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	

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

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 8		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 7		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		No
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed▶	
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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.	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records. ▶NATE DAVIS COO PO BOX 232290 CENTREVILLE,VA 20120 (703) 227-9840	

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL ANDERSEN CHAIRMAN OF THE BOARD	5 00	X		X				0	0	0
(2) BILL WOODCOCK VICE CHAIRMAN APRIL-DEC 2017	2 00	X						0	0	0
(3) BILL SANDIFORD TREASURER	5 00	X		X				0	0	0
(4) TIMOTHY DENTON SECRETARY JAN-AUG 2017	2 00	X		X				0	0	0
(5) PATRICK GILMORE BOARD MEMBER	2 00	X						0	0	0
(6) AARON HUGHES BOARD MEMBER	2 00	X						0	0	0
(7) MERIKA KAE0 BOARD MEMBER	2 00	X						0	0	0
(8) JOHN CURRAN CEO AND PRESIDENT	40 00	X		X				637,726	0	86,806
(9) NATE DAVIS COO	40 00			X				368,366	0	83,644
(10) MARK KOSTERS CTO	40 00				X			265,030	0	66,307
(11) JOHN SWEETING SR. DIRECTOR, RSD	40 00				X			258,735	0	47,978
(12) RICHARD JIMMERSON CIO	40 00				X			247,471	0	68,522
(13) CATHY HANDLEY EXEC. DIR. OF GOVT AND PUB	40 00				X			220,253	0	41,750
(14) SUSAN HAMLIN DIRECTOR, CMSD	40 00				X			209,657	0	52,333
(15) ANDREW NEWTON CHIEF ENGINEER	40 00				X			208,501	0	32,528
(16) MICHAEL ABEJUELA ASSOCIATE GENERAL COUNSEL	40 00				X			193,182	0	37,474
(17) VALORIE WINKELMAN DIRECTOR, FSD	40 00				X			190,713	0	50,310

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERIN ALLIGOOD DIRECTOR, HR & ADMIN	40 00				X			183,302	0	54,686
(19) MATTHEW ROWLEY INFRASTRUCTURE MANAGER	40 00				X			181,524	0	57,644
(20) LESLIE DANIELLO NOBILE SR DIR OF GLOBAL REGISTRY	40 00					X		197,971	0	57,025
(21) PETER TOSCANO NETWORK OPERATIONS MANAGER	40 00					X		184,030	0	45,328
(22) GARTH DUBIN TECHNICAL MANAGER	40 00					X		172,050	0	56,179
(23) JASDIP SINGH SENIOR SOFTWARE ENGINEER	40 00					X		163,429	0	23,096
(24) EDWARD MACDONALD SENIOR SOFTWARE ENGINEER	40 00					X		159,826	0	34,437
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								4,041,766	0	896,047

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 45**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCDERMOTT WILL & EMERY LLP 500 NORTH CAPITOL ST NW WASHINGTON, DC 20001	LEGAL/CONSULTING SERVICE	408,206
VIRIDION LLC 304 INDIAN TRACE SUITE 888 WESTON, FL 33326	CARIBBEAN OUTREACH LIAISON	102,231

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

**Part VIII** **Statement of Revenue**

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

Contributions, Gifts, Grants  
and Other Similar Amounts

<b>1a</b> Federated campaigns . . .	<b>1a</b>	
<b>b</b> Membership dues . . .	<b>1b</b>	
<b>c</b> Fundraising events . . .	<b>1c</b>	
<b>d</b> Related organizations	<b>1d</b>	
<b>e</b> Government grants (contributions)	<b>1e</b>	
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	
<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		
<b>h Total.</b> Add lines 1a-1f . . . . . ▶		

Program Service Revenue

	Business Code				
<b>2a</b> REGISTRATION SERVICES	900099	14,343,917	14,343,917		
<b>b</b> MAINTENANCE FEES	900099	2,513,925	2,513,925		
<b>c</b> NETWORK TRANSFERS	900099	355,600	355,600		
<b>d</b> IP END-USER REGISTRATI	900099	157,000	157,000		
<b>e</b> SPONSORSHIPS	900099	30,000	30,000		
<b>f</b> All other program service revenue		30,536	30,536		
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		17,430,978			

Other Revenue

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		825,880			825,880
<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
<b>5</b> Royalties . . . . . ▶					
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . . ▶					
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses	4,584,069				
<b>c</b> Gain or (loss)	5,407,506				
<b>d</b> Net gain or (loss) . . . . . ▶	-823,437				-823,437
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . ▶					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . ▶					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b>					
<b>b</b> Less cost of goods sold . . . <b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue	Business Code				
<b>11a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▶					
<b>12 Total revenue.</b> See Instructions . . . . . ▶		17,433,421	17,430,978	0	2,443

