

The 2008 IRS Tax Form 990 and the 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, 2009.

The 2008 IRS Form 990 instituted many changes this year including:

- Focus on the governance and corporate policies of the organization,
- Information related to activities conducted outside of the United States,
- More disclosures related to compensation to officers, key employees, and the highest compensated employees, and
- The addition of 14 supplemental schedules for reporting additional information..

A document of Frequently Asked Questions (FAQs) has been prepared for the readers of the ICANN form 990. The FAQs can be viewed on the ICANN website at <http://www.icann.org/en/financials/fiscal-30jun09.htm>

The Form 990 is also made 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.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>INTERNET CORPORATION FOR ASSIGNED NAM</u>		D Employer identification number <u>95-4712218</u>
		Doing Business As		E Telephone number <u>(310) 823-9358</u>
		Number and street (or P.O. box if mail is not delivered to street address) <u>4676 ADMIRALTY WAY</u>	Room/suite <u>330</u>	G Gross receipts \$ <u>74,575,192.</u>
City or town, state or country, and ZIP + 4 <u>MARINA DEL REY, CA 90292-6601</u>		F Name and address of principal officer: <u>ROD BECKSTROM</u> <u>4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292</u>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: <u>WWW.ICANN.ORG</u>		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: <u>1998</u>		M State of legal domicile: <u>CA</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>15</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>13</u>
	5 Total number of employees (Part V, line 2a)	<u>5</u>	<u>93</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>24</u>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	<u>7a</u>	<u>NONE</u>
7b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>NONE</u>	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>1,583,406.</u>	<u>1,567,752.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>48,791,338.</u>	<u>58,675,378.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,069,025.</u>	<u>-322,521.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>499.</u>	<u>NONE</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>51,444,268.</u>	<u>59,920,609.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>233,246.</u>	<u>550,186.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>NONE</u>	<u>NONE</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>13,149,466.</u>	<u>16,858,365.</u>
	16b Total fundraising expenses, Part IX, column (D), line 25	<u>NONE</u>	<u>NONE</u>
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>26,273,288.</u>	<u>34,066,609.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>39,656,000.</u>	<u>51,475,160.</u>
	19 Revenue less expenses. Subtract line 18 from line 12	<u>11,788,268.</u>	<u>8,445,449.</u>
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>60,968,467.</u>	<u>73,228,478.</u>
22 Net assets or fund balances. Subtract line 21 from line 20.	<u>14,543,423.</u>	<u>19,958,023.</u>	
		<u>46,425,044.</u>	<u>53,270,455.</u>

Part II Signature Block

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

Sign Here
 Signature of officer: Kevin Wilson CFO Date: 11 May 2010
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature: <u>Thomas Heersdale</u>	Date: <u>5/13/09</u>	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): <u>P00649485</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>ERNST & YOUNG U.S. LLP</u> <u>4370 LA JOLLA VILLAGE DRIVE, #500 SAN DIEGO, CA 92122</u>		EIN: <u>34-6565596</u>	Phone no.: <u>858-535-7200</u>

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

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

Form 990 (2008)

JSA 8E1010 2.000

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 36,995,277. including grants of \$ 550,186.) (Revenue \$ 58,675,378.)
SEE SCHEDULE O

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4e Total program service expenses ► \$ 36,995,277. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/>	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	<input checked="" type="checkbox"/>	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	<input checked="" type="checkbox"/>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	<input checked="" type="checkbox"/>	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	<input checked="" type="checkbox"/>	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input checked="" type="checkbox"/>	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 86		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .		
	2a 93		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	2b		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
	4a		
b	If "Yes," enter the name of the foreign country: SEE STATEMENT 1 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

Table with 11 rows of questions (1a-11) and columns for Yes/No. Includes sub-questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9a, 9b, 10, 11.

Section B. Policies

Table with 12 rows of questions (12a-16b) and columns for Yes/No. Includes sub-questions 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed - CALIFORNIA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KEVIN WILSON, 4676 ADMIRALTY WAY, SUITE 330 MARINA DEL REY, CA 90292-6601, 310-823-9358

