

**Internet Corporation for  
Assigned Names & Numbers**  
Exempt Organization  
For the Year Ended 06/30/08  
Copy - Retain for your files

Public Inspection Copy

Form **8453-EO****Exempt Organization Declaration and Signature for  
Electronic Filing**

OMB No. 1545-1879

For calendar year 2007, or tax year beginning 07/01, 2007, and ending 06/30, 20 08**2007**Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

Employer identification number

**INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS****95-4712218****Part I** Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ☒ b Total revenue, if any (Form 990, line 12) . . . . . 1b 51444268.  
 2a Form 990-EZ check here ☐ b Total revenue, if any (Form 990-EZ, line 9) . . . . . 2b \_\_\_\_\_  
 3a Form 1120-POL check here ☐ b Total tax (Form 1120-POL, line 22) . . . . . 3b \_\_\_\_\_  
 4a Form 990-PF check here ☐ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b \_\_\_\_\_  
 5a Form 8868 check here ☐ b Balance due (Form 8868, line 3c) . . . . . 5b \_\_\_\_\_

**Part II** Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign  
Here

Signature of officer

Date

Title

**Part III** Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4183, Modernized e-File (MeF) Information for Authorized e-File Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's  
Use  
OnlyERO's  
signatureDMAGHERSKALE

Date

5/13/09Check if  
also paid  
preparer☒Check  
if self-  
employed☐

ERO's SSN or PTIN

EIN 34-6565596Firm's name (or  
yours if self-employed),  
address, and ZIP codeERNST & YOUNG U.S. LLP18111 VON KARMAN AVENUE, SUITE 1000IRVINECA 92612Phone no. 949-794-2300

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid  
Preparer's  
Use OnlyPreparer's  
signature

Date

Check  
if self-  
employed

Preparer's SSN or PTIN

Firm's name (or  
yours if self-employed),  
address, and ZIP code

EIN

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2007)

JSA

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Form 990

Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2007**

Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
4676 ADMIRALTY WAY 330  
City or town, state or country, and ZIP + 4  
MARINA DEL REY, CA 90292-6601

**D** Employer identification number  
95-4712218

**E** Telephone number  
(310) 823-9358

**F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

**G** Website: ▶ WWW.ICANN.ORG

**H** and **I** are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☒ No

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I** Group Exemption Number ▶

**J** Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 58,044,071.

**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

Revenue	
1	Contributions, gifts, grants, and similar amounts received:
a	Contributions to donor advised funds <u>1a</u>
b	Direct public support (not included on line 1a) <u>1b</u> 1,583,406.
c	Indirect public support (not included on line 1a) <u>1c</u>
d	Government contributions (grants) (not included on line 1a) <u>1d</u>
e	Total (add lines 1a through 1d) (cash \$ <u>1,583,406.</u> noncash \$ <u>          </u> ) <u>1e</u> 1,583,406.
2	Program service revenue including government fees and contracts (from Part VII, line 93) <u>2</u> 48,791,338.
3	Membership dues and assessments <u>3</u>
4	Interest on savings and temporary cash investments <u>4</u> 584,779.
5	Dividends and interest from securities <u>5</u> 586,689.
6a	Gross rents <u>6a</u>
b	Less: rental expenses <u>6b</u>
c	Net rental income or (loss). Subtract line 6b from line 6a <u>6c</u>
7	Other investment income (describe <u>7</u> )
8a	Gross amount from sales of assets other than inventory (A) Securities <u>8a</u> 6,497,360.
b	Less: cost or other basis and sales expenses <u>8b</u> 6,599,803.
c	Gain or (loss) (attach schedule) <u>8c</u> -102,443.
d	Net gain or (loss). Combine line 8c, columns (A) and (B) <u>8d</u> -102,443.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>
a	Gross revenue (not including \$ <u>          </u> of contributions reported on line 1b) <u>9a</u>
b	Less: direct expenses other than fundraising expenses <u>9b</u>
c	Net income or (loss) from special events. Subtract line 9b from line 9a <u>9c</u>
10a	Gross sales of inventory, less returns and allowances <u>10a</u>
b	Less: cost of goods sold <u>10b</u>
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a <u>10c</u>
11	Other revenue (from Part VII, line 103) <u>11</u> 499.
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 <u>12</u> 51,444,268.
Expenses	
13	Program services (from line 44, column (B)) <u>13</u> 29,550,438.
14	Management and general (from line 44, column (C)) <u>14</u> 10,105,562.
15	Fundraising (from line 44, column (D)) <u>15</u>
16	Payments to affiliates (attach schedule) <u>16</u>
17	<b>Total expenses.</b> Add lines 16 and 44, column (A) <u>17</u> 39,656,000.
Net Assets	
18	Excess or (deficit) for the year. Subtract line 17 from line 12 <u>18</u> 11,788,268.
19	Net assets or fund balances at beginning of year (from line 73, column (A)) <u>19</u> 35,236,000.
20	Other changes in net assets or fund balances (attach explanation) <u>20</u> -599,224.
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18, 19, and 20. <u>21</u> 46,425,044.