**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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	60,000			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	202,409			
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	3,844,442			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	5,141,587			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	953,747			
<b>9</b> Other employee benefits.	952,102			
<b>10</b> Payroll taxes.	678,604			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	439,266			
<b>c</b> Accounting.	42,609			
<b>d</b> Lobbying.	97,344			
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	131,202			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	374,483			
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.	684,013			
<b>14</b> Information technology.	914,377			
<b>15</b> Royalties.				
<b>16</b> Occupancy.	571,362			
<b>17</b> Travel.	684,287			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	1,306,047			
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	3,435,677			
<b>23</b> Insurance.				
<b>24</b> Other expenses. Itemize expenses not covered 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):				
<b>a</b> INTERNET/COMMUNICATIONS	595,521			
<b>b</b> OUTREACH EXPENSES	109,263			
<b>c</b> NRO EXPENSES	84,613			
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	21,302,955			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		350	<b>1</b>	350
	<b>2</b>	Savings and temporary cash investments . . . . .		795,172	<b>2</b>	1,553,130
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		366,309	<b>4</b>	371,850
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		809,057	<b>9</b>	751,900
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	26,642,154		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	16,659,765		
				9,689,833	<b>10c</b>	9,982,389
	<b>11</b>	Investments—publicly traded securities . . . . .		30,277,766	<b>11</b>	29,569,179
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		720,475	<b>15</b>	607,197	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		42,658,962	<b>16</b>	42,835,995	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		2,172,075	<b>17</b>	1,654,932
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		6,692,871	<b>19</b>	7,226,101
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		2,516,872	<b>25</b>	2,671,871
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		11,381,818	<b>26</b>	11,552,904
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		31,277,144	<b>27</b>	31,283,091
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>	
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		31,277,144	<b>33</b>	31,283,091	
<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		42,658,962	<b>34</b>	42,835,995	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,433,421
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,302,955
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-3,869,534
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	31,277,144
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,875,481
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	31,283,091

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 54-1860956  
**Name:** AMERICAN REGISTRY FOR INTERNET NUMBERS LTD

Form 990 (2017)

**Form 990, Part III, Line 4a:**

ESTABLISHED IN DECEMBER 1997, THE AMERICAN REGISTRY FOR INTERNET NUMBERS (ARIN) IS A REGIONAL INTERNET REGISTRY (RIR) INCORPORATED IN THE COMMONWEALTH OF VIRGINIA, USA ARIN, A NONPROFIT ORGANIZATION, PROVIDES SERVICES RELATED TO THE TECHNICAL COORDINATION AND MANAGEMENT OF INTERNET NUMBER RESOURCES IN ITS RESPECTIVE SERVICE REGION STAKEHOLDERS IN THE COMMUNITY DRIVE POLICIES AND ACTIVITIES ARIN PROMOTES THE COMMON BUSINESS INTERESTS OF ITS MEMBERS BY OVERSEEING THE INTERNET PROTOCOL (IP) ADDRESS REGISTRATION PROCESS SO AS TO PROMOTE MORE EFFICIENT USE OF THE INTERNET BY ITS MEMBERS AND OTHER INTERESTED USERS AND THEREBY PROMOTE THE EFFICIENCY OF THE BUSINESS OPERATIONS OF EACH

**Form 990, Part III, Line 4b:**

REGISTRATION SERVICES INCLUDES COORDINATION AND MANAGEMENT OF IP ADDRESS SPACE AND ASN ALLOCATIONS AND ASSIGNMENTS, RESOURCE TRANSFERS, RECORD MAINTENANCE, REGISTRATION TRANSACTION INFORMATION (WHOIS), ROUTING INFORMATION (INTERNET ROUTING REGISTRY), AND REVERSE DNS ARIN ALLOCATES AND ASSIGNS INTERNET NUMBER RESOURCES TO INTERNET SERVICE PROVIDERS AND END USERS WITHIN ITS SERVICE REGION

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**Form 990, Part III, Line 4c:**

IP NUMBER MANAGEMENT - ARIN IS TASKED WITH THE MANAGEMENT OF IP ADDRESS SPACE, AUTONOMOUS SYSTEM NUMBERS, AND IN-ADDR ARPA ADDRESS MAPPING, AS WELL AS DATABASE MAINTENANCE AND VERIFICATION OF REASSIGNMENT INFORMATION. ARIN ALSO PROMOTES THE CONSERVATION OF INTERNET PROTOCOL RESOURCES AND DISTRIBUTES GLOBALLY UNIQUE INTERNET ADDRESSES IN A HIERARCHICAL MANNER, PERMITTING THE ROUTING SCALABILITY OF ADDRESSES, WHICH IS NECESSARY TO ENSURE PROPER OPERATION OF INTERNET ROUTING.

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<b>SCHEDULE C</b> (Form 990 or 990-EZ)	<b>Political Campaign and Lobbying Activities</b>	OMB No 1545-0047
	<b>For Organizations Exempt From Income Tax Under section 501(c) and section 527</b>	<b>2017</b>
Department of the Treasury Internal Revenue Service	<b>▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.</b> <b>▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b>	<b>Open to Public Inspection</b>

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

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

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

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

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

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

Name of the organization AMERICAN REGISTRY FOR INTERNET NUMBERS LTD	<b>Employer identification number</b> 54-1860956
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3** Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

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

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

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

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

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	13,592,182
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	97,344
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	97,344
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	97,344