Part VIII Statement of Revenue

95-4712218

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	1,567,752.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	1,567,752.				
Program Service Revenue			Business Code				
	2a	DOMAIN NAME REGISTRY & REGISTRAR FEES	900099	53,252,822.	53,252,822.		
	b	SPONSORSHIP	900099	644,389.	644,389.		
	c	ADDRESS REGISTRY FEES	900099	823,000.	823,000.		
	d	ACCREDITATION FEES	900099	3,852,667.	3,852,667.		
	e	APPLICATION FEES	900099	102,500.	102,500.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		58,675,378.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,456,325.		2,456,325.	
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	11,875,737.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses		14,654,583.			
c	Gain or (loss)		-2,778,846.				
d	Net gain or (loss)		-2,778,846.		-2,778,846.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a					
b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events			NONE			
9a	Gross income from gaming activities. See Part IV, line 19.	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities			NONE			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory			NONE			
		Miscellaneous Revenue					
		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			NONE			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		59,920,609.	58,675,378.		-322,521.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE	NONE		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE	NONE		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	550,186.	550,186.		
4 Benefits paid to or for members	NONE	NONE		
5 Compensation of current officers, directors, trustees, and key employees	3,459,555.	2,457,254.	1,002,301.	NONE
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE	NONE	NONE	NONE
7 Other salaries and wages	9,648,244.	6,852,958.	2,795,286.	NONE
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	1,341,111.	952,565.	388,546.	NONE
9 Other employee benefits	1,507,379.	1,070,662.	436,717.	NONE
10 Payroll taxes	902,076.	640,727.	261,349.	NONE
11 Fees for services (non-employees):				
a Management	NONE	NONE	NONE	NONE
b Legal	3,715,501.	2,639,047.	1,076,454.	NONE
c Accounting	184,499.	NONE	184,499.	NONE
d Lobbying	300,018.	300,018.	NONE	NONE
e Professional fundraising services. See Part IV, line 17	NONE			NONE
f Investment management fees	191,364.	NONE	191,364.	NONE
g Other	13,244,610.	9,755,327.	3,489,283.	NONE
12 Advertising and promotion	NONE	NONE	NONE	NONE
13 Office expenses	2,230,639.	1,208,512.	1,022,127.	NONE
14 Information technology	1,424,242.	1,011,611.	412,631.	NONE
15 Royalties	NONE	NONE	NONE	NONE
16 Occupancy	1,736,341.	1,198,545.	537,796.	NONE
17 Travel	7,198,595.	5,029,987.	2,168,608.	NONE
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE	NONE	NONE	NONE
19 Conferences, conventions, and meetings	1,298,436.	1,298,436.	NONE	NONE
20 Interest	NONE	NONE	NONE	NONE
21 Payments to affiliates	NONE	NONE	NONE	NONE
22 Depreciation, depletion, and amortization . . .	947,847.	673,237.	274,610.	NONE
23 Insurance	236,428.	167,930.	68,498.	NONE
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a STAFF TRAINING -----	179,162.	127,255.	51,907.	NONE
b DUES AND SUBSCRIPTIONS -----	277,803.	197,318.	80,485.	NONE
c BAD DEBT -----	836,917.	836,917.	NONE	NONE
d MISCELLANEOUS -----	64,207.	26,785.	37,422.	NONE
e -----				
f All other expenses -----				NONE
25 Total functional expenses. Add lines 1 through 24f	51,475,160.	36,995,277.	14,479,883.	NONE
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,212,740.	1	1,218,080.
	2	Savings and temporary cash investments	20,792,353.	2	25,903,777.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,456,063.	4	11,737,086.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	NONE	5	20,720.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges	13,454.	9	919,493.
	10a	Land, buildings, and equipment: cost basis	10a 4,316,483.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 1,670,894.	10c	2,645,589.
	11	Investments - publicly traded securities	24,773,127.	11	30,438,835.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	404,326.	15	344,898.
16	Total assets. Add lines 1 through 15 (must equal line 34)	60,968,467.	16	73,228,478.	
Liabilities	17	Accounts payable and accrued expenses	5,402,057.	17	9,746,165.
	18	Grants payable		18	
	19	Deferred revenue	9,141,366.	19	10,204,858.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	NONE	22	7,000.
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable.		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25.	14,543,423.	26	19,958,023.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	46,425,044.	27	53,270,455.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	46,425,044.	33	53,270,455.	
34	Total liabilities and net assets/fund balances	60,968,467.	34	73,228,478.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (See instructions.); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15%; 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 16b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	777,991.	277,585.	815,954.	1,583,406.	1,567,752.	5,022,688.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	18,248,536.	24,091,759.	43,345,759.	48,791,338.	58,675,378.	193,152,770.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	19,026,527.	24,369,344.	44,161,713.	50,374,744.	60,243,130.	198,175,458.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	5,539,248.	9,875,250.	21,408,494.	26,985,551.	31,350,698.	95,159,241.
c Add lines 7a and 7b.	5,539,248.	9,875,250.	21,408,494.	26,985,551.	31,350,698.	95,159,241.
8 Public support (Subtract line 7c from line 6.)						103,016,217.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.	19,026,527.	24,369,344.	44,161,713.	50,374,744.	60,243,130.	198,175,458.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,874.	98,927.	433,258.	1,171,468.	2,456,325.	4,186,852.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	26,874.	98,927.	433,258.	1,171,468.	2,456,325.	4,186,852.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	NONE	NONE	152.	499.	NONE	651.
13 Total support. (Add lines 9, 10c, 11, and 12.)						202,362,961.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	50.91%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	58.39%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	2.07%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.58%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

LINE 12 - OTHER INCOME

LINE 12, 2006 = \$152 MISC. INCOME

LINE 12, 2007 = \$499 MISC. INCOME

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

2008

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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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 33¹/₃% 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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).

Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____ _____ _____	\$ 172,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____	\$ 85,000.	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 instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	_____	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	_____	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	_____	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	_____	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	_____	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	_____	\$ 50,000.	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 instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	_____ _____ _____	\$ 44,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	_____ _____ _____	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	_____ _____ _____	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	_____ _____ _____	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	_____ _____ _____	\$ 39,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	_____ _____ _____	\$ 30,000.	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 instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	_____ _____ _____	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	_____ _____ _____	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	_____ _____ _____	\$ 20,000.	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 instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	_____ _____ _____	\$ 12,936.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	_____ _____ _____	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	_____ _____ _____	\$ 10,000.	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 instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	_____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	_____	\$ <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	_____	\$ <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	_____	\$ <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	_____	\$ <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.)
36	_____	\$ <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.)

Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	<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.)
38	<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.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2008

Open to Public Inspection

- ▶ To be completed by organizations described below.
- ▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES	Employer identification number 95-4712218
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

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

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

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

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 50%;">The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

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

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SCHEDULE C

SUPPLEMENTAL INFORMATION

THE ORGANIZATION UTILIZED THE SERVICES OF TWO GOVERNMENT AFFAIRS FIRMS

DURING THE YEAR ENDED JUNE 30, 2009. AS PART OF THE SERVICES PROVIDED,

THE GOVERNMENT AFFAIRS FIRMS INCURRED \$300,018 OF LOBBYING EXPENDITURES

RELATED TO LOBBYING WITH FEDERAL LEGISLATORS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

INTERNET CORPORATION FOR ASSIGNED NAMES

Employer identification number

95-4712218

AND NUMBERS

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about donor advisement and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Year. Includes questions about conservation easement purposes and monitoring.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		230,285.	181,774.	48,511.
d Equipment		3,525,033.	1,270,401.	2,254,632.
e Other		561,165.	218,719.	342,446.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				2,645,589.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	59,920,609.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	51,475,160.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	8,445,449.
4	Net unrealized gains (losses) on investments	4	-1,593,920.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-1,593,920.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	6,851,529.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	58,135,325.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,593,920.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-1,593,920.
3	Subtract line 2e from line 1	3	59,729,245.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	191,364.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	191,364.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	59,920,609.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	51,283,796.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	51,283,796.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	191,364.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	191,364.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	51,475,160.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

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

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EUROPE	1	17	PROGRAM SERVICES	SEE FORM 990, PART III	4,155,479.
EAST ASIA AND THE PACIFIC	1	78	PROGRAM SERVICES	SEE FORM 990, PART III	5,740,015.
MIDDLE EAST AND NORTH AFRICA	NONE	60	PROGRAM SERVICES	SEE FORM 990, PART III	2,224,737.
NORTH AMERICA	NONE	75	PROGRAM SERVICES	SEE FORM 990, PART III	2,612,123.
CENTRAL AMERICA/CARIBBEAN	NONE	2	PROGRAM SERVICES	SEE FORM 990, PART III	158,278.
SOUTH AMERICA	NONE	1	PROGRAM SERVICES	SEE FORM 990, PART III	37,734.
SOUTH ASIA	NONE	1	PROGRAM SERVICES	SEE FORM 990, PART III	180,904.
SUB-SAHARAN AFRICA	NONE	2	PROGRAM SERVICES	SEE FORM 990, PART III	261,974.
RUSSIA/INDEPENDENT STATES	NONE	2	PROGRAM SERVICES	SEE FORM 990, PART III	40,000.
Totals ▶	2	238			15,411,244.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2008

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US

ICANN OPERATES A FELLOWSHIPS PROGRAM TO ENABLE INDIVIDUALS FROM AROUND THE WORLD TO ATTEND ICANN MEETINGS. THE FELLOWSHIPS PROGRAM 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. 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, 2009, ICANN PAID \$286,602 TO ALLOW SEVENTY 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 IX, STATEMENT OF FUNCTIONAL EXPENSES.

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

SUPPLEMENTAL INFORMATION

SCHEDULE F, PART I

THE INTERNATIONAL OFFICES INCLUDED ON PART I LINE 3(B) OF SCHEDULE F ARE

THE SYDNEY, AUSTRALIA AND BRUSSELS, BELGIUM ICANN OFFICES.

THE NUMBER OF EMPLOYEES IN EACH REGION SHOWN IN PART I LINE 3(C) OF

SCHEDULE F INCLUDES THOSE STAFF OR CONTRACTED STAFF WORKING IN EACH

REGION AND THE NUMBER OF ICANN STAFF OR CONTRACTED STAFF ATTENDING THE

CAIRO (59), MEXICO CITY (74 EST.), AND SYDNEY (74) INTERNATIONAL MEETINGS

DURING FISCAL YEAR 2009. IN ADDITION, AN ESTIMATE OF THOSE OFFICERS AND

OTHER EXECUTIVES WHO VISITED EACH REGION WAS INCLUDED.

THE TOTAL EXPENDITURES BY REGION SHOWN IN PART I LINE 3(F) OF SCHEDULE F

INCLUDES:

* THE AMOUNTS PAID (FOR STAFF COMPENSATION, TRAVEL REIMBURSEMENT, AND

OTHER STAFF AND VENDOR COSTS) FROM THE US ACCOUNTS PAYABLE DEPARTMENT IN

INTERNATIONAL CURRENCIES APPLICABLE TO THE REGION;

* ALL COSTS ASSOCIATED WITH THE THREE ANNUAL INTERNATIONAL MEETINGS

(I.E., CAIRO, MEXICO CITY AND SYDNEY FOR FISCAL YEAR 2009);

* AMOUNTS EXPENDED TO FUND THE SYDNEY, AUSTRALIA AND BRUSSELS, BELGIUM

OFFICES AND PERSONNEL COSTS INCLUDING OFFICE EXPENSES, TRAVEL RELATED AND

OTHER EXPENSES PAID BY THE US ACCOUNTS PAYABLE DEPARTMENT;

* AMOUNTS PAID TO ARGO PACIFIC, THE CEO'S COMPANY, FOR COMPENSATION AND

EXPENSES OF THE CEO; AND

* ALL PAYMENTS MADE TO INTERNATIONAL BASED EMPLOYEES AND CONTRACTED STAFF

THAT WERE PAID IN US DOLLARS.

* ESTIMATES OF TRAVEL COSTS ASSOCIATED WITH THOSE EXECUTIVES WHO TRAVEL

FREQUENTLY WERE MADE AND THOSE ESTIMATED COSTS WERE ALLOCATED BY REGION.

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

* NOTE THAT PROFESSIONAL SERVICE PROVIDERS AND OTHER COMPARABLE VENDORS
ARE NOT TREATED AS AGENTS FOR THIS PURPOSE.