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

Form 990 (2007)

**Part II** Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 233,246 noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22b	233,246.	233,246.	
<b>23</b> Specific assistance to individuals (attach schedule) . . . . .	23			
<b>24</b> Benefits paid to or for members (attach schedule) . . . . .	24			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A . . . . .	25a	2,838,292.	2,087,932.	750,360.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B . . . . .	25b	12,184.	8,963.	3,221.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	25c			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c . . . . .	26	8,592,634.	6,321,018.	2,271,616.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c . . . . .	27	803,985.	591,437.	212,548.
<b>28</b> Employee benefits not included on lines 25a-27 . . . . .	28	902,371.	663,813.	238,558.
<b>29</b> Payroll taxes . . . . .	29	769,803.	566,292.	203,511.
<b>30</b> Professional fundraising fees . . . . .	30			
<b>31</b> Accounting fees . . . . .	31	114,397.	NONE	114,397.
<b>32</b> Legal fees . . . . .	32	1,950,969.	1,435,196.	515,773.
<b>33</b> Supplies . . . . .	33	208,997.	NONE	208,997.
<b>34</b> Telephone . . . . .	34	1,145,079.	842,357.	302,722.
<b>35</b> Postage and shipping . . . . .	35	112,654.	82,872.	29,782.
<b>36</b> Occupancy . . . . .	36	1,385,726.	1,019,385.	366,341.
<b>37</b> Equipment rental and maintenance . . . . .	37	237,127.	174,438.	62,689.
<b>38</b> Printing and publications . . . . .	38	304,417.	223,939.	80,478.
<b>39</b> Travel . . . . .	39	6,873,504.	5,056,371.	1,817,133.
<b>40</b> Conferences, conventions, and meetings . . . . .	40	1,511,167.	1,511,167.	NONE
<b>41</b> Interest . . . . .	41	1,594.	NONE	1,594.
<b>42</b> Depreciation, depletion, etc. (attach schedule) . . . . .	42	259,034.	NONE	259,034.
<b>43</b> Other expenses not covered above (itemize): a STMT 4 . . . . .	43a	11,398,820.	8,732,012.	2,666,808.
b . . . . .	43b			
c . . . . .	43c			
d . . . . .	43d			
e . . . . .	43e			
f . . . . .	43f			
g . . . . .	43g			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15). . . . .	44	39,656,000.	29,550,438.	10,105,562.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

<b>a</b> TO ASSIST IN THE DESIGN, DEVELOPMENT AND TESTING OF THE MECHANISMS, METHODS AND PROCEDURES NECESSARY FOR OVERSIGHT OF THE ROOT SERVERS AND OTHER POLICIES TO MAINTAIN UNIVERSAL CONNECTIVITY ON THE INTERNET.  (Grants and allocations \$ 233,246. ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29,550,438.
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . .	29,550,438.

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing . . . . .	4,499,096.	45	1,212,740.
	46 Savings and temporary cash investments . . . . .	26,531,904.	46	20,792,353.
	47a Accounts receivable . . . . .	47a 13,056,063.		
	b Less: allowance for doubtful accounts . . . . .	47b 600,000.	14,970,000.	47c 12,456,063.
	48a Pledges receivable . . . . .	48a		48c
	b Less: allowance for doubtful accounts . . . . .	48b		
	49 Grants receivable . . . . .		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		50b	
	51a Other notes and loans receivable (attach schedule) . . . . .	51a		51c
	b Less: allowance for doubtful accounts . . . . .	51b		
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .	270,000.	53	13,454.
	54a Investments - publicly-traded securities STMT 6 . . . . .	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	NONE	54a 24,773,127.
	b Investments - other securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
Liabilities	55a Investments - land, buildings, and equipment: basis . . . . .	55a		55c
	b Less: accumulated depreciation (attach schedule) . . . . .	55b		
	56 Investments - other (attach schedule) . . . . .		56	
	57a Land, buildings, and equipment: basis . . . . .	57a 2,089,318.		
	b Less: accumulated depreciation (attach schedule) . . . . .	57b 772,914.	582,000.	57c 1,316,404.
	58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 7 ) . . . . .	97,000.	58	404,326.
	59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	46,950,000.	59	60,968,467.
	60 Accounts payable and accrued expenses . . . . .	4,270,000.	60	5,402,057.
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .	7,444,000.	62	9,141,366.
Net Assets or Fund Balances	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) . . . . .		64b	
	65 Other liabilities (describe <input type="checkbox"/> ) . . . . .		65	
	66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	11,714,000.	66	14,543,423.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. . . . .			
	67 Unrestricted . . . . .	35,236,000.	67	46,425,044.
	68 Temporarily restricted . . . . .		68	
	69 Permanently restricted . . . . .		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. . . . .			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	35,236,000.	73	46,425,044.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	46,950,000.	74	60,968,467.	