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART III - B	THE AMERICAN REGISTRY FOR INTERNET NUMBERS, ARIN, MEMBERSHIPS CONSIST OF INTERNET RESOURCE HOLDERS. THERE ARE TWO TYPES OF MEMBERSHIPS AT ARIN. ONE TYPE IS THOSE ORGANIZATIONS WHO HOLD IP ADDRESS ALLOCATIONS THAT ARE AUTOMATICALLY CONVEYED MEMBERSHIP RIGHTS. THESE ORGANIZATIONS PAY THE BULK OF ARIN'S OPERATIONAL EXPENSES ON A RECURRING BASIS. THE ALLOCATION FEES FOR 2017 WERE SET AT \$250, \$500, \$2,000, \$4,000, \$8,000, \$16,000, \$32,000, \$64,000, \$128,000 AND \$256,000. THERE IS NO SET MEMBERSHIP AMOUNT ASSOCIATED WITHIN THE ALLOCATION FEE. THE SECOND TYPE OF MEMBERSHIP ARE THOSE ORGANIZATIONS WHO HOLD IP ADDRESS ASSIGNMENTS AND/OR AUTONOMOUS SYSTEM NUMBERS WHO CHOOSE TO PAY A \$500 SPECIFIC MEMBERSHIP FEE FOR THE MEMBERSHIP RIGHTS. WE ARE SHOWING THE ENTIRE REVENUE FROM IP NUMBERS ALLOCATIONS, AS WELL AS THE SPECIFIC MEMBERSHIP FEE IN PART III. FEE WAIVER INFORMATION: ORGANIZATIONS THAT FALL UNDER THE CURRENT FEE SCHEDULE'S 5X-LARGE, 4X-LARGE AND 3X-LARGE SERVICE CATEGORIES WILL RECEIVE A FEE REDUCTION CREDIT AS A RESULT OF ACTION BY THE ARIN BOARD OF TRUSTEES. THIS ONE-TIME ADJUSTMENT IS INTENDED TO MAINTAIN THE SAME FEE FOR AN ORGANIZATION'S RENEWAL AS THE PRIOR FEE SCHEDULE. THE CREDIT ADJUSTMENT APPLIES TO RENEWAL DATES BETWEEN 1 JULY 2016 AND 30 JUNE 2017. AFTER 30 JUNE 2017, INVOICE CREDIT ADJUSTMENTS WILL END AND ORGANIZATIONS WILL BE INVOICED CONSISTENT WITH THE PUBLISHED FEE SCHEDULE. THIS FEE WAIVER ENDED ON 30 JUNE 2017. BEGINNING 1 JANUARY 2017 ARIN BEGAN COLLECTING A \$300 USD NON-REFUNDABLE PROCESSING FEE FOR EACH TRANSFER REQUEST OF INTERNET NUMBER RESOURCES. THIS FEE REPLACES THE \$500 RESOURCE TRANSFER FEE ON THE 2016 FEE SCHEDULE. THIS FEE CHANGE IS APPLICABLE TO 8 2 TRANSFERS FOR MERGER, ACQUISITION, AND REORGANIZATION, 8 3 TRANSFER TO SPECIFIED RECIPIENTS WITH THE ARIN REGION AND 8 4 TRANSFERS FOR INTER-RIR TRANSFERS TO SPECIFIED RECIPIENTS. THIS TRANSFER PROCESSING FEE IS WAIVED FOR 8 3 AND 8 4 TRANSFERS WHEN THE SUBJECT RESOURCES ARE UNDER AN EXISTING REGISTRATION SERVICES PLAN (RSP). TRANSFERRED RESOURCES WILL BE SUBJECT TO ANNUAL FEES AS STIPULATED BY THE FEE SCHEDULE.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493151004268	
<b>SCHEDULE D</b> (Form 990)		<b>Supplemental Financial Statements</b>			OMB No 1545-0047
Department of the Treasury Internal Revenue Service		<p>► 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.</p> <p><b>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b></p>			<b>2017</b> <b>Open to Public Inspection</b>
<b>Name of the organization</b> AMERICAN REGISTRY FOR INTERNET NUMBERS LTD				<b>Employer identification number</b> 54-1860956	
<b>Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		<b>(a) Donor advised funds</b>		<b>(b) Funds and other accounts</b>	
<b>1</b> Total number at end of year					
<b>2</b> Aggregate value of contributions to (during year)					
<b>3</b> Aggregate value of grants from (during year)					
<b>4</b> Aggregate value at end of year					
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Part II Conservation Easements.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
<b>1</b> Purpose(s) of conservation easements held by the organization (check all that apply)					
<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)					
<input type="checkbox"/> Preservation of an historically important land area					
<input type="checkbox"/> Protection of natural habitat					
<input type="checkbox"/> Preservation of a certified historic structure					
<input type="checkbox"/> Preservation of open space					
<b>2</b> Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
		<b>Held at the End of the Year</b>			
<b>a</b> Total number of conservation easements		<b>2a</b>			
<b>b</b> Total acreage restricted by conservation easements		<b>2b</b>			
<b>c</b> Number of conservation easements on a certified historic structure included in (a)		<b>2c</b>			
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register		<b>2d</b>			
<b>3</b> Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
<b>4</b> Number of states where property subject to conservation easement is located ►					
<b>5</b> Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>6</b> Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
<b>7</b> Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
<b>8</b> Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>9</b> In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
<b>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
<b>1a</b> If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
<b>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 public service, provide the following amounts relating to these items					
<b>(i)</b> Revenue included on Form 990, Part VIII, line 1 ► \$					
<b>(ii)</b> Assets included in Form 990, Part X ► \$					
<b>2</b> If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
<b>a</b> Revenue included on Form 990, Part VIII, line 1 ► \$					
<b>b</b> Assets included in Form 990, Part X ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
Cat No 52283D		Schedule D (Form 990) 2017			