Multiple horizontal dashed lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number
95-4712218

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

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

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

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEVE ANTONOFF	(i) 145,233. (ii) NONE	27,969. NONE	7,916. NONE	17,581. NONE	14,215. NONE	212,914. NONE	NONE NONE
DOUGLAS BRENT	(i) 242,500. (ii) NONE	122,608. NONE	53,059. NONE	28,905. NONE	21,362. NONE	475,434. NONE	145,965. NONE
DAVID CONRAD	(i) 164,500. (ii) NONE	27,187. NONE	15,500. NONE	23,984. NONE	14,421. NONE	245,592. NONE	90,000. NONE
JOHN CRAIN	(i) 141,375. (ii) NONE	29,073. NONE	14,000. NONE	23,808. NONE	14,236. NONE	222,492. NONE	NONE NONE
ELIZABETH GASSTER	(i) 149,500. (ii) NONE	16,790. NONE	20,500. NONE	22,220. NONE	14,188. NONE	223,198. NONE	NONE NONE
DANIEL HALLORAN	(i) 141,333. (ii) NONE	29,977. NONE	15,500. NONE	23,840. NONE	21,017. NONE	231,667. NONE	76,833. NONE
JOHN JEFFREY	(i) 214,500. (ii) NONE	85,428. NONE	15,500. NONE	30,837. NONE	21,362. NONE	367,627. NONE	115,000. NONE
PAUL LEVINS	(i) 204,500. (ii) NONE	80,191. NONE	92,349. NONE	27,526. NONE	21,362. NONE	425,928. NONE	131,000. NONE
DENISE MICHEL	(i) 189,500. (ii) NONE	54,558. NONE	90,511. NONE	26,228. NONE	21,362. NONE	382,159. NONE	102,500. NONE
OLOF NORDLING	(i) 238,397. (ii) NONE	32,293. NONE	NONE NONE	NONE NONE	38,163. NONE	308,853. NONE	NONE NONE
KURT PRITZ	(i) 224,500. (ii) NONE	70,335. NONE	20,500. NONE	24,592. NONE	21,362. NONE	361,289. NONE	122,500. NONE
AMY STATHOS	(i) 178,225. (ii) NONE	37,360. NONE	15,500. NONE	25,837. NONE	8,110. NONE	265,032. NONE	96,390. NONE
THERESA SWINEHART	(i) 185,333. (ii) NONE	71,366. NONE	15,500. NONE	28,179. NONE	8,160. NONE	308,538. NONE	113,383. NONE
PAUL TWOMEY	(i) 514,566. (ii) NONE	113,111. NONE	NONE NONE	NONE NONE	242,149. NONE	869,826. NONE	411,973. NONE
LEO VEGODA	(i) 178,807. (ii) NONE	24,520. NONE	NONE NONE	NONE NONE	23,860. NONE	227,187. NONE	NONE NONE
KEVIN WILSON	(i) 134,500. (ii) NONE	27,776. NONE	15,500. NONE	24,389. NONE	13,076. NONE	215,241. NONE	75,000. NONE

Schedule J (Form 990) 2008

Part III Supplemental Information

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

SCHEDULE J

SUPPLEMENTAL INFORMATION

SCHEDULE J, PART I, LINE 1

HOUSING ALLOWANCES WERE PROVIDED TO THE FOLLOWING OFFICERS RELATED TO THEIR RELOCATION:

DOUGLAS BRENT - \$33,509

PAUL LEVINS - \$46,859

DENISE MICHEL - \$75,711

THESE BENEFITS WERE TAXABLE AND INCLUDED IN THE W-2, BOX 5 AMOUNTS REPORTED IN FORM 990, PART VII.

MOVING COSTS AND TUITION PAYMENTS HAVE BEEN INCURRED ON BEHALF OF PAUL LEVINS. THESE COSTS WERE TAX NEUTRALIZED AND THE AMOUNT OF \$29,990 RELATED TO THESE COSTS WERE INCLUDED IN THE W-2, BOX 5 AMOUNT REPORTED IN FORM 990, PART VII.

Part III Supplemental Information

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

FOR FIRST CLASS TRAVEL:

ICANN'S TRAVEL GUIDELINES SET OUT ECONOMY CLASS TRAVEL FOR BOARD, EXECUTIVES AND STAFF. WITH EXCEPTIONS PERMITTED FOR LONGER TRIPS, HEALTH REASONS, OR OTHER REASONABLE EXCEPTIONS.

FOR SPOUSAL TRAVEL:

ICANN'S TRAVEL GUIDELINES DO NOT PERMIT SPOUSAL OR FAMILY TRAVEL. EXCEPTIONS TO THIS POLICY HAVE BEEN MADE REGARDING SPOUSAL AND FAMILY TRAVEL EXPENDITURES FOR A VERY LIMITED NUMBER OF INSTANCES RELATING TO EXPATRIATION OR LIVING AWAY FROM EMPLOYEE/FAMILY'S PERMANENT DOMICILE.

SCHEDULE J

SUPPLEMENTAL INFORMATION

SCHEDULE J, PART I, LINE 7

REGARDING BONUSES:

THE OVERARCHING OBJECTIVE OF ICANN'S REMUNERATION FRAMEWORK IS TO ENSURE

Part III Supplemental Information

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

REMUNERATION PROVIDED IS COMPETITIVE GLOBALLY AND THAT IT PROVIDES STAFF WITH APPROPRIATE MOTIVATION FOR HIGH PERFORMANCE TOWARDS AGREED OBJECTIVES. THIS FRAMEWORK IS DESCRIBED IN DETAIL WITHIN THE "ICANN COMPENSATION - 2010" DOCUMENT WHICH CAN BE FOUND AT THE FOLLOWING URL: [HTTP://WWW.ICANN.ORG/EN/FINANCIALS/CURRENT-YEAR.HTM](http://www.icann.org/en/financials/current-year.htm)

SCHEDULE J SUPPLEMENTAL INFORMATION

990 PART VII, LINE 5 - COMPENSATION FROM AN UNRELATED ORGANIZATION IN 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, THE CEO OF ICANN THROUGH JUNE 30, 2009, IS A DIRECTOR OF ARGO PACIFIC.