**Part IV-A** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . . .	a	50,733,149.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments . . . . .	b1	-599,145.
2	Donated services and use of facilities . . . . .	b2	
3	Recoveries of prior year grants . . . . .	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4 . . . . .	b	-599,145.
c	Subtract line b from line a . . . . .	c	51,332,294.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	
2	Other (specify): <u>SEE STATEMENT 8</u> _____	d2	111,974.
	Add lines d1 and d2 . . . . .	d	111,974.
e	Total revenue (Part I, line 12). Add lines c and d . . . . .	e	51,444,268.

**Part IV-B. Reconciliation of Expenses per Audited Financial Statements to Expenses per IRS Form 990**

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements . . . . .	a	39,544,026.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities . . . . .	b1	
2	Prior year adjustments reported on Part I, line 20 . . . . .	b2	
3	Losses reported on Part I, line 20 . . . . .	b3	
4	Other (specify): -----	b4	
	Add lines b1 through b4 . . . . .	b	
c	Subtract line b from line a . . . . .	c	39,544,026.
	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	
2	Other (specify): <u>SEE STATEMENT 9</u> -----	d2	111,974.
	Add lines d1 and d2 . . . . .	d	111,974.
e	Total expenses (Part I, line 17). Add lines c and d . . . . .	e	39,656,000.

**Part V-A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Yes	No
-----	----


75b	X
-----	---

75c		X
-----	--	---

75d	x
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<b>Part VI</b> Other Information (See the instructions.)										Yes	No
--	--	--	--	--	--	--	--	--	--	-----	----

76		Y
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76		X
77		X
78		

78-		v
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78a		X
78b	N/A	

79	Y
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80a	y
-----	---

000		Δ

81b	N/A
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**Part VI Other Information (continued)**

	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		
section 4911	NONE	
section 4912	NONE	
section 4955	NONE	
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	NONE	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	NONE	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A
90a List the states with which a copy of this return is filed	CA	
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	54
91a The books are in care of	KEVIN WILSON	
Located at	4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA	
Telephone no.	310-823-9358	
ZIP + 4	90292-6601	
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)?		X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI** Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes ☐ No ☒  
 If "Yes," enter the name of the foreign country ▶ SEE STATEMENT 15

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ ☐  
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**Part VII** Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STMT 16					48,791,338.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	584,779.	
96 Dividends and interest from securities			14	586,689.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-102,443.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER REVENUE			01	499.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,069,524.	48,791,338.
105 Total (add line 104, columns (B), (D), and (E))					49,860,862.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII** Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 17

**Part IX** Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X** Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes ☐ No ☒  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes ☐ No ☒

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	N/A

Please  
Sign  
Here

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

Signature of officer

Date

Type or print name and title

Paid  
Preparer's  
Use Only

Preparer's  
signature

*Tommy Heiskala*

Date

01/31/09

Check if  
self-  
employed

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours  
if self-employed),  
address, and ZIP + 4

ERNST & YOUNG U.S. LLP

EIN

34-6565596

4370 LA JOLLA VILLAGE DR, SUITE 500

Phone no.

858-535-7200

SAN DIEGO, CA

922122

Form 990 (2007)

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization **INTERNET CORPORATION FOR ASSIGNED NAMES**

Employer identification number

**AND NUMBERS**

**95-4712218**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 18				

Total number of other employees paid over \$50,000 . . . ▶ **54**

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 19		

Total number of others receiving over \$50,000 for professional services . . . ▶ **9**

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 20		

Total number of other contractors receiving over \$50,000 for other services . . . ▶ **33**

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

Schedule A (Form 990 or 990-EZ) 2007



**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>240,000.</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) . . . . .	<b>1</b> X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	X
b Lending of money or other extension of credit? . . . . .	<b>2b</b>	X
c Furnishing of goods, services, or facilities? . . . . .	<b>2c</b> X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . SEE 990, PART V-A .	<b>2d</b> X	
e Transfer of any part of its income or assets? . . . . .	<b>2e</b>	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .	<b>3a</b> X	
b Did the organization have a section 403(b) annuity plan for its employees? . . . . .	<b>3b</b>	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .	<b>3c</b>	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>3d</b>	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .	<b>4a</b>	X
b Did the organization make any taxable distributions under section 4966? . . . . .	<b>4b</b> N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>4c</b> N/A	
d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ►		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ►		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ►		NONE
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ►		NONE