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements	2,303,868	307,861	1,996,007
d	Equipment	5,772,456	4,520,721	1,251,735
e	Other	18,565,830	11,831,183	6,734,647
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			9,982,389

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO ICANN	123,720
DEFERRED RENT	2,361,559
DUE TO NRO	186,592
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	2,671,871

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

☒

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	21,536,502
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	3,875,481
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	227,600
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,103,081
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	17,433,421
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	17,433,421

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	21,530,555
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	227,600
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	227,600
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	21,302,955
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	21,302,955

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 54-1860956  
**Name:** AMERICAN REGISTRY FOR INTERNET NUMBERS LTD

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	ARIN IS A QUALIFYING NOT-FOR-PROFIT ORGANIZATION AS DEFINED IN SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ARIN DID NOT HAVE ANY UNRELATED BUSINESS INCOME THE YEARS ENDED DECEMBER 31, 2017 AND 2016 ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS MANAGEMENT EVALUATED ARINS TAX POSITIONS AND CONCLUDED THAT ARIN HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, ARIN IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2014

**Supplemental Information**

Return Reference	Explanation
PARTS XI	<p>PLEASE NOTE SCHEDULE D, PART XI, 2 B LISTS \$227,600 OF DONATED SERVICES THESE DONATED SERVICES CONSIST OF TRANSACTIONS RELATED TO INTERESTED PARTIES THEY WERE ALL "CONTRIBUTIONS IN KIND" SERVICES THE MAJORITY OF THE DONATED SERVICES IS THE ARIN WEB HOSTING SERVICES PROVIDED BY VERISIGN, INTERNET SYSTEMS CONSORTIUM (ISC), PACKET CLEARINGHOUSE (PCH) AND CIRA, ONE OF THESE ORGANIZATIONS HAS AN ARIN BOARD MEMBER AS THEIR EMPLOYEE, WITH BILL WOODCOCK AT PCH ARIN BOARD MEMBER BILL SANDIFORD IS A BOARD MEMBER OF CIRA THE VALUE OF THESE CONTRIBUTED SERVICES IS MARKET PRICED AT \$60,000 PER YEAR FOR VERISIGN, ISC AND PCH AND \$ 21,600 PER YEAR FOR CIRA SPONSORS OF ARIN'S MEMBERS MEETINGS THAT CONTRIBUTED THEIR SERVICES TOTALING \$26,000 FOR 2017 WHILE THESE SERVICES WERE SUPPLIED TO ARIN FOR FREE, ARIN RECOGNIZED THE SERVICES RENDERED AS CONTRIBUTION REVENUE WITH AN OFFSET SHOWING THE EXPENSE</p> <p>IN THE COMMUNICATION CATEGORY AND THE MEMBERS MEETING CATEGORY RESPECTIVELY</p>

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
AMERICAN REGISTRY FOR INTERNET NUMBERS  
LTD

**Employer identification number**

54-1860956

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	1			269,877
<b>b</b> Total from continuation sheets to Part I					34,763
<b>c Totals</b> (add lines 3a and 3b)	0	1			304,640

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)								Schedule F (Form 990) 2017	
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **▶** 5

3 Enter total number of other organizations or entities . . . . . **▶** 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 ) ARIN 39 FELLOWSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	39	10,634	WIRE			
( 2 ) ARIN 40 FELLOWSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	40	19,905	WIRE			
( 3 ) ARIN 39 FELLOWSHIPS	NORTH AMERICA	39	18,260	CHECK			
( 4 ) ARIN 40 FELLOWSHIPS	NORTH AMERICA	40	27,368	CHECK			
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

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

**Part V** **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 2	ARIN HAS A FELLOWSHIP PROGRAM THAT PAYS FOR TRAVEL FOR UP TO FIVE INDIVIDUALS FROM EACH OF THE THREE SECTORS WITHIN ARIN'S SERVICE AREA (CANADA, THE CARIBBEAN AND NORTH ATLANTIC ISLANDS AND THE UNITED STATES AND OUTLYING AREAS) TO ATTEND EACH ARIN PUBLIC POLICY AND ARIN MEETING

Return Reference	Explanation
PART I, LINE 3	THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 54-1860956  
**Name:** AMERICAN REGISTRY FOR INTERNET NUMBERS LTD

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			GRANTS TO CARIBNOG		17,000
CENTRAL AMERICA AND THE CARIBBEAN			ARIN 40 FELLOWSHIPS		19,905

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			ARIN 39 FELLOWSHIPS		10,634
CENTRAL AMERICA AND THE CARIBBEAN			GRANTS TO CTU		55,000

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			GRANTS TO CANTO		5,700
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	BEVIL WOODING, BASED IN TRINIDAD AND TOBAGO, WAS CONTRACTED AS ARIN'S CARIBBEAN LIAISON TO PERFORM OUTREACH TO THE CARIBBEAN ISLANDS THAT FALL UNDER ARIN'S ADMINISTRATIVE SERVICE REGION	102,231

