

Return of Organization Exempt From Income Tax

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 07/01, 2010, **and ending** 06/30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS		D Employer identification number 95-4712218
	Doing Business As		E Telephone number (310) 823-9358
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 94,772,845.
	4676 ADMIRALTY WAY	330	
City or town, state or country, and ZIP + 4 MARINA DEL REY, CA 90292-6601		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: XAVIER CALVEZ SAME AS C ABOVE		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)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.ICANN.ORG		L Year of formation: 1998	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: CA	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	117
	6 Total number of volunteers (estimate if necessary)	6	26
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,666,781.	1,990,805.
	9 Program service revenue (Part VIII, line 2g)	64,096,971.	67,302,790.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,554,431.	2,725,747.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,318,183.	72,019,342.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	431,482.	467,624.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,039,075.	25,133,945.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	37,464,258.	35,693,680.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,934,815.	61,295,249.
19 Revenue less expenses. Subtract line 18 from line 12	9,383,368.	10,724,093.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 82,993,363.	End of Year 99,820,354.
	21 Total liabilities (Part X, line 26)	18,285,501.	19,670,456.
	22 Net assets or fund balances. Subtract line 21 from line 20	64,707,862.	80,149,898.

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			Date	5/15/12
	Type or print name and title	XAVIER CALVEZ		CFO	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DEBRA HEISKALA		05/10/2012		
	Firm's name ▶	ERNST & YOUNG U.S. LLP		EIN ▶	34-6565596
Firm's address ▶	4370 LA JOLLA VILLAGE DRIVE STE 500 SAN DIEGO, CA 92122		Phone no. ▶	858-535-7200	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

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 \$ 43,946,453. including grants of \$ 467,624.) (Revenue \$ 67,302,790.)

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 ▶ 43,946,453.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.		X
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?		
25 a	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.		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
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.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		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? If "Yes," complete Schedule R, Part VI.		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, sub-question, amount, and Yes/No checkboxes. Includes questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management duties, significant changes, asset diversions, members/stockholders, and meeting documentation.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, and compensation review.

Section C. Disclosure

- List of disclosure questions: 17 (states for filing), 18 (public inspection), 19 (governing documents), 20 (organization name and address).

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

Check if Schedule O contains a response to any question in this Part VII.

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) HARALD TVEIT ALVSTRAND DIRECTOR (DEC. 2010)	20.00	X					0.	0.	0.	
(2) SEBASTIEN BACHOLLET DIRECTOR	20.00	X					0.	0.	0.	
(3) CHERINE CHALABY DIRECTOR	20.00	X					0.	0.	0.	
(4) STEVE CROCKER DIRECTOR	20.00	X					0.	0.	0.	
(5) BERTRAND DE LA CHAPELLE DIRECTOR	20.00	X					0.	0.	0.	
(6) CHRIS DISSPAIN DIRECTOR	20.00	X					0.	0.	0.	
(7) BILL GRAHAM DIRECTOR	20.00	X					0.	0.	0.	
(8) DENNIS JENNINGS DIRECTOR (DEC. 2010)	20.00	X					0.	0.	0.	
(9) RITA RODIN JOHNSTON DIRECTOR (JUNE 2011)	20.00	X					0.	0.	0.	
(10) ERIKA MANN DIRECTOR	20.00	X					0.	0.	0.	
(11) GONZALO NAVARRO DIRECTOR	20.00	X					0.	0.	0.	
(12) RAYMOND A. PLZAK DIRECTOR	20.00	X					0.	0.	0.	
(13) RAJASEKHAR RAMARAJ DIRECTOR	20.00	X					0.	0.	0.	
(14) GEORGE SADOWSKY DIRECTOR	20.00	X					0.	0.	0.	
(15) MIKE SILBER DIRECTOR	20.00	X					0.	0.	0.	
(16) JEAN-JACQUES SUBRENAT DIRECTOR (DEC. 2010)	20.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) PETER DENGATE THRUSH DIRECTOR (JUNE 2011)	20.00	X					0.	0.	0.	
(18) BRUCE TONKIN DIRECTOR	20.00	X					0.	0.	0.	
(19) KATIM TOURAY DIRECTOR	20.00	X					0.	0.	0.	
(20) KUO-WEI WU DIRECTOR	20.00	X					0.	0.	0.	
(21) ROD BECKSTROM DIRECTOR / PRESIDENT AND CEO	60.00	X		X			928,328.	0.	69,902.	
(22) AKRAM ATALLAH CHIEF OPERATING OFFICER	60.00			X			113,277.	0.	20,535.	
(23) DOUG BRENT CHIEF OPERATING OFFICER	60.00			X			278,407.	0.	70,221.	
(24) JOHN JEFFREY GENERAL COUNSEL & SECRETARY	60.00			X			304,073.	0.	34,402.	
(25) KURT PRITZ SENIOR VICE PRESIDENT SERVICES	60.00			X			323,928.	0.	75,819.	
(26) KEVIN WILSON CHIEF FINANCIAL OFFICER	60.00			X			189,459.	0.	64,883.	
(27) STEVE ANTONOFF DIRECTOR HUMAN RESOURCES	60.00				X		181,469.	0.	45,304.	
(28) BARBARA CLAY VP COMMUNICATIONS	60.00				X		196,778.	0.	51,524.	
1b Sub-total							2,515,719.	0.	432,590.	
c Total from continuation sheets to Part VII, Section A ATTACHMENT 2							2,364,857.	0.	632,980.	
d Total (add lines 1b and 1c)							4,880,576.	0.	1,065,570.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **92**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **40**