Schedule A (Form 990 or 990-EZ) 2007

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	815,954.	277,585.	777,991.	742,224.	2,613,754.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	43,345,759.	24,091,759.	18,248,536.	9,405,131.	95,091,185.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	433,258.	98,927.	26,874.	12,408.	571,467.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	152.				152.
23 Total of lines 15 through 22	44,595,123.	24,468,271.	19,053,401.	10,159,763.	98,276,558.
24 Line 23 minus line 17.	1,249,364.	376,512.	804,865.	754,632.	3,185,373.
25 Enter 1% of line 23.	445,951.	244,683.	190,534.	101,598.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24 NQT. APPLICABLE				26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines:	18	19			26d
	22	26b			26e
e Public support (line 26c minus line 26d total)					26f
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2006)	(2005)	(2004)	(2003)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2006)	(2005)	(2004)	(2003)		
c Add: Amounts from column (e) for lines:	15	16			
	17	20			
d Add: Line 27a total	and line 27b total				27c 97,704,939.
e Public support (line 27c total minus line 27d total)					27d 40,317,529.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27e 57,387,410.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f 98,276,558.
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g 58.3938 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					27h 0.5815 %

**Part V** Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . .	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
-----		
-----		
-----		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
-----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? . . . . .	33a	
b Admissions policies? . . . . .	33b	
c Employment of faculty or administrative staff? . . . . .	33c	
d Scholarships or other financial assistance? . . . . .	33d	
e Educational policies? . . . . .	33e	
f Use of facilities? . . . . .	33f	
g Athletic programs? . . . . .	33g	
h Other extracurricular activities? . . . . .	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
-----		
-----		
34 a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	34a	
b Has the organization's right to such aid ever been revoked or suspended? . . . . .	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
-----		
-----		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	35	



**Part VI-A** Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ☐ a if the organization belongs to an affiliated group. Check ☐ b if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38 Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39 Other exempt purpose expenditures . . . . .	39	
40 Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -                      The lobbying nontaxable amount is -		
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
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	41	
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 . . . . .		
42 Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**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 instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
Lobbying nontaxable					
45 amount . . . . .					
Lobbying ceiling amount					
46 (150% of line 45(e)) . .					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount . . . . .					
Grassroots ceiling amount					
49 (150% of line 48(e)) . . .					
Grassroots lobbying					
50 expenditures . . . . .					

**Part VI-B** Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers . . . . .		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . .		X	
c Media advertisements . . . . .		X	
d Mailings to members, legislators, or the public . . . . .		X	
e Publications, or published or broadcast statements . . . . .		X	
f Grants to other organizations for lobbying purposes . . . . .		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	X		240,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
i Total lobbying expenditures (Add lines c through h.) . . . . .			240,000.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 23

Schedule A (Form 990 or 990-EZ) 2007

## Part VII

a Transfers from the reporting organization to a noncharitable exempt organization of:

Yes	No
-----	----

51a(i)		X
--------	--	---

a(ii)		X
-------	--	---

b(i)	x
------	---

b(ii)		X
-------	--	---

b(iii)		X
--------	--	---

b(iv)		X
-------	--	---

$b(v)$		$X$

$b(v_i)$		$X$

C		X
---	--	---

market value in any

[illegible]

► ☐ Yes ☒ No

[illegible]



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

**2007**

Name of organization

INTERNET CORPORATION FOR ASSIGNED NAMES  
AND NUMBERS

Employer identification number

95-4712218

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

JSA

7E1251 1.000

11165W 2020

60100666

Name of organization **INTERNET CORPORATION FOR ASSIGNED NAMES  
AND NUMBERS**

Employer identification number  
**95-4712218**

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 233,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 161,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 157,832.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

INTERNET CORPORATION FOR ASSIGNED NAMES  
AND NUMBERS

Page of of Part I

Employer identification number

95-4712218

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 88,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 39,412.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

7E1253 1.000

11165W 2020

60100666

Name of organization **INTERNET CORPORATION FOR ASSIGNED NAMES  
AND NUMBERS**Page **1** of **1** of Part I  
Employer identification number  
**95-4712218****Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES  
AND NUMBERSEmployer identification number  
95-4712218**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 18,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 12,936.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 12,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

INTERNET CORPORATION FOR ASSIGNED NAMES  
AND NUMBERS

Page of of Part I

Employer identification number

95-4712218

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES  
AND NUMBERS

Employer identification number

95-4712218

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

FORM 990 - GENERAL EXPLANATION ATTACHMENT

REGARDING FUNDRAISING EXPENSES  
FORM 990, PART II

THE ORGANIZATION DOES NOT INCUR FUNDRAISING EXPENSES AS MOST OF THE  
INCOME RECEIVED IS FOR PROGRAM SERVICES RENDERED.



INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

FORM 990 - GENERAL EXPLANATION ATTACHMENT  
=====

REGARDING GRANTS AND ALLOCATIONS  
FORM 990, PART II

FOR DETAIL REGARDING THE GRANTS AND ALLOCATIONS ON FORM 990, PART II,  
LINE 22B SEE STATEMENT 22.

INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES  
=====

DESCRIPTION  
-----

AMOUNT  
-----

PRIOR YEAR ROUNDING

79.

UNREALIZED LOSS ON INVESTMENTS

599,145.

TOTAL

-----  
599,224.  
=====



## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
INSURANCE EXPENSE	180,846.	NONE	180,846.
COMPUTER EXPENSE	730,935.	537,699.	193,236.
TRANSLATION	487,698.	487,698.	NONE
COMPUTER CONSULTANTS	283,545.	208,585.	74,960.
CONSULTANTS AND CONTRACTORS	8,210,414.	6,039,845.	2,170,569.
RECRUITING EXPENSE	710,791.	522,881.	187,910.
GOVERNMENT AFFAIRS	220,000.	220,000.	NONE
BAD DEBT EXPENSE	-461,567.	NONE	-461,567.
ALL OTHER	924,184.	715,304.	208,880.
INVESTMENT FEES & TAXES	111,974.	NONE	111,974.
TOTALS	11,398,820.	8,732,012.	2,666,808.

INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

TO PRIVATIZE THE MANAGEMENT OF THE DOMAIN NAME SYSTEM AND OTHER  
INTERNET COORDINATION IN A MANNER WHICH INCREASES COMPETITION AND  
FACILITATES INTERNATIONAL PARTICIPATION.

STATEMENT 5

11165W 2020

60100666



INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
BONDS	16,582,872.	FMV
MARKETABLE SECURITIES	8,190,255.	FMV
	-----	
TOTALS	24,773,127.	
	=====	

STATEMENT 6

INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION

-----

ENDING  
BOOK VALUE

-----

DEPOSITS AND AMOUNTS DUE FROM  
OTHER FUNDS

404,326.

-----

TOTALS

404,326.

=====

STATEMENT 7



INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION

-----

AMOUNT

-----

INVESTMENT EXPENSES RECLASSIFIED  
FROM REVENUE

111,974.

-----

TOTAL

111,974.

=====

STATEMENT 8

INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION

AMOUNT

INVESTMENT EXPENSES RECLASSIFIED  
FROM REVENUE

111,974.

TOTAL

111,974.

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HARALD TVEIT ALVASTRAND 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DIRECTOR 10.00	NONE	NONE	NONE
RAIMUNDO BECA 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DIRECTOR 10.00	NONE	NONE	NONE
VITTORIO BERTOLA 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	NON-VOTING LIAISON 10.00	NONE	NONE	NONE
DOUGLAS R BRENT 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	CHIEF OPERATING OFFICER 60.00	390,939.	99,412.	23,804.
VINTON G CERF 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	CHAIRMAN TO NOV 2007 10.00	NONE	NONE	NONE
SUSAN P CRAWFORD 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DIRECTOR 10.00	NONE	NONE	NONE
STEVE P CROCKER 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	NON-VOTING LIAISON 10.00	NONE	NONE	NONE
FRANCISCO DE SILVA 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	NON-VOTING LIAISON 10.00	NONE	NONE	NONE



FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ROBERTO GAETANO 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	VICE CHAIRMAN 10.00	NONE	NONE	NONE
DEMI GETSCHKO 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DIRECTOR 10.00	NONE	NONE	NONE
STEVE GOLDSTEIN 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DIRECTOR 10.00	NONE	NONE	NONE
JOICHI ITO 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DIRECTOR 10.00	NONE	NONE	NONE
JOHN JEFFREY 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	GENERAL COUNSEL 60.00	314,500.	63,982.	NONE
DENNIS JENNINGS 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DIRECTOR 10.00	NONE	NONE	NONE
RITA RODIN JOHNSTON 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DIRECTOR 10.00	NONE	NONE	NONE
JANIS KARKLINS 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	NON-VOTING LIAISON 10.00	NONE	NONE	NONE