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)			GRANTS TO ITU		41,147
NORTH AMERICA			ARIN 39 FELLOWSHIPS		18,260

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			ARIN 40 FELLOWSHIPS		27,368
NORTH AMERICA			GRANTS TO CANADIAN ISP SUMMIT		7,395

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT TO CANTO	5,700	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT TO CTU	55,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT TO ITU	44,147	WIRE			
		NORTH AMERICA	PROGRAM SUPPORT TO CANADIAN ISP	7,395	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT TO CARIBNOG	17,000	WIRE			

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As Filed Data -

DLN: 93493151004268

Schedule I  
(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN REGISTRY FOR INTERNET NUMBERS  
LTD

Employer identification number  
54-1860956

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes

☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NANOG 2864 CARPENTER ROAD SUITE 100 ANN ARBOR, MI 48108	27-2534183	501(C)(3)	50,000				SUPPORT ON 2017 NANOG WEBCASTING PROGRAMS
(2) THE INTERNET SOCIETY 1775 WIEHLE AVENUE STE 201 RESTON, VA 20190	54-1650477	501(C)(3)	10,000				BRONZE MEMBERSHIP AND INDIGENOUS CONNECTIVITY SUMMIT TO SUPPORT INTERNET AND CAPACITY DEVELOPMENT

2

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

2

3

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

0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	ARIN PROVIDES GRANTS EACH YEAR TO OTHER SIMILAR NON-PROFIT ORGANIZATIONS FOR THE PURPOSE OF FUNDING THEIR PROGRAM SERVICE ACTIVITIES. ARIN RECEIVES INVOICES FROM THOSE NON-PROFIT ORGANIZATIONS TO OFFSET THE COST OF THEIR PROGRAM SERVICE ACTIVITIES. ARIN EXAMS THE INVOICE TO ENSURE THE PROPER USE OF GRANTS IN THOSE NON-PROFIT ORGANIZATIONS.

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
AMERICAN REGISTRY FOR INTERNET NUMBERS LTD

Employer identification number  
54-1860956

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </div> </div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b> Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b> Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </div> <div> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </div> </div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="display: flex; justify-content: space-between;"> <div> <b>a</b> Receive a severance payment or change-of-control payment?                 </div> <div> <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                 </div> <div> <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                 </div> </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b>	No
	<b>4b</b>	No
	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="display: flex; justify-content: space-between;"> <div> <b>a</b> The organization?                 </div> <div> <b>b</b> Any related organization?                 </div> </div> If "Yes," on line 5a or 5b, describe in Part III.	<b>5a</b>	
	<b>5b</b>	
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="display: flex; justify-content: space-between;"> <div> <b>a</b> The organization?                 </div> <div> <b>b</b> Any related organization?                 </div> </div> If "Yes," on line 6a or 6b, describe in Part III.	<b>6a</b>	
	<b>6b</b>	
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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 are not 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.

See Additional Data Table

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	THE FOLLOWING EMPLOYEES RECEIVED TAXABLE HEALTH CLUB BENEFITS DURING FY 2017: ERIN ALLIGOOD \$600, GARTH DUBIN \$200, ANDY NEWTON \$495. AS INDICATED IN SCHEDULE J, AS PART OF ARIN'S BENEFITS PROGRAM, ARIN PROVIDES FOR REIMBURSEMENT FOR HEALTH CLUB MEMBERSHIPS FOR ANY INTERESTED EMPLOYEES UP TO \$50 PER MONTH.
PART II	AS A GENERAL NOTE OF EXPLANATION FOR SCHEDULE J, PART 2 ON COMPENSATION, ARIN CONTRIBUTES 9% TO THE 401K RETIREMENT PLAN OF ANY EMPLOYEE WHO CONTRIBUTES 6% OF THEIR SALARY. THE MATCH IS 6% FOR THE FIRST 3% EMPLOYEE CONTRIBUTION AND THEN DOLLAR FOR DOLLAR UP TO 6% OF THE EMPLOYEE'S SALARY. IN ADDITION, ARIN CONTRIBUTES TO THE HEALTH INSURANCE COST OF EMPLOYEES. SOME EMPLOYEES HAVE OPTED OUT OF ONE OR BOTH OF THESE BENEFITS WHICH WOULD EXPLAIN ANY VARIATION IN THE AMOUNTS LISTED IN EITHER COLUMN C OR D, WITH THE RESULTING TOTAL SHOWING IN COLUMN E.