Part VIII Statement of Revenue

				(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	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,990,805.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		1,990,805.			
Program Service Revenue	2a	DOMAIN NAME REGISTRY AND REISTRAR FEES	Business Code 900099	60,561,850.	60,561,850.		
	b	SPONSORSHIPS	900099	1,544,774.	1,544,774.		
	c	ADDRESS REGISTRY FEES	900099	823,000.	823,000.		
	d	ACCREDITATION FEES	900099	3,727,666.	3,727,666.		
	e	APPLICATION FEES	900099	645,500.	645,500.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		67,302,790.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,260,733.		
4		Income from investment of tax-exempt bond proceeds		0.			
5		Royalties		0.			
			(i) Real (ii) Personal				
6a		Gross Rents					
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)		0.			
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	23,218,517.			
b		Less: cost or other basis and sales expenses		22,753,503.			
c		Gain or (loss)		465,014.			
d		Net gain or (loss)		465,014.			465,014.
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		0.			
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		0.				
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		0.				
	Miscellaneous Revenue	Business Code					
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d		0.				
12	Total revenue. See instructions		72,019,342.	67,302,790.	0.	2,725,747.	

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 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	467,624.	467,624.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	6,493,264.	4,913,296.	1,579,968.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	330,352.		330,352.	
7 Other salaries and wages	14,426,171.	10,915,935.	3,510,236.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,473,227.	1,114,755.	358,472.	
9 Other employee benefits	1,342,527.	901,025.	441,502.	
10 Payroll taxes	1,068,404.	808,436.	259,968.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	2,493,823.	1,673,707.	820,116.	
c Accounting	162,706.		162,706.	
d Lobbying	300,154.	300,154.		
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	334,775.		334,775.	
g Other	13,057,088.	8,763,146.	4,293,942.	
12 Advertising and promotion	23,579.	15,825.	7,754.	
13 Office expenses	255,312.	171,350.	83,962.	
14 Information technology	2,792,816.	1,874,373.	918,443.	
15 Royalties	0.			
16 Occupancy	2,941,399.	1,974,093.	967,306.	
17 Travel	7,360,649.	4,940,033.	2,420,616.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,646,566.	2,646,566.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,490,182.	1,000,122.	490,060.	
23 Insurance	242,097.	162,481.	79,616.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>BAD DEBT</u>	686,466.	686,466.		
b <u>PRINTING</u>	337,614.	226,201.	111,413.	
c <u>DUES AND SUBSCRIPTIONS</u>	308,637.	206,787.	101,850.	
d <u>MISC</u>	213,519.	143,058.	70,461.	
e <u>STAFF TRAINING</u>	46,298.	41,020.	5,278.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	61,295,249.	43,946,453.	17,348,796.	
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	344,042.	1	8,793,891.
	2 Savings and temporary cash investments	16,860,912.	2	20,281,685.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	16,723,357.	4	15,068,326.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	328,583.	9	208,230.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,721,897.		
	b Less: accumulated depreciation	10b 4,071,289.	2,661,329.	10c 3,650,608.
	11 Investments - publicly traded securities	45,680,165.	11	51,715,883.
	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	394,975.	15	101,731.
16 Total assets. Add lines 1 through 15 (must equal line 34)	82,993,363.	16	99,820,354.	
Liabilities	17 Accounts payable and accrued expenses	5,682,085.	17	8,195,282.
	18 Grants payable		18	
	19 Deferred revenue	12,603,416.	19	11,475,174.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	18,285,501.	26	19,670,456.
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	64,707,862.	27	80,149,898.
	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	64,707,862.	33	80,149,898.	
34 Total liabilities and net assets/fund balances	82,993,363.	34	99,820,354.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	72,019,342.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,295,249.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,724,093.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,707,862.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,717,943.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	80,149,898.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 95-4712218
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (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 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (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, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 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 section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2010; b 33 1/3 % support test - 2009; 17a 10%-facts-and-circumstances test - 2010; b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	815,954.	1,583,406.	1,567,752.	1,666,781.	1,990,805.	7,624,698.
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	43,345,759.	48,791,338.	58,675,378.	64,096,971.	67,302,790.	282,212,236.
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 through 5	44,161,713.	50,374,744.	60,243,130.	65,763,752.	69,293,595.	289,836,934.
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 \$5,000 or 1% of the amount on line 13 for the year	21,408,494.	26,985,551.	31,350,698.	37,586,921.	40,172,642.	157,504,306.
c Add lines 7a and 7b	21,408,494.	26,985,551.	31,350,698.	37,586,921.	40,172,642.	157,504,306.
8 Public support (Subtract line 7c from line 6.)						132,332,628.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	44,161,713.	50,374,744.	60,243,130.	65,763,752.	69,293,595.	289,836,934.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	433,258.	1,171,468.	2,456,325.	2,454,129.	2,260,733.	8,775,913.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	433,258.	1,171,468.	2,456,325.	2,454,129.	2,260,733.	8,775,913.
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.)	152.	499.	0.	0.	0.	651.
13 Total support. (Add lines 9, 10c, 11, and 12.)	44,595,123.	51,546,711.	62,699,455.	68,217,881.	71,554,328.	298,613,498.