PURSUANT TO THE AGREEMENT, DURING CALENDAR YEAR 2008, ARGO PACIFIC WAS PAID \$242,149 ASSOCIATED WITH DR. TWOMEY'S EMPLOYEE BENEFITS, \$514,566 IN

Part III Supplemental Information

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

BASE COMPENSATION, AND \$113,111 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.

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.

ICANN'S OVERALL COMPENSATION PHILOSOPHY IS TO TARGET COMPENSATION BETWEEN THE 50TH AND 75TH PERCENTILE OF THE MARKET, TO ATTRACT AND RETAIN THE RIGHT STAFF. THE DRIVING ELEMENT OF THIS PHILOSOPHY IS THAT ICANN'S COMPENSATION IS MARKET-BASED.

ICANN HAS EMPLOYEES IN MANY DIFFERENT PARTS OF THE WORLD, AND STRIVES TO APPLY THIS PHILOSOPHY LOCALLY. EMPLOYMENT MARKETS AROUND THE WORLD ARE QUITE DIFFERENT, AND ALSO BRING DIFFERENT TAX, BENEFIT AND OTHER LOCAL

Part III Supplemental Information

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

CONDITIONS TO BEAR.

NOTABLY, BELGIUM, WHERE ICANN HAS SEVERAL STAFF MEMBERS, REPRESENTS QUITE A DIFFERENT JOB MARKET THAN THE U.S. EMPLOYMENT MARKET. BASE COMPENSATION RATES IN BELGIUM ARE HIGHER DUE TO DIFFERENCES IN TAX RATES AND OTHER FACTORS SUCH AS NATIONAL MEDICAL PROGRAMS. IN ADDITION, EXCHANGE RATE FLUCTUATIONS ALSO AFFECT THE US DOLLAR EQUIVALENCES OF THE BRUSSELS-BASED STAFF; THEREFORE, THE DOLLAR-DENOMINATED COMPENSATION OF ICANN'S BRUSSELS-BASED STAFF IS HIGHER THAN THEIR U.S.-BASED COUNTERPARTS.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

**Open to Public
Inspection**

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

Employer Identification number
95-4712218

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HARALD_TVEIT_ALVESTRAND DIRECTOR	10.	X					NONE	NONE	NONE	
RAIMUNDO_BECA DIRECTOR	10.	X					NONE	NONE	NONE	
SUSAN_CRAWFORD DIRECTOR	10.	X					NONE	NONE	NONE	
STEVEN_CROCKER DIRECTOR	10.	X					NONE	NONE	NONE	
ROBERTO_GAETANO DIRECTOR	10.	X					NONE	NONE	NONE	
DEMI_GETSCHKO DIRECTOR	10.	X					NONE	NONE	NONE	
STEVEN_GOLDSTEIN DIRECTOR	10.	X					NONE	NONE	NONE	
DENNIS_JENNINGS DIRECTOR	10.	X					NONE	NONE	NONE	
RITA_RODIN_JOHNSTON DIRECTOR	10.	X					NONE	NONE	NONE	
RAYMOND_A_PLZAK (MAY 09) DIRECTOR	10.	X					NONE	NONE	NONE	
RAJASEKHAR_RAMARAJ DIRECTOR	10.	X					NONE	NONE	NONE	
NJERI_RIONGE DIRECTOR	10.	X					NONE	NONE	NONE	
MIKE_SILBER (MAY 09) DIRECTOR	10.	X					NONE	NONE	NONE	
JEAN-JACQUES_SUBRENAT DIRECTOR	10.	X					NONE	NONE	NONE	
PETER_DENGATE_THRUSH DIRECTOR	10.	X					NONE	NONE	NONE	
BRUCE_TONKIN DIRECTOR	10.	X					NONE	NONE	NONE	
KATIM_TOURAY DIRECTOR	10.	X					NONE	NONE	NONE	
PAUL_TWOMEY DIRECTOR/ PRESIDENT AND CEO	60.	X		X			627,677.	NONE	242,149.	
DAVE_WODELET DIRECTOR	10.	X					NONE	NONE	NONE	
DOUGLAS_BRENT CHIEF OPERATING OFFICER	60.			X			425,167.	NONE	50,267.	
JOHN_JEFFREY GENERAL COUNSEL AND SECRETARY	60.			X			315,428.	NONE	52,199.	

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

Schedule J-2 (Form 990) 2008

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

2008

Open To Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
P. LEVINS ADV/PMT OF US TAXES		X	19,311.	19,311.		X		X		X
K. WILSON ADV. FOR ICANN MTG PETTY CASH		X	1,409.	1,409.		X		X		X
ARGO PACIFIC PTY LTD PAYABLE	X		7,000.	7,000.		X		X		X
Total ▶ \$				27,720.						

Part III Grants or Assistance Benefitting Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MELBOURNE IT	BRUCE TONKIN - OFFICER	1,009,794.	SEE SCHEDULE O		X

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1 AND PART III, LINE 1

THE MISSION OF THE INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

("ICANN") IS TO COORDINATE, AT THE OVERALL LEVEL, THE GLOBAL INTERNET'S

SYSTEMS OF UNIQUE IDENTIFIERS, AND IN PARTICULAR TO ENSURE THE STABLE AND

SECURE OPERATION OF THE INTERNET'S UNIQUE IDENTIFIER SYSTEMS. SEE

ADDITIONAL INFORMATION ABOUT ICANN'S PROGRAMS AND ACTIVITIES ON THE ICANN

WEBSITE AND IN THE ICANN ANNUAL REPORT POSTED AT ICANN.ORG.