Additional Data

Software ID:  
Software Version:  
EIN: 54-1860956  
Name: AMERICAN REGISTRY FOR INTERNET NUMBERS LTD

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN CURRAN CEO AND PRESIDENT	(i)	417,260	219,500	966	59,549	27,257	724,532	0
	(ii)	0	0	0	0	0	0	0
1NATE DAVIS COO	(i)	292,360	74,200	1,806	58,708	24,936	452,010	0
	(ii)	0	0	0	0	0	0	0
2MARK KOSTERS CTO	(i)	214,190	49,874	966	33,649	32,658	331,337	0
	(ii)	0	0	0	0	0	0	0
3JOHN SWEETING SR DIRECTOR, RSD	(i)	203,860	52,103	2,772	21,560	26,418	306,713	0
	(ii)	0	0	0	0	0	0	0
4RICHARD JIMMERSON CIO	(i)	204,590	42,251	630	33,292	35,230	315,993	0
	(ii)	0	0	0	0	0	0	0
5CATHY HANDLEY EXEC DIR OF GOVT AND PUB	(i)	178,955	36,500	4,798	26,795	14,955	262,003	0
	(ii)	0	0	0	0	0	0	0
6SUSAN HAMLIN DIRECTOR, CMSD	(i)	171,960	35,300	2,397	25,962	26,371	261,990	0
	(ii)	0	0	0	0	0	0	0
7ANDREW NEWTON CHIEF ENGINEER	(i)	189,550	18,359	592	27,514	5,014	241,029	0
	(ii)	0	0	0	0	0	0	0
8MICHAEL ABEJUELA ASSOCIATE GENERAL COUNSEL	(i)	160,555	32,300	327	25,503	11,971	230,656	0
	(ii)	0	0	0	0	0	0	0
9VALORIE WINKELMAN DIRECTOR, FSD	(i)	154,660	31,950	4,103	23,682	26,628	241,023	0
	(ii)	0	0	0	0	0	0	0
10ERIN ALLIGOOD DIRECTOR, HR & ADMIN	(i)	151,390	31,000	912	22,540	32,146	237,988	0
	(ii)	0	0	0	0	0	0	0
11MATTHEW ROWLEY INFRASTRUCTURE MANAGER	(i)	170,990	10,175	359	25,335	32,309	239,168	0
	(ii)	0	0	0	0	0	0	0
12LESLIE DANIELLO NOBILE SR DIR OF GLOBAL REGISTRY	(i)	157,872	33,826	6,273	24,598	32,427	254,996	0
	(ii)	0	0	0	0	0	0	0
13PETER TOSCANO NETWORK OPERATIONS MANAGER	(i)	167,259	16,236	535	25,100	20,228	229,358	0
	(ii)	0	0	0	0	0	0	0
14GARTH DUBIN TECHNICAL MANAGER	(i)	161,690	10,058	302	23,955	32,224	228,229	0
	(ii)	0	0	0	0	0	0	0
15JASDIP SINGH SENIOR SOFTWARE ENGINEER	(i)	155,200	7,760	469	20,815	2,281	186,525	0
	(ii)	0	0	0	0	0	0	0
16EDWARD MACDONALD SENIOR SOFTWARE ENGINEER	(i)	151,895	7,625	306	22,036	12,401	194,263	0
	(ii)	0	0	0	0	0	0	0

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
AMERICAN REGISTRY FOR INTERNET NUMBERS  
LTD

Employer identification number  
54-1860956

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						► \$						

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NANOG	SEE PART V	50,000	SEE PART V		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
PART IV	(A) NAME OF PERSON NANOG(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION KEVIN BLUMBERG - ADVISORY COUNCIL IS ON THE NANOG PROGRAM COMMITTEEPATRICK GILMORE, BOARD OF TRUSTEES, IS THE VICE CHAIR ON THE BOARD OF DIRECTORS FOR NANOG(D) DESCRIPTION OF TRANSACTION ARIN PAID SUPPORT TO NANOG IN THE AMOUNT OF \$50,000 FOR THE WEBCAST OF ITS MEETINGS
PART IV	PLEASE NOTE THAT SCHEDULE L , THE DISCLOSURE OF "BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS", RELATES TO ANY TRANSACTION "THAT EXCEEDED THE GREATER OF \$10,000 OR 1 PERCENT OF TOTAL REVENUES" FOR AVOIDANCE OF DOUBT, ARIN HAS OPTED TO DISCLOSE ALL BUSINESS TRANSACTIONS OUTSIDE OF NORMAL BUSINESS (E G MEMBERSHIP AND/OR REGISTRATION SERVICES FEES) REGARDLESS OF DOLLAR AMOUNT

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN REGISTRY FOR INTERNET NUMBERS LTD

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Employer identification number**

54-1860956

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, QUESTION 6	ARIN ESTIMATES THAT IT HAS AT LEAST 28 VOLUNTEERS WHO DONATE A SUBSTANTIAL PORTION OF THEIR VALUABLE TIME TO ITS MISSION THIS INCLUDES ADVISORY COUNCIL MEMBERS, BOARD MEMBERS, AND MEMBERS OF THE COMMUNITY WHO VOLUNTEER THEIR TIME WITH COMMITTEE WORK PLEASE NOTE, THAT ARIN ALSO MAINTAINS A PUBLIC POLICY MAILING LIST THAT IS QUITE ACTIVE, WITH MANY DIFFERENT MESSAGES SENT FROM MEMBERS OF THE COMMUNITY AND THE GENERAL PUBLIC THERE ARE ALSO SEVERAL OTHER MAILING LISTS AS WELL AS A SUGGESTION PROCESS ONLINE FOR PEOPLE OR ORGANIZATIONS TO MAKE SUGGESTIONS FOR IMPROVEMENTS ADDITIONALLY, ARIN PUBLIC POLICY MEETINGS HAVE AN AVERAGE ATTENDANCE OF 150, AND THERE ARE TWO A YEAR THUS, THE ANSWER TO THIS QUESTION COULD CONCEIVABLY BE IN THE HUNDREDS, DEPENDING UPON LEVEL OF EFFORT TO BE CONSIDERED A VOLUNTEER