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 2010 (line 8, column (f) divided by line 13, column (f))	15	44.32%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	46.80%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	2.94%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	2.63%

19 a 33 1/3 % support tests - 2010. 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 - 2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

LINE 12 - OTHER INCOME

LINE 12, 2006 = \$152 MISC. INCOME

LINE 12, 2007 = \$499 MISC. INCOME

Schedule of Contributors

2010

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

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization 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 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **INTERNET CORP FOR ASSIGNED NAMES & 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
1	----- ----- -----	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 258,546.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization INTERNET CORP FOR ASSIGNED NAMES & 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
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	----- ----- -----	\$ 85,000.	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	----- ----- -----	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 43,407.	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 CORP FOR ASSIGNED NAMES & 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
13	----- ----- -----	\$ 42,000.	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	----- ----- -----	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	----- ----- -----	\$ 31,000.	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 CORP FOR ASSIGNED NAMES & 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
19	----- ----- -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	----- ----- -----	\$ 30,000.	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 CORP FOR ASSIGNED NAMES & 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
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	----- ----- -----	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	----- ----- -----	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	----- ----- -----	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	----- ----- -----	\$ 12,936.	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 CORP FOR ASSIGNED NAMES & 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	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	----- ----- -----	\$ ----- 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	----- ----- -----	\$ ----- 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **INTERNET CORP FOR ASSIGNED NAMES & 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
37	----- ----- -----	\$ ----- 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	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	----- ----- -----	\$ ----- 5,000.	Person <input checked="" 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
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 95-4712218
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2010

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

- A** Check if the filing organization belongs to an affiliated group.
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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		300,154.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			300,154.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?		X	

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING EXPENDITURES

SCHEDULE C PART II-B

THE ORGANIZATION UTILIZED THE SERVICES OF TWO GOVERNMENT AFFAIRS FIRMS DURING THE YEAR ENDED JUNE 30, 2011. AS PART OF THE SERVICES PROVIDED, THE GOVERNMENT AFFAIRS FIRMS INCURRED \$300,154 OF LOBBYING EXPENDITURES RELATED TO LOBBYING WITH FEDERAL LEGISLATORS.

A PORTION OF JAMES HEDLUND'S TIME WAS SPENT ON LOBBYING EFFORTS AS REPORTED ON FORM LD1. AMOUNTS REPORTED ON LD1 ARE NOT INCLUDED ON SCHEDULE C PART II-B, BUT ARE INCLUDED ON FORM 990, PART IX, LINE 5.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). [] Preservation of land for public use (e.g., recreation or education) [] Preservation of an historically important land area [] Protection of natural habitat [] Preservation of a certified historic structure [] Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No)
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? (Yes/No)
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2010

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the 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?

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XI V.

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for various endowment fund metrics

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

Small table with Yes/No columns and rows 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 Land, Buildings, and Equipment See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	72,019,342.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	61,295,249.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	10,724,093.
4	Net unrealized gains (losses) on investments	4	3,771,872.
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 through 8	9	3,771,872.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	14,495,965.

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	75,426,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,771,872.
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	3,771,872.
3	Subtract line 2e from line 1	3	71,654,128.
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	365,214.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	365,214.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	72,019,342.

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

1	Total expenses and losses per audited financial statements	1	59,984,000.
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	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-946,035.
e	Add lines 2a through 2d	2e	-946,035.
3	Subtract line 2e from line 1	3	60,930,035.
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	365,214.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	365,214.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	61,295,249.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ASC 740-10 FOOTNOTE

SCHEDULE D, PART X, LINE 2

ICANN, UNDER THE PROVISIONS OF ASC 740, INCOME TAXES, HAD NO UNCERTAIN
TAX POSITIONS REQUIRING ACCRUAL AS OF JUNE 30, 2011 AND 2010.

RECON OF EXPENSES PER AUDITED FINANCIAL STATEMENTS W/ EXP PER RETURN

SCHEDULE D, PART XIII, LINE 2D

UNREALIZED GAIN/LOSS ON FOREIGN EXCHANGE	\$ (946,071)
ROUNDING:	36

TOTAL	\$ (946,035)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public Inspection

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number
95-4712218

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN		0.	PROGRAM SERVICES	SEE FORM 990 PART III	24,556.
(2) EAST ASIA AND THE PACIFIC	1.	41.	PROGRAM SERVICES	SEE FORM 990 PART III	4,291,777.
(3) EUROPE	1.	39.	PROGRAM SERVICES	SEE FORM 990 PART III	3,707,869.
(4) MIDDLE EAST AND NORTH AFRICA		0.	PROGRAM SERVICES	SEE FORM 990 PART III	324,651.
(5) NORTH AMERICA		0.	PROGRAM SERVICES	SEE FORM 990 PART III	1,027,984.
(6) RUSSIA/INDEPENDENT STATES		0.	PROGRAM SERVICES	SEE FORM 990 PART III	26,487.
(7) SOUTH AMERICA		20.	PROGRAM SERVICES	SEE FORM 990 PART III	2,390,562.
(8) SOUTH ASIA		0.	PROGRAM SERVICES	SEE FORM 990 PART III	10,813.
(9) SUB-SAHARAN AFRICA		0.	PROGRAM SERVICES	SEE FORM 990 PART III	225,530.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	2.	100.			12,030,229.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	100.			12,030,229.