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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 VOTING MEMBERS OF THE GOVERNING BODY _____

 FORM 990, PART I, LINE 3 AND PART VI, LINE 1A _____

 IN ADDITION TO THE VOTING MEMBER OF THE BOARD OF DIRECTORS, ICANN'S _____

 BYLAWS ALLOW FOR 6 NON-VOTING LIAISONS. THE NON-VOTING LIAISONS ARE _____

 ENTITLED TO ATTEND BOARD MEETINGS, PARTICIPATE IN BOARD DISCUSSIONS AND _____

 DELIBERATIONS, AND HAVE ACCESS (UNDER CONDITIONS ESTABLISHED BY THE _____

 BOARD) TO MATERIALS PROVIDED TO DIRECTORS FOR USE IN BOARD DISCUSSIONS, _____

 DELIBERATIONS AND MEETINGS. _____

 THE FOLLOWING INDIVIDUALS SERVED AS NON-VOTING LIAISONS DURING THE FISCAL _____

 YEAR ENDING 30 JUNE 2009: _____

1. JANIS KARKLINS _____
2. RAM MOHAN _____
3. THOMAS NARTEN _____
4. SUZANNE WOOLF _____
5. THOMAS ROESSLER _____
6. WENDY SELTZER _____
7. STEVE CROCKER _____
8. REINHARD SCHOLL _____

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

FORM 990, PART III, LINE 4

ICANN IS A GLOBAL MULTI-STAKEHOLDER ORGANIZATION THAT COORDINATES THE INTERNET DOMAIN NAME SYSTEM (DNS) AND ADDRESSING FOR THE BENEFIT OF INTERNET USERS WORLDWIDE, ENABLING A SINGLE, INTEROPERABLE INTERNET. ICANN'S COMMUNITY-DEVELOPED POLICIES GOVERN OVER 180 MILLION DOMAIN NAMES, THE ALLOCATION OF ONE BILLION NETWORK ADDRESSES, AND SUPPORT A TRILLION DAILY DNS LOOK-UPS ACROSS 240 COUNTRIES AND TERRITORIES, CONNECTING BILLIONS OF COMPUTERS, PHONES, AND OTHER DEVICES ACROSS THE INTERNET. DNS CYBERSECURITY IS A TOP PRIORITY. SEE ADDITIONAL INFORMATION ABOUT ICANN'S PROGRAMS AND ACTIVITIES ON THE ICANN WEBSITE AND IN THE ICANN ANNUAL REPORT POSTED AT ICANN.ORG

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

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 10

A COPY OF THE FORM 990 IS PROVIDED TO ICANN'S BOARD MEMBERS BEFORE IT IS FILED. THE PROCESS BY WHICH THE FORM 990 IS PREPARED, REVIEWED AND RECEIVED IS AS FOLLOWS:

1. ICANN ENGAGES AN OUTSIDE TAX PREPARER TO ASSIST IN THE PREPARATION OF ITS FORM 990.
2. ICANN'S EXECUTIVE TEAM, INCLUDING CFO, COO, GENERAL COUNSEL, AND CEO REVIEWS THE FORM 990, AND SIGNS OFF AS HAVING REVIEWED.
3. THE FORM 990 IS PROVIDED TO THE ICANN BOARD MEMBERS.
4. FOR THE 2008 FORM 990, THE ICANN BOARD RECEIVED TRAINING ON HOW TO RECEIVE/REVIEW THE FORM 990 DURING A TRAINING SEMINAR DEVELOPED BY ICANN'S EXTERNAL TAX ADVISORS.

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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CONFLICT OF INTEREST POLICY
FORM 990, PART VI, LINE 12C

ICANN HAS A WRITTEN CONFLICT OF INTEREST POLICY. THE OFFICE OF THE
GENERAL COUNSEL MONITORS THE POLICY WITH OVERSIGHT BY THE BOARD
GOVERNANCE COMMITTEE. ANNUALLY, THE CONFLICTS OF INTEREST DOCUMENT IS
COMPLETED AND SIGNED BY EACH BOARD MEMBER AND OFFICER. THE DOCUMENTS ARE
REVIEWED BY THE GENERAL COUNSEL, AND A REPORT OF ITS FINDINGS IS
PREPARED.

THE CONFLICT OF INTEREST POLICY IS DESCRIBED ON THE WEBSITE HERE:
HTTP://WWW.ICANN.ORG/EN/COMMITTEES/COI/COI-POLICY-30JUL09-EN.HTM THE
POLICY DESCRIBES THE DUTY TO DISCLOSE, THE PROCEDURES FOR ADDRESSING A
CONFLICT OF INTEREST, THE DUTY TO ABSTAIN, HOW VIOLATIONS OF THE
CONFLICTS OF INTEREST POLICY WILL BE HANDLED, HOW TO HANDLE A BOARD
MEMBER WHO RECEIVES COMPENSATION, THE ANNUAL STATEMENT PROCESS BY WHICH
ALL COVERED PERSONS SIGN ANNUALLY THEIR AFFIRMATION OF THE POLICY AND
DISCLOSE THEIR SPECIFIC POTENTIAL CONFLICTS, AND THE REQUIREMENT AND
NATURE OF PERIODIC REVIEWS BY THE OFFICE OF THE GENERAL COUNSEL AND
FINANCE DEPARTMENT.