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP IS AUTOMATICALLY CONVEYED TO ISPS WHO RECEIVE IP RESOURCES FROM ARIN. MEMBERSHIP IS ALSO OPEN TO ANY ENTITY THAT HAS A SIGNED REGISTRATION SERVICE AGREEMENT (RSA) OR LEGACY RSA WITH ARIN AND HOLDS AN INTERNET NUMBER RESOURCE IN THE ARIN REGION AND WISHES TO PARTICIPATE IN FORMING SOLUTIONS TO INTERNET NUMBER RESOURCE-RELATED ISSUES.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBER IN GOOD STANDING HAS THE RIGHT TO PARTICIPATE IN AN ELECTION FOR ONE OR MORE MEMBERS OF THE BOARD OF TRUSTEES AND OF THE ADVISORY COUNCIL

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE TRUSTEE REMOVAL PROCESS BY THE BOARD OF TRUSTEES IS SUBJECT TO MEMBERSHIP RATIFICATION IN ADDITION, THE PROCESSES FOR CERTAIN BYLAWS CHANGES AND ARTICLES OF INCORPORATION CHANGES ARE SENT TO COMMUNITY CONSULTATION BEFORE FINAL ADOPTION BY THE BOARD OF TRUSTEES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	ARIN HAD NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE COMMITTEE ASSISTS IN PREPARATION OF THE 990 FILING, THEN PRESENTS IT TO THE FULL BOARD FOR THE FINAL REVIEW, BEFORE FILING TO THE IRS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>AS SET FORTH IN PARAGRAPH THREE BELOW, A TRUSTEE OF ARIN WHO HAS A PERSONAL INTEREST IN A TRANSACTION, AS DEFINED BELOW, MAY NOT PARTICIPATE IN ANY DISCUSSION OF THAT TRANSACTION BY THE TRUSTEES OF ARIN AND MAY NOT VOTE TO DETERMINE WHETHER TO AUTHORIZE, APPROVE, OR RATIFY THAT TRANSACTION EXCEPT AS SPECIFICALLY DESCRIBED BELOW FOR PURPOSES OF THIS CONFLICT OF INTEREST STATEMENT, A "PERSONAL INTEREST" IS DEFINED AS ANY ACT THAT WILL PROVIDE, DIRECTLY OR INDIRECTLY, A FINANCIAL BENEFIT OR A DISPARATE BENEFIT INDIVIDUALLY TO THE TRUSTEE, OR TO A COMPANY HE OR SHE IS EMPLOYED BY, HAS A SIGNIFICANT FINANCIAL INTEREST IN, OR REPRESENTS IN ANY FASHION HOWEVER, POLICIES UNDER CONSIDERATION BY ARIN ARE LIKELY TO HAVE AN IMPACT ON THE BUSINESS OF EVERY TRUSTEE IT IS EXPECTED THAT MOST POLICY DECISIONS WILL HAVE A DIRECT OR INDIRECT IMPACT ON THE TRUSTEE'S COMPANY, BUT SUCH A NON-INDIVIDUALIZED INTEREST DOES NOT CONSTITUTE A "PERSONAL INTEREST" AS USED IN THIS STATEMENT A "TRANSACTION" WITH ARIN FOR PURPOSES OF THIS STATEMENT IS A CONTRACT OR CONSULTANCY IN WHICH THE TRUSTEE HAS A DIRECT OR INDIRECT FINANCIAL BENEFIT, OR A POLICY UNDER CONSIDERATION THAT WILL HAVE A DISPARATE AND UNUSUAL IMPACT ON A BUSINESS WITH WHICH THE TRUSTEE IS DIRECTLY OR INDIRECTLY ASSOCIATED THE MERE EXISTENCE OF A PERSONAL INTEREST BY A TRUSTEE OF ARIN IN A TRANSACTION WITH ARIN SHALL NOT INVALIDATE ARIN'S ABILITY TO ENTER THAT TRANSACTION SO LONG AS THE FOLLOWING CONDITIONS ARE MET (I) THE MATERIAL FACTS OF THE PERSONAL NATURE OF THE TRANSACTION WITH ARIN AND THE TRUSTEE'S INTEREST IN THE TRANSACTION WITH ARIN ARE FULLY DISCLOSED TO THE BOARD OF TRUSTEES OF ARIN, EITHER BY THE TRUSTEE HAVING A DIRECT OR INDIRECT PERSONAL INTEREST IN THE TRANSACTION WITH ARIN, OR ARE BROUGHT TO THE ATTENTION OF THE BOARD BY A THIRD PARTY, OR (II) THE BOARD OF TRUSTEES OF ARIN, BY A VOTE OF THE DISINTERESTED TRUSTEES OF ARIN VOTE TO AUTHORIZE, APPROVE, OR RATIFY A TRANSACTION WITH ARIN, OR ( III) THE TRANSACTION WITH ARIN IN WHICH THE DIRECT OR INDIRECT PERSONAL INTEREST OF AN ARIN TRUSTEE WAS DISCLOSED TO THE BOARD OF TRUSTEES OF ARIN AND WAS DETERMINED BY THE BOARD OF TRUSTEES OF ARIN ENTITLED TO VOTE ON THE MATTER IS DETERMINED BY THE BOARD OF TRUSTEES VOTING TO BE IN ARIN'S INTERESTS, NOTWITHSTANDING THE PERSONAL INTEREST OF THE NON-VOTING TRUSTEE IN DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS, THE BOARD OF TRUSTEES OF ARIN HAS THE PREROGATIVE, UPON REVIEW OF ALL FACTS AND CIRCUMSTANCES, TO MAKE ITS OWN DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS AND HOW IT IS APPROPRIATE TO PROCEED A TRUSTEE WHO PERCEIVES THE POSSIBILITY OF A CONFLICT OF INTEREST FOR HIM OR HERSELF, OR FOR ANOTHER BOARD MEMBER, MAY RAISE THIS ISSUE AT ANY POINT PRIOR TO A VOTE ON ANY ISSUE ANY TRUSTEE WHO PERCEIVES A POSSIBLE CONFLICT OF INTEREST MAY PRESENT JUSTIFICATION WITH RESPECT TO WHETHER OR NOT A CONFLICT OF INTEREST EXISTS, BUT THE ENTIRE BOARD, WITH THE EXCEPTION OF THE TRUSTEE HAVING THE PO</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TENTIAL CONFLICT OF INTEREST, SHALL MAKE THE FINAL DETERMINATION TO PROCEED IN SUCH A MATTER IF THE BOARD OF TRUSTEES FINDS THERE IS A CONFLICT OF INTEREST, THE TRUSTEE WITH THE CONFLICT MAY BE EXCLUDED BY THE CHAIR OF THE BOARD FROM THAT PORTION OF ANY MEETING WHERE A SUBSTANTIVE DISCUSSION OR DECISION TO ENGAGE OR NOT IN SUCH A TRANSACTION IS MADE, EXCEPT THAT HE OR SHE MAY PROVIDE ANY INFORMATION THAT WILL ASSIST THE TRUSTEES IN SUCH A MATTER BEFORE LEAVING SUCH A MEETING