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

Schedule F (Form 990) 2010

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	CCTLD WORKSH SPONSORSHIP	11,421.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	AMS SPONSORSHIP	21,463.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	MENOG 7 SPONSORSHIP	10,000.	CHECK			
(4)			EUROPE/ICELAND/GREENLAND	IGF SECRETAR SPONSORSHIP	88,125.	CHECK			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0.

3 Enter total number of other organizations or entities 4.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FELLOWSHIP PROGRAM	EUROPE/ICELAND/GREENLAND	4.	2,500.	WIRE/CASH	18,052.	AIRFARE/LODG	ACTUAL EXP.
(2) FELLOWSHIP PROGRAM	EAST ASIA/PACIFIC	11.	5,500.	WIRE/CASH	49,120.	AIRFARE/LODG	ACTUAL EXP.
(3) FELLOWSHIP PROGRAM	MIDDLE EAST/NORTH AFRICA	8.	4,500.	WIRE/CASH	30,598.	AIRFARE/LODG	ACTUAL EXP.
(4) FELLOWSHIP PROGRAM	CENT. AMERICA/CARIBBEAN	5.	2,500.	WIRE/CASH	15,158.	AIRFARE/LODG	ACTUAL EXP.
(5) FELLOWSHIP PROGRAM	SOUTH AMERICA	15.	8,500.	WIRE/CASH	54,110.	AIRFARE/LODG	ACTUAL EXP.
(6) FELLOWSHIP PROGRAM	SOUTH ASIA	8.	5,000.	WIRE/CASH	37,115.	AIRFARE/LODG	ACTUAL EXP.
(7) FELLOWSHIP PROGRAM	SUB-SAHARAN AFRICA	10.	4,500.	WIRE/CASH	57,664.	AIRFARE/LODG	ACTUAL EXP.
(8) FELLOWSHIP PROGRAM	RUSSIA	4.	2,000.	WIRE/CASH	19,798.	AIRFARE/LODG	ACTUAL EXP.
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US

SCHEDULE F, PART I, LINE 2

AN ICANN FELLOWSHIP IS A GRANT OF SUPPORT WHICH IS AWARDED TO ENABLE INDIVIDUALS FROM STAKEHOLDER GROUPS AROUND THE WORLD TO ATTEND ICANN MEETINGS. THIS IS A MEANS TESTED PROGRAM. APPLICANTS MUST BE CITIZENS OF ECONOMICALLY ELIGIBLE COUNTRIES. ICANN USES THE WORLD BANK CLASSIFICATION OF LOW, LOWER-MIDDLE, AND UPPER-MIDDLE ECONOMIES. THE FELLOWSHIP COVERS THE COST OF ECONOMY CLASS AIRFARE AND HOTEL, AS WELL AS PROVIDING A STIPEND AFTER SUCCESSFUL COMPLETION OF THE PROGRAM, IN ORDER TO ASSIST IN COVERING SOME BASIC EXPENSES INCURRED BY THE FELLOW. RECIPIENTS ARE EXPECTED TO ACTIVELY CONTRIBUTE TO ICANN PROCESSES AND BE A PART OF THE NEXT GENERATION OF ICANN LEADERSHIP.

FELLOWSHIPS ARE AWARDED BY AN INDEPENDENT SELECTION COMMITTEE BASED ON A MIX OF CRITERIA INCLUDING APPLICANT EXPERIENCE AND REFERENCES, GEOGRAPHIC PROXIMITY TO MEETING, RECEIPT OF PAST FELLOWSHIPS, ETC. ICANN STAFF AND THE SELECTION COMMITTEE HAVE MAINTAINED A "3X" RULE FOR RECEIVING THIS GRANT OF SUPPORT.

FOR EACH INTERNATIONAL MEETING THAT INCORPORATES THE FELLOWSHIP PROGRAM, A LIST OF SELECTED FELLOWS TO ATTEND THE UPCOMING MEETING IS POSTED ON THE ICANN WEBSITE PRIOR TO THE MEETING.

SUBSEQUENT TO THE INTERNATIONAL MEETING, A LIST OF FELLOWS WHO ATTENDED THE MEETING IS POSTED ON THE ICANN WEBSITE.

Part V Supplemental Information

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

TRAVEL AND HOTEL COSTS ASSOCIATED FOR FELLOWS PRE-SELECTED TO ATTEND THE FELLOWSHIP MEETING ARE BOOKED AND PAID FOR DIRECTLY BY ICANN.

ALL FELLOWS ARE ELIGIBLE TO RECEIVE A FLAT STIPEND NOT TO EXCEED US \$500.00. STIPENDS ARE PROVIDED TO FELLOWS BY WIRE TRANSFER, AND ARE PAID TO EACH FELLOW SUBSEQUENT TO THE MEETING AFTER THE FELLOW HAS DEMONSTRATED COMPLETION OF THE FELLOWSHIP PROGRAM.

DURING THE TWELVE MONTHS ENDED JUNE 30, 2011, ICANN PAID \$316,615 TO ALLOW SEVENTY-THREE FELLOWSHIP PARTICIPANTS TO ATTEND THREE ICANN MEETINGS.