THE REPORT OF BOARD MEMBER REPORTED CONTRACTUAL RELATIONSHIPS IS POSTED
ON THE WEBSITE. THE MOST RECENT REPORT IS POSTED HERE:
HTTP://WWW.ICANN.ORG/EN/FINANCIALS/BOARD-CONTRACTUAL-RELATIONSHIPS-FY09-30
JUL09-EN.PDF

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

FORM 990, PART VI, LINE 14

ICANN MAINTAINS AN INTERNAL DOCUMENT RETENTION AND DESTRUCTION POLICY AND

HISTORICALLY HAS FOLLOWED BEST INDUSTRY PRACTICES FOR DOCUMENT RETENTION

AND DESTRUCTION.

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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PROCESS FOR DETERMINING COMPENSATION
FORM 990, PART VI, LINE 15

ICANN FOLLOWS PRINCIPLES OF ACCOUNTABILITY AND TRANSPARENCY AND DESCRIBES
ITS COMPENSATION PLANS AND PRACTICES IN ITS ANNUAL REPORT WHICH IS POSTED
ON ITS WEBSITE. SEE PAGES 77 THROUGH 88 OF THE ANNUAL REPORT HERE:
[HTTP://WWW.ICANN.ORG/EN/ANNOUNCEMENTS/ANNOUNCEMENT-2-24DEC09-EN.HTM](http://www.icann.org/en/announcements/announcement-2-24dec09-en.htm). THE
PROCESS FOR DETERMINING COMPENSATION INCLUDING SURVEYS OF COMPARABLE
POSITIONS AND OTHER MARKET STUDIES IS DESCRIBED IN THIS COMPENSATION
REPORT. EXECUTIVE COMPENSATION IS DISCLOSED AS WELL. SALARIES OF ALL
OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS THROUGH THE
BOARD COMPENSATION COMMITTEE. MINUTES OF THESE MEETINGS ARE MAINTAINED BY
THE OFFICE OF THE GENERAL COUNSEL AS PART OF ITS CORPORATE SECRETARIAT
FUNCTION. EACH YEAR THE APPOINTMENT FOR EACH OFFICER INCLUDING THE CHIEF
EXECUTIVE OFFICER, THE CHIEF OPERATING OFFICER, THE GENERAL COUNSEL, THE
SENIOR VICE PRESIDENT OF SERVICES, AND THE CHIEF FINANCIAL OFFICER IS
CONFIRMED BY THE BOARD OF DIRECTORS IN THE ANNUAL GENERAL MEETING.

A COMPENSATION STUDY FOR ALL OFFICERS WAS CONDUCTED BY WATSON WYATT IN
JANUARY/FEBRUARY 2009. A SEPARATE STUDY WAS DONE BY WATSON WYATT ON THE
CEO POSITION AT THE TIME THAT ROD BECKSTROM WAS HIRED (JUNE 2009). THE
COMPENSATION STUDY IS CURRENTLY BEING UPDATED PER OUR POLICY TO HAVE AN
INDEPENDENT CONSULTANT PERFORM AN ANNUAL MARKET COMPARABILITY STUDY FOR
ALL POSITIONS.

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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AVAILABILITY OF 990
FORM 990, PART VI, LINE 18

ICANN POSTS ITS FORM 990 ON ITS WEBSITE. THE PRIOR YEAR POSTING IS
HERE: [HTTP://WWW.ICANN.ORG/EN/FINANCIALS/TAX/US/FY-2008-FORM-990.PDF](http://www.icann.org/en/financials/tax/us/fy-2008-form-990.pdf).

AFTER SUBMISSION TO THE IRS, THE 2008 FORM 990 WILL BE POSTED HERE:
[HTTP://WWW.ICANN.ORG/EN/FINANCIALS/FISCAL-30JUN09.HTM](http://www.icann.org/en/financials/fiscal-30jun09.htm) IN ADDITION, THE

FORM 990 IS POSTED ON THE [WWW.GUIDESTAR.ORG](http://www.guidestar.org) WEBSITE. FINALLY, HARD
COPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST FROM THE CHIEF

FINANCIAL OFFICER OF ICANN BY EMAIL AT KEVIN.WILSON@ICANN.ORG, OR BY
PHONE AT +1.310.823.9358. ICANN POSTS THE ORIGINAL FORM 1023

(APPLICATION FOR TAX-EXEMPT STATUS) ON ITS WEBSITE. THE ORIGINAL FORM
1023 POSTING IS HERE: [HTTP://WWW.ICANN.ORG/EN/FINANCIALS/TAX/US/](http://www.icann.org/en/financials/tax/us/)

ICANN POSTS THE UPDATED IRS FAVORABLE DETERMINATION LETTER HERE:
[HTTP://WWW.ICANN.ORG/EN/FINANCIALS/TAX/US/IRS-FAVORABLE-DETERMINATION-LETT](http://www.icann.org/en/financials/tax/us/irs-favorable-determination-lett)

[ER-19SEP08-EN.PDF](http://www.icann.org/en/financials/tax/us/irs-favorable-determination-lett-19sep08-en.pdf)

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

AVAILABILITY OF GOVERNING DOCS, CONFLICT OF INTEREST, AND FINANCIAL STMTS
FORM 990, PART VI, LINE 19

IN ACCORDANCE WITH ITS CORPORATE BYLAWS (SEE:
HTTP://WWW.ICANN.ORG/EN/GENERAL/BYLAWS.HTM) ICANN IS COMMITTED TO
ACCOUNTABILITY AND TRANSPARENCY PRINCIPLES. THIS INCLUDES PROVIDING
EXTENSIVE ACCESS TO THE PUBLIC THROUGH THE ICANN WEBSITE OF ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS. SEE
WWW.ICANN.ORG.

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

FORM 990, PART VII-B
 SUPPLEMENTAL INFORMATION

IN THE FISCAL YEAR ENDED JUNE 30, 2009, 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 FISCAL YEAR ENDED JUNE 30, 2009, "6315941 CANADA
 LIMITED" WAS PAID \$176,759 IN BASE COMPENSATION, \$37,273 IN BONUSES,
 \$35,352 IN EMPLOYEE BENEFITS AND \$160,730 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 "6135941 CANADA LIMITED" ARE IMPACTED BY
 EXCHANGE RATE FLUCTUATIONS BETWEEN THE U.S. DOLLAR AND CANADIAN DOLLAR.

ICANN MAY ALSO INCUR NORMAL BUSINESS EXPENSES SUCH AS TRAVEL COSTS, RENT,
 AND OFFICE SUPPLIES ON BEHALF OF ITS CONTRACTORS. AMOUNTS INCURRED BY
 ICANN ON BEHALF OF ITS VENDORS ARE NOT INCLUDED IN THE AMOUNTS REPORTED
 WITHIN PART VII.

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

SCHEDULE L, PART IV TRANSACTIONS

SUPPLEMENTAL INFORMATION

BRUCE TONKIN - A VOTING MEMBER OF THE BOARD OF DIRECTORS, BRUCE TONKIN, WAS CHIEF TECHNOLOGY OFFICER OF MELBOURNE IT, AN ICANN-ACCREDITED REGISTRAR, UNTIL JUNE 2009. IN JUNE 2009, MR. TONKIN BECAME THE CHIEF STRATEGY OFFICER OF SAID REGISTRAR.

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 OF INTEREST BEFORE ENTERING INTO DISCUSSION ON SUCH MATTERS. IN ADDITION, THE BOARD COMMITTEE RESPONSIBLE FOR CONFLICTS OF INTEREST REVIEWS ALL BOARD MEMBER CONFLICTS OF INTEREST STATEMENTS. SEE: [HTTP://WWW.ICANN.ORG/EN/FINANCIALS/BOARD-CONTRACTUAL-RELATIONSHIPS-FY09-30-JUL09-EN.PDF](http://www.icann.org/en/financials/board-contractual-relationships-fy09-30-jul09-en.pdf).

ON PART VI 1A THE NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY IS LISTED AS 15 AND 1B THE NUMBER THAT ARE INDEPENDENT IS LISTED AS 13. THE NON INDEPENDENT MEMBERS FOR FY09 ARE BRUCE TONKIN AND DR. PAUL TWOMEY.

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

=====

AUSTRALIA
BELGIUM

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS
=====

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES	COMPENSATION -----
JONES DAY 555 FLOWER STREET, 15TH FLOOR LOS ANGELES, CA 90071	LEGAL SERVICES	2,038,475.
LIONBRIDGE 3 WEST BUSINESS PIER CAMPUS DUN LAGOHAIRE IRELAND	TRANSLATION	700,281.
DELTA RISK 2804 N SEMINARY CHICAGO, IL 60657	SECURITY CONSULTANTS	504,608.
6315941 CANADA LTD. 9140 MCCUTCHEN PLACE V7A 422 RICHMOND BRITISH COLUMBIA CANADA	OMBUDSMAN	410,114.
COMPASS LEXECON PO BOX 630391 BALTIMORE, MD 21263	ECONOMIC CONSULTING	307,165.
	TOTAL COMPENSATION	----- 3,960,643. =====

California Exempt Organization Annual Information Return

2008

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Calendar Year 2008 or fiscal year beginning month 07 day 01 year 08, and ending month 06 day 30 year 2009.

A First Return Filed? B Type of organization

Corporation/Organization Name INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Address 4676 ADMIRALTY WAY City MARINA DEL RAY State CA ZIP Code 90292-6601

C Amended Return? D Are you a subordinate/affiliate in a group exemption? E Final return? F Check the box if the organization filed: G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. H Accounting method used (1) Cash (2) Accrual (3) Other I If exempt under R&TC Section 23701d, has the organization during the year: J 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? K Is the organization exempt under R&TC Section 23701g? L Is the organization under audit by the IRS or has the IRS audited in a prior year? M Is the organization a Limited Liability Company? N Did the organization file Form 100 or Form 109 to report taxable income?

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

Table with 15 rows: Receipts and Revenues (1-8), Expenses (9-10), Filing Fee (11-15). Includes amounts like 73,007,440.00 and 14,654,583.00.

Sign Here: Signature of officer, Title Chief Financial Officer, Date 1/11/09, Telephone 323 868 0514. Paid Preparer's Use Only: Preparer's signature, Date 5/13/09, Firm's name ERNST & YOUNG U.S. LLP, Address 4370 LA JOLLA VILLAGE DRIVE, #500 SAN DIEGO, CA 92122, Telephone 858-535-7200.

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	SEE FEDERAL	00
	3	Dividends	• 3	FORM 990	00
	4	Gross rents	• 4	ATTACHED	00
	5	Gross royalties	• 5		00
	6	Gross amount received from sale of assets (See Instructions)	• 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 (See instructions),	• 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		SEE FEDERAL		•
2	Net accounts receivable		FORM 990		•
3	Net notes receivable. Attach schedule		ATTACHED		•
4	Inventories				•
5	Federal and state government obligations				•
6	Investments in other bonds. Attach schedule				•
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				