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PAUL A LEVINS 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	VP, CORPORATE AFFAIRS 60.00	263,946.	84,110.	48,359.
THOMAS NARTEN 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	NON-VOTING LIAISON 10.00	NONE	NONE	NONE
KURT J PRITZ 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	SENIOR VP, SERVICES 60.00	318,846.	79,627.	NONE
RAJASEKHAR RAMARAJ 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DIRECTOR 10.00	NONE	NONE	NONE
NJERI RIONGE 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DIRECTOR 140.00	NONE	NONE	NONE
VANDA SCARTEZINI 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DIRECTOR 10.00	NONE	NONE	NONE
REINHARD SCHOLL 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	NON-VOTING LIAISON 10.00	NONE	NONE	NONE
WENDY SELTZER 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	NON-VOTING LIAISON 10.00	NONE	NONE	NONE

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JEAN-JACQUES SUBRENAT 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DIRECTOR 10.00	NONE	NONE	NONE
PETER DENGATE THRUSH 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	CHAIRMAN 10.00	NONE	NONE	NONE
BRUCE TONKIN 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DIRECTOR 10.00	NONE	NONE	NONE
DR PAUL TWOMEY 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	PRESIDENT & CEO 60.00	691,610.	255,649.	NONE
KEVIN WILSON 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	CHIEF FINANCIAL OFFICER 60.00	153,310.	50,198.	NONE
DAVE WODELET 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DIRECTOR 10.00	NONE	NONE	NONE
SUZANNE WOOLF 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	NON-VOTING LIAISON 10.00	NONE	NONE	NONE
GRAND TOTALS		2,133,151.	632,978.	72,163.



NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MELANIE KELLER 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601 COMPENSATION REPORTED FOR MELANIE KELLER WAS PAID IN THE PRIOR FISCAL YEAR BUT REPORTED BY ICANN AS COMPENSATION DURING THE FISCAL YEAR ENDED JUNE 30, 2008.	NONE	5,413.	6,771.	NONE
GRAND TOTALS	NONE	5,413.	6,771.	NONE

INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

FORM 990, PART VI, LINE 91C - FOREIGN COUNTRIES

=====

BELGIUM  
AUSTRALIA

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
DOMAIN NAME REGISTRY AND REGISTRAR FEES					44,186,004.
ADDRESS REGISTRY FEES					823,001.
ACCREDITATION FEES					3,667,333.
APPLICATION FEES					115,000.
TOTALS					48,791,338.



FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES  
=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
93A	FEEs CHARGED TO COORDINATE AND MAINTAIN THE DOMAIN NAME REGISTRY
93B	FEEs CHARGED TO COORDINATE AND MAINTAIN THE ADDRESS REGISTRY
93C	ANNUAL FEEs CHARGED TO ENTITIES FOR ACCREDITATION AS REGISTRARS
93D	ONE TIME FEEs CHARGED TO ENTITIES TO PROCESS APPLICATIONS

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
AMY A STATHOS 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	SENIOR COUNSEL 60.00	223,307.	49,846.	NONE
THERESA SWINEHART 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	VP, GLOBAL & STRAT. 60.00	251,497.	62,916.	NONE
DAVID R CONRAD 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	VP, RESEARCH & IANA 60.00	197,779.	53,028.	NONE
DENISE MICHEL 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	VP, POLICY DEV. 60.00	235,722.	52,500.	115,649.
\$115,649 WAS PAID TO DENISE MICHEL TO TAX NEUTRALIZE PAYMENTS MADE TO MS. MICHEL DURING HER OVERSEAS ASSIGNMENT IN THE PRIOR FISCAL YEAR. THE PAYMENTS ARE REPORTED AS TAXABLE FRINGE BENEFITS IN EXPENSE ACCOUNT.				
DANIEL HALLORAN 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DEPUTY GEN. COUNSEL 60.00	186,003.	60,536.	NONE
TOTAL COMPENSATION		1,094,308.	278,826.	115,649.

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.  
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
JONES DAY 555 FLOWER STREET, 15TH FLOOR LOS ANGELES, CA 90071	LEGAL SERVICES	1,633,322.
6315941 CANADA LIMITED 9140 MCCUTCHEON PLACE V7A 4Z2 RICHMOND BC CANADA IN FISCAL YEAR ENDING JUNE 30, 2008, COMPENSATION, EMPLOYEE BENEFITS AND REIMBURSEMENT OF EXPENSES WERE PROVIDED TO THE OMBUDSMAN THROUGH A SERVICE AGREEMENT WITH 6315941 CANADA LIMITED. PURSUANT TO THE AGREEMENT, DURING THE YEAR ENDED JUNE 30, 2008, 6315941 CANADA LIMITED WAS PAID \$203,802 IN BASE COMPENSATION, \$20,086 IN BONUSES, \$40,934 IN EMPLOYEE BENEFITS AND \$172,905 FOR REIMBURSEMENT OF EXPENSES INCURRED BY THE OMBUDSMAN. 6315941 CANADA LIMITED'S AGREEMENT WITH ICANN IS DENOMINATED IN CANADIAN DOLLARS. ICANN'S FUNCTIONAL CURRENCY IS U.S. DOLLARS, THUS PAYMENTS TO 6315941 CANADA LIMITED ARE IMPACTED BY EXCHANGE RATE FLUCTUATIONS BETWEEN THE U.S. DOLLAR AND CANADIAN DOLLAR.	OMBUDSMAN	437,727.
MEHLMAN VOGEL CASTAGNETTI INC 1341 G STREET NW, SUITE 1100 WASHINGTON, DC 20005	GOV. AFFAIRS CONSULT	240,000.
GIBSON DUNN CRUTCHER LLP 1050 CONNECTICUT AVE., N.W. WASHINGTON, DC 20036-5306	LEGAL SERVICES	140,790.
CLAYTON UTZ LEVELS 19 - 35, 1 O'CONNELL STREET 2000 SYDNEY NSW AUSTRALIA	LEGAL SERVICES	128,295.
TOTAL COMPENSATION		----- 2,580,134. =====



INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
THE WENTWORTH COMPANY INC THE ARCADE BLDG, 479 WEST SIXTH STREET SAN PEDRO, CA 90731	STAFF RECRUITING	589,840.
INTERISLE CONSULTING GROUP LLC 14 CRUSADE ROAD WESTFORD, MA 01886	STRATEGY CONSULTANT	395,462.
PROJECT MANAGEMENT SOLUTIONS 6970 LEFFERSON ROAD MIDDLETON, OH 45044	MGMT. CONSULTING	338,897.
IRON MOUNTAIN INTELLECTUAL PROPERTY MGMT 2100 NORCROSS PARKWAY SUITE 150 NORCROSS, GA 30071	DATA ESCROW SERVICE	327,300.
CROWN IT LLC 5510 N.E. ANTIOCH ROAD, SUITE 243 KANSAS CITY, MO 64119	IT CONTRACTING	309,752.
TOTAL COMPENSATION		----- 1,961,251. =====

STATEMENT 20

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SCHEDULE A, PART III - EXPLANATION FOR LINE 2C  
=====

IN FISCAL YEAR ENDING JUNE 30, 2008, COMPENSATION AND BENEFITS WERE PROVIDED FOR DR. PAUL TWOMEY'S SERVICES THROUGH AN AGREEMENT WITH ARGO PACIFIC PTY LIMITED, AN AUSTRALIAN PROPRIETARY COMPANY. DR. TWOMEY IS THE CEO OF ICANN AND THE OWNER/FOUNDER OF ARGO PACIFIC.

PURSUANT TO THE AGREEMENT, DURING THE YEAR ENDED JUNE 30, 2008, ARGO PACIFIC WAS PAID \$256,000 ASSOCIATED WITH DR. TWOMEY'S EMPLOYEE BENEFITS, \$543,000 IN BASE COMPENSATION, AND \$148,000 IN BONUSES. ARGO PACIFIC'S AGREEMENT WITH ICANN IS DENOMINATED IN AUSTRALIAN DOLLARS. ICANN'S FUNCTIONAL CURRENCY IS U.S. DOLLARS, THUS THE PAYMENTS TO ARGO PACIFIC ARE IMPACTED BY EXCHANGE RATE FLUCTUATIONS BETWEEN THE U.S. DOLLAR AND AUSTRALIAN DOLLAR. OVER THE YEAR THE DECLINING VALUE OF THE U.S. DOLLAR HAS CAUSED THE U.S. DOLLAR VALUE OF DR. TWOMEY'S COMPENSATION TO RISE EVEN THROUGH IT HAS REMAINED UNCHANGED IN AUSTRALIAN DOLLARS.

THE COMPENSATION AND BENEFITS PAYMENTS MADE TO ARGO PACIFIC FOR DR. TWOMEY'S SERVICES WERE STRUCTURED AND APPROVED BY THE ICANN BOARD'S COMPENSATION COMMITTEE AND ICANN'S BOARD OF DIRECTORS.

MR. BRUCE TONKIN IS A VOTING MEMBER OF THE BOARD OF DIRECTORS. HE WAS ELECTED IN JUNE 2007 AND HIS TERM EXPIRES APRIL 2010. MR. TONKIN IS ALSO CHIEF TECHNICAL OFFICER (CTO) OF MELBOURNE IT, AN ICANN REGISTRAR. REVENUE FROM MELBOURNE IT AMOUNTED TO \$1.05 MILLION FOR FISCAL YEAR ENDED JUNE 30, 2008. TO AVOID ANY CONFLICT OF INTEREST BETWEEN ICANN AND MELBOURNE IT, MR. TONKIN ABSTAINS FROM VOTING ON ALL MATTERS HE IDENTIFIES AS POTENTIAL CONFLICTS OF INTEREST WHICH COME BEFORE THE BOARD.

IN ADDITION TO THE SPECIFIC DISCLOSURES ABOVE, ICANN MAY ENTER INTO OR CONSIDER PARTICIPATION IN SMALL, ARM'S LENGTH TRANSACTIONS BETWEEN ICANN AND CERTAIN TAXABLE ORGANIZATIONS IN WHICH CERTAIN OF ICANN'S DIRECTORS OR OFFICERS (OR MEMBERS OF THEIR FAMILIES) MAY HAVE AN AFFILIATION. UNDER ICANN'S CONFLICTS OF INTEREST POLICY, ALL OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS BEFORE ENTERING INTO DISCUSSION ON SUCH MATTERS. IN ADDITION, THE BOARD COMMITTEE RESPONSIBLE FOR CONFLICTS OF INTEREST REVIEWS ALL OF THE BOARD MEMBER CONFLICTS OF INTEREST STATEMENTS.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A  
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ICANN OPERATES A FELLOWSHIPS PROGRAM TO AWARD SUPPORT TO ENABLE INDIVIDUALS FROM STAKEHOLDER GROUPS AROUND THE WORLD TO ATTEND ICANN MEETINGS. IT IS A MEANS TESTED PROGRAM WHEREBY APPLICANTS MUST BE CITIZENS OF ELIGIBLE LOW, LOWER-MIDDLE, AND UPPER-MIDDLE ECONOMIES, AS DEFINED BY THE WORLD BANK COUNTRY GROUPS CLASSIFICATION. FELLOWSHIPS ARE AWARDED BY AN INDEPENDENT SELECTION COMMITTEE BASED ON A MIX OF CRITERIA, INCLUDING BUT NOT LIMITED TO, APPLICANT EXPERIENCE AND REFERENCES, GEOGRAPHIC PROXIMITY TO THE MEETINGS, AND RECEIPT OF PAST FELLOWSHIPS. DURING THE TWELVE MONTHS ENDED JUNE 30, 2008, ICANN PAID \$233,246 TO ALLOW FIFTY-ONE FELLOWSHIP PARTICIPANTS TO ATTEND THREE ICANN MEETINGS.

ICANN ALSO PROVIDES TRAVEL SUPPORT TO OTHER MEMBERS OF THE VOLUNTEER COMMUNITY TO FACILITATE POLICY DEVELOPMENT EFFORTS AND OUTREACH IMPORTANT TO ICANN'S MISSION. THE PROCESS FOR SELECTION IS LARGELY BASED ON SPECIFIC CRITERIA ESTABLISHED BY EACH STAKEHOLDER/CONSTITUENCY GROUP. TRAVEL SUPPORT EXTENDED TO THESE GROUPS IS REPORTED AS PART OF TRAVEL EXPENSES IN PART II, STATEMENT OF FUNCTIONAL EXPENSES.



SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION  
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THE ORGANIZATION UTILIZED THE SERVICES OF A GOVERNMENT AFFAIRS FIRM DURING THE YEAR ENDED JUNE 30, 2008. AS PART OF THE SERVICES PROVIDED, THE GOVERNMENT AFFAIRS FIRM INCURRED \$240,000 OF LOBBYING EXPENDITURES RELATING TO DIRECT LOBBYING WITH FEDERAL LEGISLATORS.



EIN: 95-4712218  
FYE: 06/30/2008

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	NONE	
Land Improvements				
Buildings				
Leasehold Improvements	293,983.	19,833.	136,038.	157,945.
Equipment	1,473,619.	210,368.	507,051.	966,568.
Furniture & Fixtures	321,716.	28,833.	129,825.	191,891.
Property, Plant & Equipment	<u>2,089,318.</u>	<u>259,034.</u>	<u>772,914.</u>	<u>1,316,404.</u>
Construction in Progress		NONE	NONE	
Total Fixed Assets, line 57	<u>2,089,318.</u>		<u>772,914.</u>	<u>1,316,404.</u>
Total Depreciation Expense, line 42		<u>259,034.</u>		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.