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

FOR OTHER CONTRIBUTIONS, ICANN GLOBAL PARTNERSHIPS STAFF DEVELOP REQUESTS BASED UPON THE ICANN STRATEGIC PLAN AND OPERATING PLAN. SPECIFIC NEEDS WITHIN SPECIFIC REGIONS OF THE WORLD ARE CONSIDERED. ICANN EXECUTIVES REVIEW THE LIST OF SUGGESTED CONTRIBUTIONS AND DECIDE ON WHICH

Part V Supplemental information

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

CONTRIBUTIONS TO PURSUE. THE ICANN BOARD AND COMMUNITY CONSIDER THE CONTRIBUTIONS WITHIN THE OVERALL FISCAL YEAR OPERATING PLAN AND BUDGET PROCESS.

SUPPLEMENTAL INFORMATION

SCHEDULE F, PART I, LINE 3

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 ATTENDING CARTEGENA (82), SAN FRANCISCO (128), AND SINGAPORE (117) INTERNATIONAL MEETINGS DURING FISCAL YEAR 2011. 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:

- A. 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;
- B. ALL COSTS ASSOCIATED WITH THE THREE ANNUAL INTERNATIONAL MEETINGS (I.E. CARTEGENA, SAN FRANCISCO, AND SINGAPORE FOR FISCAL YEAR 2011);
- C. AMOUNTS EXPENDED TO FUND THE SYDNEY, AUSTRALIA OFFICE AND PERSONNEL COSTS INCLUDING OFFICE EXPENSES, TRAVEL RELATED AND OTHER EXPENSES PAID BY THE US ACCOUNTS PAYABLE DEPARTMENT; AND
- D. ALL PAYMENTS MADE TO INTERNATIONAL BASED EMPLOYEES AND CONTRACTED

Part V Supplemental Information

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

STAFF THAT WERE PAID IN US DOLLARS.

E. ESTIMATES OF TRAVEL COSTS ASSOCIATED WITH THOSE EXECUTIVES WHO TRAVEL FREQUENTLY WERE MADE AND THOSE ESTIMATED COSTS WERE ALLOCATED BY REGION. ESTIMATE WAS BASED ON ACTUAL BOOKED FLIGHTS EXCLUDING AMOUNTS OTHERWISE INCLUDED IN THE ACCOUNTING OF THE THREE INTERNATIONAL MEETINGS IN CARTEGENA, SAN FRANCISCO, AND SINGAPORE.

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

STATEMENT OF ACTIVITIES OUTSIDE THE UNITED STATES

SCHEDULE F, PART I, LINE 3

THE SUBTOTAL ON LINE 3A, COLUMN F REPRESENTS THE INDIVIDUAL EMPLOYEES.

THE ACTIVITIES PER REGION IN LINE 3 REPRESENT THE NUMBER OF REGIONS TRAVELLED BY EACH PERSON, WHICH MAY BE MORE THAN ONE REGION PER PERSON.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & 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 type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input 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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- 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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported 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) Retirement and other 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				
1 ROD BECKSTROM	(i) 750,000. (ii) 0.	178,328. 0.	0. 0.	16,500. 0.	53,402. 0.	998,230. 0.	0. 0.
2 DOUG BRENT	(i) 159,027. (ii) 0.	80,809. 0.	38,571. 0.	20,321. 0.	49,900. 0.	348,628. 0.	0. 0.
3 JOHN JEFFREY	(i) 258,750. (ii) 0.	45,323. 0.	0. 0.	0. 0.	34,402. 0.	338,475. 0.	0. 0.
4 KURT PRITZ	(i) 275,625. (ii) 0.	48,303. 0.	0. 0.	21,167. 0.	54,652. 0.	399,747. 0.	0. 0.
5 KEVIN WILSON	(i) 170,000. (ii) 0.	19,459. 0.	0. 0.	22,000. 0.	42,883. 0.	254,342. 0.	0. 0.
6 STEVE ANTONOFF	(i) 162,728. (ii) 0.	18,741. 0.	0. 0.	9,073. 0.	36,231. 0.	226,773. 0.	0. 0.
7 BARBARA CLAY	(i) 165,000. (ii) 0.	19,540. 0.	12,238. 0.	18,068. 0.	33,456. 0.	248,302. 0.	0. 0.
8 DAVID CONRAD	(i) 100,875. (ii) 0.	21,876. 0.	37,875. 0.	15,029. 0.	37,945. 0.	213,600. 0.	0. 0.
9 ELISE GERICH	(i) 118,750. (ii) 0.	6,494. 0.	29,811. 0.	0. 0.	18,278. 0.	173,333. 0.	0. 0.
10 DANIEL HALLORAN	(i) 185,000. (ii) 0.	21,923. 0.	0. 0.	16,500. 0.	48,919. 0.	272,342. 0.	0. 0.
11 JAMES HEDLUND	(i) 229,295. (ii) 0.	69,688. 0.	0. 0.	6,676. 0.	47,545. 0.	353,204. 0.	0. 0.
12 DAVID OLIVE	(i) 197,740. (ii) 0.	18,449. 0.	0. 0.	22,000. 0.	48,671. 0.	286,860. 0.	0. 0.
13 AMY STATHOS	(i) 207,648. (ii) 0.	25,476. 0.	0. 0.	16,500. 0.	36,372. 0.	285,996. 0.	0. 0.
14 TINA DAM	(i) 168,333. (ii) 0.	30,631. 0.	25,801. 0.	16,500. 0.	36,054. 0.	277,319. 0.	0. 0.
15 ELIZABETH GASSER	(i) 203,333. (ii) 0.	25,116. 0.	0. 0.	22,000. 0.	43,955. 0.	294,404. 0.	0. 0.
16 MARGARET MILAM	(i) 188,460. (ii) 0.	23,163. 0.	0. 0.	16,500. 0.	51,431. 0.	279,554. 0.	0. 0.