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE COMPENSATION COMMITTEE OF THE ARIN BOARD OF TRUSTEES SETS THE COMPENSATION FOR THE CEO. SEVERAL FACTORS ARE CONSIDERED IN SETTING THE COMPENSATION RATE. THE JOB DESCRIPTION FOR THE CEO FULLY DETAILS THE EXPECTATIONS FOR PERFORMANCE AND ALSO DESCRIBES THE AMOUNT OF BONUS TO BE AWARDED. THE ANNUAL BONUS FOR THE CEO IS BASED ON JOB PERFORMANCE, THERE IS NO AUTOMATIC BONUS PAYMENT GIVEN. ARIN CONDUCTS A FULL MARKET PRICING SALARY SURVEY EVERY THREE YEARS, COMPARING ALL COMPANY POSITIONS TO COMPARABLE BUSINESS IN THE AREA. CEO SALARY LEVELS ARE ALSO CULLED FROM PRIVATE SOURCES AND JOB ADVERTISEMENTS. THE PERFORMANCE AND EXPERIENCE LEVEL OF THE CURRENT CEO ARE ALSO CONSIDERED WHEN SETTING THE ANNUAL BONUS AND PAY RAISE AMOUNT. THE MEMBERS OF THE COMPENSATION COMMITTEE CONVENE PERIODICALLY THROUGHOUT THE YEAR TO ASSESS THE PERFORMANCE OF THE CEO. ANNUALLY, THEY FORMALLY MEET, ANALYZE THE INFORMATION THEY HAVE GATHERED, AND DECIDE THE ANNUAL BONUS AMOUNT. ARIN CONSIDERS THE SALARY SURVEY INFORMATION, PAYS RAISE PERCENTAGE FROM OUR GEOGRAPHIC REGION, AND OTHER INFORMATION GLEANED FROM BUSINESS PUBLICATIONS THAT PERTAIN TO EXECUTIVE PAY. EVERY 2-3 YEARS, ARIN CONDUCTS A COMPANY WIDE SALARY SURVEY/MARKET PRICING OF ALL COMPANY POSITIONS. UPDATED JOB DESCRIPTIONS AND JOB TITLES ARE PROVIDED TO A COMPANY THAT WORKS WITH CURRENT DETAILED DATA FROM MAJOR COMPENSATION SURVEYS. WE COMPARE ARIN SALARIES TO THE LOCAL AREA, THE NORTHEAST CORRIDOR, NATIONWIDE TECHNOLOGY COMPANIES, NATIONWIDE TRADE AND MEMBERSHIP ASSOCIATION, LOCAL TRADE AND MEMBERSHIP ASSOCIATIONS, NATIONAL NONPROFIT COMPANIES AND LOCAL NONPROFIT COMPANIES. SOME OF THE SURVEYS WE USE INCLUDE CULPEPPER, MERCER, CORDOM, PRM AND ASAE.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S ORGANIZING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE AND CAN BE FOUND ON THE ORGANIZATION'S WEBSITE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D)

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS