

Following is the 2007 IRS Tax Form 990 and California State Tax Form 199. The United States return for organizations exempt from income taxes under section 501(c) of the Internal Revenue Code is the Form 990. The California state annual information return for exempt organizations is the Form 199. These forms report on the fiscal year ended June 30, 2008.

The Form 990 is also publicly available on www.guidestar.org.

If you have questions regarding these forms, and how to read them, please contact the office of ICANN's Chief Financial Officer at kevin.wilson@icann.org.

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)

Department of the Treasury
Internal Revenue Service

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

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

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 [X] Other (specify) []

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

- H(a) Is this a group return for affiliates? Yes [] No [X]
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? Yes [] No []
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X]

G Website: WWW.ICANN.ORG

J Organization type (check only one) [X] 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.

I Group Exemption Number

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

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

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

Table with 21 rows and 3 columns: Description, Sub-part, and Amount. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, and Net assets or fund balances at end of year.

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

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

a 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

29,550,438.

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f 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.)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
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		
		b Less: allowance for doubtful accounts	48b		48c
	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		
		b Less: allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	270,000.	53	13,454.
54a	Investments - publicly-traded securities <input type="checkbox"/> 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		
55a	Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b		55c	
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	Total assets (must equal line 74). Add lines 45 through 58	46,950,000.	59	60,968,467.	
Liabilities	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.
	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	Total liabilities. 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	Total net assets or fund balances. 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	Total liabilities and net assets/fund balances. 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 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.
d	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.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<u>SEE STATEMENT 10</u>		2,133,151.	632,978.	72,163.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 15

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. 75c X

d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: SEE STATEMENT 14, NONE, 5,413., 6,771., NONE.

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77 X

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X

b If "Yes," has it filed a tax return on Form 990-T for this year? 78b N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X

b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a

b Did the organization file Form 1120-POL for this year? 81b N/A

Part VI Other Information (continued)

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? 82a 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? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
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 88a 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 88b 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 89b 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? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f 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? 89g 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 Telephone no. 310-823-9358
Located at 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 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)? 91b 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? **91c** 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: Kevin Wilson, CFO Date: 11/17/2009

Type or print name and title: Kevin Wilson, CFO

Paid Preparer's Use Only

Preparer's signature: Tommy Heiskala Date: 11/17/09 Check if self-employed:

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

COPY

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

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

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

Employer identification number
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

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.)	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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities? S.T.M.T. 2.1	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . SEE 990, PART VI-A .	X	
e Transfer of any part of its income or assets?		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.) S.T.M.T. 2.2	X	
b Did the organization have a section 403(b) annuity plan for its employees?		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		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	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

Note: lobbying activities reported on this return reflect all costs incurred by consultants engaged in lobbying activities. Actual lobbying activities are a subset of this amount.

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	
Total					

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

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.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NQT, APPLICABLE; 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; c Total support for section 509(a)(1) test: Enter line 24, column (e); d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); 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) 21,408,494. (2005) 9,875,250. (2004) 5,539,248. (2003) 3,494,537.

c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

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.

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)

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?
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?
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?
32 Does the organization maintain the following:
a Records indicating the racial composition of the student body, faculty, and administrative staff?
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
d Copies of all material used by the organization or on its behalf to solicit contributions?
33 Does the organization discriminate by race in any way with respect to:
a Students' rights or privileges?
b Admissions policies?
c Employment of faculty or administrative staff?
d Scholarships or other financial assistance?
e Educational policies?
f Use of facilities?
g Athletic programs?
h Other extracurricular activities?
34 a Does the organization receive any financial aid or assistance from a governmental agency?
b Has the organization's right to such aid ever been revoked or suspended?
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

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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
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	41	
	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		
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.)

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

Note: lobbying activities reported on this return reflect all costs incurred by consultants engaged in lobbying activities. Actual lobbying activities are a subset of this amount.

Schedule of Contributors

2007

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

Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule -

For 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 $\frac{1}{3}$ % 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).

The names and addresses of contributors in Part I have been redacted for confidentiality.

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	<hr/> <hr/> <hr/>	\$ <u>233,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/>	\$ <u>170,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/>	\$ <u>161,124.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/>	\$ <u>157,832.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<hr/> <hr/> <hr/>	\$ <u>90,000.</u>	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
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.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 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	<hr/> <hr/> <hr/>	\$ 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	<hr/> <hr/> <hr/>	\$ 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	<hr/> <hr/> <hr/>	\$ 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	<hr/> <hr/> <hr/>	\$ 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	<hr/> <hr/> <hr/>	\$ 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
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Part I Contributors (See Specific Instructions.)

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

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.

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.

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

DESCRIPTION -----	AMOUNT -----
PRIOR YEAR ROUNDING	79.
UNREALIZED LOSS ON INVESTMENTS	599,145.

TOTAL	599,224.
	=====

The unrealized loss on investments represents the loss in value of the investments which has not yet been realized through a sale transaction.

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.

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.

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.	
	=====	

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEPOSITS AND AMOUNTS DUE FROM OTHER FUNDS	404,326.
TOTALS	----- 404,326. =====

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.

The above represents management fees and taxes incurred on investment transactions.

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. =====

The above represents management fees and taxes incurred on investment transactions.

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

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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

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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.

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

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	NONE	5,413.	6,771.	NONE
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.				
GRAND TOTALS	NONE	5,413.	6,771.	NONE

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			
THERESA SWINEHART 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	VP, GLOBAL & STRAT. 60.00			
DAVID R CONRAD 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	VP, RESEARCH & IANA 60.00			
DENISE MICHEL 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	VP, POLICY DEV. 60.00			
<p>\$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.</p>				
DANIEL HALLORAN 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601	DEPUTY GEN. COUNSEL 60.00			
	TOTAL COMPENSATION	1,094,308.	278,826.	115,649.
		=====	=====	=====

*Compensation, employee benefit and expense
account information redacted for confidentiality.*

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	OMBUDSMAN	437,727.
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.		
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. =====

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. =====

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

=====

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

=====

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.

Note: lobbying activities reported on this return reflect all costs incurred by consultants engaged in lobbying activities. Actual lobbying activities are a subset of this amount.

Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
PUBLICLY TRADED SECURITIES	VAR	VAR	6,497,360.	6,599,803.	-102,443.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			6,497,360.	6,599,803.	-102,443.
Totals			6,497,360.	6,599,803.	-102,443.

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.

TAXABLE YEAR

California Exempt Organization 2007 Annual Information Return

FORM

199

For calendar or fiscal year beginning month 07 day 01 year 07, and ending month 06 day 30 year 2008

IMPORTANT: Your number is required.

California corporation number **C2121683**
Federal employer identification number (FEIN) **95-4712218**

Corporation/Organization name

INTERNET CORPORATION FOR ASSIGNED NAMES

AND NUMBERS

Address (including Suite, Room, or PMB no.) **330**

4676 ADMIRALTY WAY

City **MARINA DEL REY, CA** State **CA** ZIP Code **90292-6601**

A Final return? Check applicable box. Yes No
 • Dissolved Withdrawn Merged/Reorganized (attach explanation)
 If a box is checked, enter date

B Check forms filed this year: State: 109 100 100S 100W
 Federal: 990 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. . . .

D Is this a group filing? See General Instruction N Yes No

E Accounting method used **ACCRUAL**

F Type of organization Exempt under Section 23701 D (insert letter)
 IRC Section 4947(a)(1) trust

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	56,460,665.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	3	1,583,406.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	4	58,044,071.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	6,599,803.00
	7	Total costs. Add line 5 and line 6	7	6,599,803.00
	8	Total gross income. Subtract line 7 from line 4	8	51,444,268.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	39,656,000.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	11,788,268.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Penalty for failure to file on time. See General Instruction L	12	00
	13	Use tax. See "General Instruction M"	13	00
	14	Balance due. Add line 11, line 12, and line 13	14	10.00

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No
- 16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17 Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18 Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
 If "Yes," enter amount of total income reported \$ _____

19 The financial records are in care of KEVIN WILSON Daytime telephone 310-823-9358
 located at 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601

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 taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here: *Kevin Wilson* Signature of officer | 14 May 2009 Date | CFO Title | 310-301-3899 Daytime telephone

Paid Preparer's Use Only: *Dmagy Heiskal* Paid preparer's signature | 5/13/09 Date | Check if self-employed Paid preparer's SSN or PTIN P00649485
 Firm's name (or yours, if self-employed) and address: ERNST & YOUNG U.S. LLP • 34-6565596
 4370 LA JOLLA VILLAGE DR, SUITE 500 Daytime telephone 858-535-7200
 SAN DIEGO, CA 92122

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2		00
	3	Dividends	3	SEE FEDERAL	00
	4	Gross rents	4	FORM 990	00
	5	Gross royalties	5	ATTACHED	00
	6	Gross amount received from sale of assets	6		00
	7	Other income. Attach schedule	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8		00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	11		00
	12	Other salaries and wages	12		00
	13	Interest	13		00
	14	Taxes	14		00
	15	Rents	15		00
	16	Depreciation and depletion	16		00
	17	Other. Attach schedule	17		00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18		00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash				
2	Net accounts receivable				
3	Net notes receivable. Attach schedule				
4	Inventories		SEE FEDEARL		
5	Federal and state government obligations		FORM 990		
6	Investments in other bonds. Attach schedule		ATTACHED		
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans _____)				
9	Other investments. Attach schedule				
10	a Depreciable assets				
	b Less accumulated depreciation	()		()	
11	Land				
12	Other assets. Attach schedule				
13	Total assets				
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000				
1	Net income per books		7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6
5	Expenses recorded on books this year not deducted in this return. Attach schedule			
6	Total. Add line 1 through line 5			

STATE OF CALIFORNIA
 EXEMPT ORGANIZATIONS SECTION
 FRANCHISE TAX BOARD
 PO BOX 1286
 RANCHO CORDOVA CA 95741-1286
 TELEPHONE: (916) 845-4171

**Political or Legislative Activities
 By Section 23701d Organizations**

Name INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS		Corporate Number	
Number and Street 4676 ADMIRALTY WAY		Federal Identification Number 95-4712218	
City or Town MARINA DEL REY	State CA	Zip Code 90292-6601	

- I (a) Have you participated or intervened in any political campaign on behalf of any elective public office candidate? If you have, attach a detailed activity description and copies of any published material relating to the activity.
- (b) Have you contributed funds to support or oppose any individual public office candidate or any organization formed to support or oppose a public office candidate? If you have, attach a detailed activity description and a schedule including the name of the individual or organization you contributed to, the amount you paid, and the date you paid them.
- II (a) Have you attempted to influence any national, state or local legislation or ballot measure? If you have, attach a detailed activities description, copies of any published materials relating to the activities and a schedule of expenditures.

SEE ATTACHED
- III **Public Charities - Election to make expenditures to influence legislation**
 (a) Have you filed a federal election to make expenditures to influence legislation? If you have, furnish a copy of the Form 5768 filed with the IRS if not previously furnished it. This fulfills your need to file an election for state purposes.

Please Check (/)	
YES	NO
	X
	X
X	
	X

NOTE: You cannot make this election if you are a church, an integrated auxiliary of a church or a private foundation. State and federal law is the same with regard to this election, except that state law does not provide for an excise tax on excess lobbying expenditures.

- (b) Organizations that elected to make expenditures to influence legislation must furnish the following financial information for the taxable year:
 1. **Exempt Purposes Expenditures**
 (The total amount paid or incurred to accomplish the charitable, educational, religious, etc. purpose.)
 2. **Lobbying Expenditures**
 (The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation.)
 3. **Grass Roots Expenditures**
 (The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it.)

\$ N/A
\$ N/A
\$ N/A

FORM FTB 3509, PART II(A)
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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.

Note: lobbying activities reported on this return reflect all costs incurred by consultants engaged in lobbying activities. Actual lobbying activities are a subset of this amount.

STATEMENT