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

For each individual whose compensation must be reported 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) Retirement and other 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				
1	ROMAN PELIKH	(i) 169,701. (ii) 0.	(ii) 20,664. (iii) 0.	(iii) 0. (iii) 0.	16,500. 0.	48,516. 0.	255,381. 0.	0. 0.
2	MICHAEL SALAZAR	(i) 213,542. (ii) 0.	(ii) 25,213. (iii) 0.	(iii) 0. (iii) 0.	16,500. 0.	50,589. 0.	305,844. 0.	0. 0.
3		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
4		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
5		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
6		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
7		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
8		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
9		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
10		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
11		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
12		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
13		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
14		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
15		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---
16		(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iii) ---	--- ---	--- ---	--- ---	--- ---

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.

SUPPLEMENTAL COMPENSATION INFORMATION

AMOUNTS LISTED IN PART VII OF FORM 990 AND SCHEDULE J REPRESENT AMOUNTS FOR THE 2010 CALENDAR YEAR.

BENEFIT OPTIONS ARE THE SAME FOR ALL EMPLOYEES.

SCHEDULE J, PART I, LINE 1A

HOUSING ALLOWANCES WERE PROVIDED TO THE FOLLOWING OFFICERS AND KEY

EMPLOYEE:

DOUGLAS BRENT: \$18,915

ELISE GERICH: \$29,811

DAVID CONRAD: \$24,700

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

COMPANION TRAVEL:

ICANN'S TRAVEL GUIDELINES DO NOT PERMIT SPOUSAL OR FAMILY TRAVEL.

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.

FIRST CLASS TRAVEL:

IN THE CASES WHERE FIRST CLASS TRAVEL WAS BOOKED, IT WAS IDENTIFIED AS

THE LOWEST FARE AVAILABLE AT THE TIME THE TRAVEL WAS REQUIRED. THE STAFF

THAT FLEW FIRST CLASS INCLUDE:

AKRAM ATALLAH: 2 TRIPS: \$8,847.85

ROD BECKSTROM: 3 TRIPS: TOTAL \$5,987.23

BARBARA CLAY: 1 TRIP: \$3,596.70

MICHELLE COTTON: 2 TRIPS: \$11,162.80

WHITFIELD DIFFIE: 2 TRIPS: \$13,694.58

SAMANTHA EISNER: 1 TRIPS: \$1,022.70

JAMES HEDLUND: 1 TRIP: \$2,142.70

JEFFREY MOSS: 1 TRIP: \$11,749.40

KURT PRITZ: 1 TRIP: TOTAL \$1,752.50

NICHOLAS TOMASSO: 1 TRIP: \$10,201.10

LEO VEGODA: 1 TRIP: \$4,403.90

THESE AMOUNTS WERE FOR BUSINESS PURPOSES AND WERE NOT REPORTED AS INCOME ON THE EMPLOYEES' W-2S.

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, PART I, LINE 7

REGARDING BONUSES:

THE OVERARCHING OBJECTIVE OF ICANN'S REMUNERATION FRAMEWORK IS TO ENSURE 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 - 2011" DOCUMENT, WHICH CAN BE FOUND AT THE FOLLOWING URL:
[HTTP://ICANN.ORG/EN/FINANCIALS/CURRENT-YEAR.HTM](http://icann.org/en/financials/current-year.htm).

SCHEDULE J, PART II:

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

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.

QUITE DIFFERENT, AND ALSO BRING DIFFERENT TAX, BENEFIT AND OTHER LOCAL

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 U.S. DOLLAR EQUIVALENCE 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 L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 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.
Complete if the organization 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
	(1)									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				▶ \$						

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MELBOURNE IT	BRUCE TONKIN - OFFICER	766,416.	SEE PART V		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

BUSINESS TRANSACTIONS WITH RELATED PERSONS

SCHEDULE L, PART IV, LINE 1

DR. BRUCE TONKIN IS A VOTING MEMBER OF THE BOARD OF DIRECTORS. DR. TONKIN IS ALSO CHIEF STRATEGY OFFICER OF MELBOURNE IT, AN ICANN ACCREDITED REGISTRAR. REVENUE FROM MELBOURNE IT AMOUNTED TO \$766,416 AND \$833,000 FOR THE YEARS ENDED JUNE 30, 2011 AND 2010, RESPECTIVELY, UNDER THE FEE STRUCTURE OF THE STANDARD REGISTRAR ACCREDITATION AGREEMENT. TO AVOID ANY CONFLICT OF INTEREST BETWEEN ICANN AND MELBOURNE IT, DR. TONKIN ABSTAINS FROM VOTING ON ALL MATTERS HE IDENTIFIES AS POTENTIAL CONFLICTS OF INTEREST WHICH COME BEFORE THE BOARD.

IN ADDITION TO THE SPECIFIC DISCLOSURES ABOVE, ICANN MAY ENTER INTO OR CONSIDER PARTICIPATION IN SMALL ARM'S LENGTH TRANSACTIONS BETWEEN ICANN AND CERTAIN TAXABLE ORGANIZATIONS WITH WHICH CERTAIN ICANN 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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

OF INTEREST STATEMENTS. SEE: [HTTP://WWW.ICANN.ORG/EN/GROUPS/BOARD/SOIS](http://www.icann.org/en/groups/board/sois).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number
95-4712218

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.

GOVERNING BODY

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

IN ADDITION TO THE VOTING MEMBERS OF THE BOARD OF DIRECTORS, ICANN'S
BYLAWS AS OF JUNE 30, 2011 ALLOWED FOR FIVE 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 JUNE 2011:

1. HEATHER DRYDEN
2. RAM MOHAN

Name of the organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 95-4712218
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3. THOMAS NARTEN
4. VANDA SCARTEZINI (12-2010)
5. REINHARD SCHOLL
6. JONNE SOININEN (12-2010)
7. SUZANNE WOOLF

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, AND THE ALLOCATION OF ONE BILLION NETWORK ADDRESSES. CONNECTING BILLIONS OF COMPUTERS, PHONES, AND OTHER DEVICES ACROSS THE INTERNET, DNS CYBER-SECURITY 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.

LOCAL CHAPTERS, BRANCHES AND AFFILIATES

FORM 990, PART VI, LINE 10A AND 10B

ICANN HAS OFFICES IN BRUSSELS, BELGIUM AND SYDNEY, AUSTRALIA, WHICH PROVIDE OPERATIONAL SUPPORT TO THEIR RESPECTIVE GEOGRAPHICAL REGIONS.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

A COPY OF THE FORM 990 IS PROVIDED TO ICANN'S BOARD MEMBERS BEFORE IT IS

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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 CONTROLLER, COO, GENERAL COUNSEL, AND CEO, REVIEWS THE FORM 990, AND SIGNS OFF FOR APPROVAL.
3. THE FORM 990 IS PROVIDED TO THE ICANN BOARD MEMBERS.
4. FOR THE 2008 FORM 990 FOR FYE 2009, THE ICANN BOARD RECEIVED TRAINING ON HOW TO RECEIVE/REVIEW THE FORM 990 DURING A TRAINING SEMINAR DEVELOPED BY ICANN'S EXTERNAL TAX ADVISORS. MOST BOARD MEMBERS THAT RECEIVED THIS TRAINING WERE ACTIVE BOARD MEMBERS AT THE TIME THE 2010 990 WAS COMPLETED.

CONFLICTS OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

ICANN HAS A WRITTEN CONFLICTS OF INTEREST POLICY, WHICH IS APPLICABLE TO THE BOARD, OFFICERS, AND KEY EMPLOYEES. THE OFFICE OF THE GENERAL COUNSEL MONITORS THE POLICY WITH OVERSIGHT BY THE BOARD GOVERNANCE COMMITTEE. A CONFLICTS OF INTEREST STATEMENT IS ANNUALLY COMPLETED AND SIGNED BY EACH BOARD MEMBER, OFFICER, AND KEY EMPLOYEE. THE DOCUMENTS ARE REVIEWED BY THE GENERAL COUNSEL, AND A REPORT OF ITS FINDINGS IS PREPARED. THE CONFLICTS OF INTEREST POLICY CAN BE FOUND HERE:

[HTTP://WWW.ICANN.ORG/EN/GROUPS/BOARD/SOIS/](http://www.icann.org/en/groups/board/sois/)

THE POLICY DESCRIBES THE DUTY TO DISCLOSE, THE PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST, THE DUTY TO ABSTAIN, HOW VIOLATIONS OF THE

Name of the organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 95-4712218
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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 ACTUAL OR POTENTIAL CONFLICTS, AND THE REQUIREMENT AND NATURE OF PERIODIC REVIEWS. THE REPORTS OF BOARD MEMBER REPORTED STATEMENT OF INTEREST ARE POSTED ON THE WEBSITE. REPORTS CAN BE FOUND AT:

[HTTP://WWW.ICANN.ORG/EN/GROUPS/BOARD/SOIS/SUMMARY-SOI-21OCT11-EN.HTM](http://www.icann.org/en/groups/board/sois/summary-soi-21oct11-en.htm)

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 RETENTION AND DESTRUCTION.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINES 15A AND 15B

ICANN FOLLOWS PRINCIPLES OF ACCOUNTABILITY AND TRANSPARENCY AND DESCRIBES ITS COMPENSATION PLANS AND PRACTICES, WHICH IS POSTED AT:

[HTTP://WWW.VIP.ICANN.ORG/EN/ABOUT/FINANCIALS/COMPENSATION-PRACTICES-01MAR11-EN](http://www.vip.icann.org/en/about/financials/compensation-practices-01mar11-en)

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

Name of the organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 95-4712218
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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, STAKEHOLDER RELATIONS, AND THE CHIEF FINANCIAL OFFICER IS CONFIRMED BY THE BOARD OF DIRECTORS IN THE ANNUAL GENERAL MEETING.

THE COMPENSATION STUDIES FOR MARKET COMPARABILITY CONDUCTED BY TOWERS WATSON IN 2009 FOR OFFICERS, INCLUDING THE CEO, WAS UPDATED IN 2011. THE COMPENSATION STUDIES FOR MARKET COMPARABILITY FOR ALL NON-OFFICER POSITIONS IN ICANN WAS UPDATED IN 2010 AND IS CURRENTLY BEING UPDATED BY TOWERS WATSON FOR 2012.

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/ABOUT/FINANCIALS/TAX/US/FY-2010-FORM-990-EN](http://www.icann.org/en/about/financials/tax/us/fy-2010-form-990-en).

AFTER SUBMISSION TO THE IRS, THE 2010 FORM 990 IS POSTED HERE:

[HTTP://WWW.ICANN.ORG/EN/ABOUT/FINANCIALS/FISCAL-30JUN11-EN.HTM](http://www.icann.org/en/about/financials/fiscal-30jun11-en.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 CONTROLLER OF ICANN. EMAILS SHOULD BE SUBMITTED TO ICANN'S CFO BY EMAIL AT XAVIER.CALVEZ@ICANN.ORG, OR BY PHONE AT +1.310.823.5838.

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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/FORM1023-2.HTM.](http://www.icann.org/en/financials/tax/us/form1023-2.htm)

ICANN POSTS THE UPDATED IRS FAVORABLE DETERMINATION LETTER HERE:
[HTTP://WWW.ICANN.ORG/EN/FINANCIALS/TAX/US/IRS-FAVORABLE-DETERMINATION-LETTER-19SEP08-EN.PDF.](http://www.icann.org/en/financials/tax/us/irs-favorable-determination-letter-19sep08-en.pdf)

AVAILABILITY OF GOVERNING DOCS, CONFLICTS OF INTEREST, AND FINANCIAL STMTS
 FORM 990, PART VI, LINE 19
 IN ACCORDANCE WITH ITS CORPORATE BYLAWS (SEE:
[HTTP://WWW.ICANN.ORG/EN/ABOUT/GOVERNANCE/BYLAWS](http://www.icann.org/en/about/governance/bylaws) AND THE AFFIRMATION OF
 COMMITMENTS WITH THE UNITED STATES DEPARTMENT OF COMMERCE, ICANN IS
 COMMITTED TO ACCOUNTABILITY AND TRANSPARENCY PRINCIPLES. THIS INCLUDES
 PROVIDING EXTENSIVE ACCESS TO THE PUBLIC THROUGH THE ICANN WEBSITE OF ITS
 GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL
 STATEMENTS. SEE [WWW.ICANN.ORG](http://www.icann.org).)

OFFICER SERVICE DATES
 FORM 990, PART VII
 IN PART VII, A DATE FOLLOWING A DIRECTOR'S NAME INDICATES THE DATE ON
 WHICH THE DIRECTOR'S SERVICES ENDED. IF NO DATE IS INDICATED, THAT
 OFFICER WAS ACTIVE AS OF 6/30/11.

OTHER CHANGES IN NET ASSETS
 FORM 990, PART XI, LINE 5
 UNREALIZED GAINS ON INVESTMENTS \$3,771,872

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UNREALIZED GAINS/LOSS ON FOREIGN EXCHANGE 946,071

TOTAL \$4,717,943

CONTRIBUTIONS

FORM 990, SCHEDULE B, LINE 16

NEUSTAR SPONSORS CCTLD'S AND GTLD'S.

FORM 990, SCHEDULE B, LINE 42

VERISIGN SPONSORS THREE GTLD'S AND ONE CCTLD.

ATTACHMENT 1

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

AUSTRALIA

BELGIUM

ATTACHMENT 2

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 DAVID CONRAD VP RESEARCH AND IANA STRATEGY	60.00			X				160,626.	0.	52,974.
30 ELISE GERICH VP IANA & TECHNICAL OPERATIONS	60.00			X				155,055.	0.	18,278.
31 DANIEL HALLORAN DEPUTY GENERAL COUNSEL	60.00			X				206,923.	0.	65,419.
32 JAMES HEDLUND VP GOVERNMENT AFFAIRS	60.00			X				298,983.	0.	54,221.
33 DAVID OLIVE VP, POLICY DEVELOPMENT	60.00			X				216,189.	0.	70,671.
34 AMY STATHOS DEPUTY GENERAL COUNSEL	60.00			X				233,124.	0.	52,872.
35 TINA DAM CHIEF GTLD REGISTRY LIAISON	60.00			X				224,765.	0.	52,554.
36 ELIZABETH GASSTER										

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<u>ATTACHMENT 2 (CONT'D)</u>						
SENIOR POLICY COUNSELOR	60.00	X	228,449.	0.	65,955.	
37 MARGARET MILAM						
SENIOR POLICY COUNSELOR	60.00	X	211,623.	0.	67,931.	
38 ROMAN PELIKH						
SR. DIRECTOR, APPL & SVCS	60.00	X	190,365.	0.	65,016.	
39 MICHAEL SALAZAR						
DIRECTOR, NEW GTLD PROGRAM	60.00	X	238,755.	0.	67,089.	

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
JONES DAY 555 FLOWER STREET LOS ANGELES, CA 90071	LEGAL SERVICES	1,868,820.
IRON MOUNTAIN INTELLECTUAL PROPERTY MGMT 2100 NORCROSS PARKWAY, SUITE 150 NORCROSS, GA 30071	INTELLECT. PPTY MGMT	634,778.
COMPASS LEXECON 1999 AVE OF THE STARS #2500 LOS ANGELES, CA 90067	CONSULTING SERVICES	632,735.
VERILAN EVENT SERVICES INC. 7327 SW BARNES RD #215 PORTLAND, OR 97225	EVENT SERVICES	500,858.
FRANK FOWLIE 9140 MCCUTDEON PLACE V7A 422 RICHMOND BC CANADA	OMBUDSMAN SERVICES	451,860.
TOTAL COMPENSATION		<u>4,089,051.</u>